



REGISTRATION FORM

August 2024

Child's Name: _____ Age: _____ DOB: _____ Gender: _____
 School Attending: _____ Grade: _____ School End Time: _____
 Parent's Name: _____ Email Address: _____
 Address: _____ City: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____

This form is a record of PAYMENT for what is marked on this form only. You will be charged for the dates you mark on this form. You must fill out this form each time you register for more dates. After your initial registration, you can simply phone in or email your registration. Call 483-7826 for more details on registration options. Fees below are per child and include: CMP Early Dismissal (Wednesdays), SJUSD Early Dismissal (Thursdays), and transportation from school sites to La Sierra CC KHO room.

Week	Dates	Please mark all days attending				
		M	T	W	Th	F
1	8/12 – 8/16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	8/19 – 8/23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	8/26 – 8/30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Regular Program Fees
 Part Time: Attends 1-3 Days/Week
 \$85 (R) \$90 (NR)
 Full Time: Attends 4-5 Days/Week
 \$105 (R) \$110 (NR)

August Adjusted Fees and Schedule
Week 1: SJUSD no school 8/12-8/14. Program open 1pm – 6pm.

Additional Transportation Fee
 Need transportation from LSCC to your child's after-school activity or a late pick-up from their school. Additional transportation is available between 3:45pm – 5pm to or from a location within 5-mile radius of LSCC.
 Fee: 1-2 days a week = \$15 per week
 3-5 days a week = \$20 per week

Days Needed: M T W Th F
 Weeks: 1 2 3
 Pick Up: OR Drop Off:
 Time: _____
 Address: _____

Late Fee
 Registration must be received by our office by Friday at 4:30pm. All registration received after 4:30pm on Friday will be charged a \$15 Late Fee.
 Late Fee Applied:

Refunds
 Refunds will be granted in accordance to the CRPD Refund Policy, for refund information please contact our La Sierra Office at (916) 483-7826 or online, www.carmichaelpark.com

Payment: Total Amount Due: _____ Total Amount Paid: _____
 Payment Type: Check (made to CRPD) #: _____ Cash Amount: _____
 Credit/Debit Card: Card #: _____ Exp. Date: _____
 Signature: _____ CVV: _____
 Receipt #: _____



Carmichael Recreation & Park District
Kids Hangout 2024 – 2025: August 12, 2024 — June 10, 2025

AGREEMENT, WAIVER, AND RELEASE

In consideration for being permitted by the District to participate in the above-referenced activity, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the District (including its officers, employees, volunteers, and agents) from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of active or passive negligence or carelessness on the part of the persons or entities mentioned above. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs, administrators, executors, and assigns and that I shall indemnify and hold the District (including its officers, employees, volunteers, and agents) free and harmless from any loss, liability, damage, cost, or expense which may arise out of or connected in any way with my participation in said activity. Additionally, I fully understand that my participation in the above-referenced activity exposes me to the risk of personal injury, death, communicable diseases, illnesses, viruses, and/or property damage. I hereby acknowledge that I am voluntarily participating in this activity and agree to assume any such risks.

PHOTO AND LIABILITY RELEASE

By signing this agreement, you are agreeing to release photo rights, including waiving any right of compensation, to Carmichael Recreation & Park District (CRPD). CRPD reserves the right to photograph facilities, activities, and program participants for potential future use, which may include sharing the photos with the Carmichael Recreation and Park District Foundation dba Carmichael Parks Foundation to use the photos to inform and promote the CRPD. **You further hereby release CRPD and Carmichael Parks Foundation from and against any injury or damage arising out of or related to the aforementioned activities.** All photos will remain the property of Carmichael Recreation & Park District.

PARENTAL/GUARDIAN CONSENT:(To be completed and signed by parent/guardian if Participant is under 18 years of age.)

I hereby consent that my child, _____, participate in the above-referenced activity, and I hereby execute the above Agreement, Waiver, and Release on their behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the District (including its officers, employees, volunteers, and agents) free and harmless from any loss, liability, damage, cost, or expense which may arise out of or connected in any way with said minor's participation in said activity.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ABOVE DISTRICT AND I SIGN IT OF MY FREE WILL.

Signature

Date

Name (Printed)