



SUMMER DAY CAMP 2010

REGISTRATION FORM (COMPLETE ONE PER CHILD)

Camper's Name: _____ **Date of Birth:** _____
Parent(s) Name(s): _____ **Camper Lives With** (custodial parent): _____
Home Ph: _____ **Work Ph:** _____ **Cell Ph (a):** _____ **Cell Ph (b):** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Parent Email: _____ **Camper's School:** _____ **Grade:** _____

T-Shirts: Youth S Youth M Youth L Youth XL/Adult S Adult M Adult L RJKCCC Backpack (Additional fee \$6)
How did you hear about us? Previous Camper Friend Camp Guide/Mailing Internet School Other: _____

Week	List Desired Camp/Field Trip <small>(Please indicate age group as listed in Summer Day Camp Guide)</small>	Extended Care <small>(add \$20)</small>	Field Trip <small>(\$35/\$50)</small>	Club 3:16 <small>(FREE)</small>
<input type="checkbox"/> 1 (June 21 - 25)	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> 2 (June 28 - July 2)	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> 3 (July 5 - 9)	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> 4 (July 12 - 16)	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> 5 (July 19 - 23)	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> 6 (July 26 - 30)	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> 7 (Aug. 2 - 6)	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> 8 (Aug. 9 - 13)	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> 9 (Aug. 16 - 20)	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> 10 (Aug. 23 - 27)	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> 11 (Aug. 30 - Sep. 3)	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

MEMBERSHIP INFORMATION

A child must either have a youth membership or be listed as a member on his/ her parent's family membership in order to receive member discounts on camp fees; membership must be current at time of registration and when the camp session takes place.

My child has a: Youth Membership Family Membership **Member #:** _____

PAYMENT INFORMATION

Reserving Weeks of Camp: A \$25 non-refundable deposit reserves a week; \$10 non-refundable deposit reserves a field trip. Balance of fees due 1 week prior to the session or you will forfeit the registration and deposit. Enrollment may be re-instated based on space availability. A \$10 late fee is charged on all registrations and balances paid less than 1 week prior to the session's start. Space is limited; registrations will be accepted on a first-come, first-served basis. Deposits may not be transferred to future sessions. **No refunds are given unless the program is cancelled by the Kroc Center. Please refer to current Membership & Program Guide for complete refund and cancellation policies.**

Please charge my: Visa Mastercard American Express Discover Other

Account #: _____ Exp. Date: _____

Charge non-refundable deposit only
 Charge entire balance

ACKNOWLEDGEMENT OF RJKCCC DAY CAMP BEHAVIORAL POLICIES/ PHOTO RELEASE

The Salvation Army Ray and Joan Kroc Corps Community Center and any of our partner organizations may use the above listed participant's photo for promotional purposes.

Camper safety is our top priority. Campers are expected to follow the peace contract by keeping hands and feet to themselves, listening to all instructions and staying with the group. I understand that if my child does not adhere to these expectations disciplinary consequences will occur. Repeat or more serious acts such as fighting, theft, and possession of weapons/ drugs will result in immediate suspension or expulsion, necessitating removal from camp. I or an authorized adult is responsible for picking him/ her up immediately.

Signature: _____ **Date:** _____



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ASSUMPTION OF RISK & LIABILITY WAIVER AND HEALTH HISTORY FORM (COMPLETE ONE PER CHILD)

Current immunization dates must be on file with RJKCCC. Please complete the section below or attach a copy of the child's immunization record. If you submitted records for previous camps in 2009 AND shots have NOT been updated since that time, please initial: _____.

(Name of Minor/Camper: Please Print)

IMMUNIZATIONS	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Most Recent
Tetanus, Diptheria, Pertussis (DTaP) or (TdaP)						
Tetanus booster						
Mumps, measles, rubella (MMR)						
Polio (IPV)						
Haemophilus influenzae type B (HIB)						
Pneumococcal (PCV)						
Hepatitis A						
Hepatitis B						
Varicella (chicken pox)	<input type="checkbox"/> Had Chicken Pox				Date: _____	
Meningococcal Meningitis (MCV4)						
Tuberculosis (TB) test	<input type="checkbox"/> Negative <input type="checkbox"/> Positive				Date: _____	
Signature required for those who do not have immunizations due to religious reasons:						
Signature: _____			Date: _____			

EMERGENCY CONTACT & PICK-UP AUTHORIZATION

We require at least three emergency contacts/ adults authorized for pick-up other than the parents listed on page 1.

People **AUTHORIZED** to pick-up my camper:

Name: _____
 Relationship: _____ Phone: (____) _____
 Name: _____
 Relationship: _____ Phone: (____) _____
 Name: _____
 Relationship: _____ Phone: (____) _____
 Name: _____
 Relationship: _____ Phone: (____) _____

People **NOT AUTHORIZED** to pick-up my camper:

Name: _____
 Name: _____

My child is water safe
 (Note: due to safety considerations, the only floatation devices permitted are 1-piece swimsuits with floatation sewn into the suit.)

Information Required by State Law

Health Insurance: Yes No
 Company: _____
 Policy Number: _____
 Family Doctor: _____
 Doctor's Phone: (____) _____
 Doctor's Address: _____

The information provided below will assist our staff in providing the best care for your child. Check if applicable or allergic:

Diabetes Asthma Carries Epi-Pen
 Epilepsy Carries Inhaler Behavioral Challenges
 Insect Stings Penicillin

Other _____
 Dietary Restrictions: _____
 Operations / Serious Injuries / Diseases / Restrictions on Physical Activity: _____
 Name & purpose of any medication (Complete "Med. Info. Form" for meds administered at camp): _____
 Please list anything else that may affect your child's experience at camp, (i.e.: moving to new home, divorce): _____

Parent/Legal Guardian is required to sign authorization and waiver below to acknowledge understanding and agreement of the content.

In a condition of the participation of my child in The Salvation Army's Day Camp program at the Ray and Joan Kroc Corps Community Center, I agree, on behalf of myself and my child, to make no claims or file any lawsuits against The Salvation Army or any of its agents or employees or volunteers for any loss or damage to my child's personal property or for any injury to my child. To the maximum extent permitted by law, this liability waiver will apply regardless of whether the injury or damage was caused by the negligent act or omission of The Salvation Army or anyone acting on its behalf. I further agree to defend, indemnify and hold harmless The Salvation Army its agents, employees and volunteers against liability for any claims, lawsuit, losses, damages or expenses arising out of any personal injury or property damage caused by my child in connection with his participation in Day Camp.

I do hereby authorize The Salvation Army Ray and Joan Kroc Corps Community Center as agent for the undersigned, to consent with respect to said minor, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general California Medical Practice Act by the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that The Salvation Army Ray and Joan Kroc Corps Community Center is not responsible for the cost Incurred for medical care.

I HAVE CAREFULLY READ THIS LIABILITY WAIVER AND FULLY UNDERSTAND AND AGREE TO ITS CONTENTS. I AM AWARE THAT BY SIGNING THIS DOCUMENT, I AM GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE SALVATION ARMY.

Parent or Legal Guardian's Name (printed): _____
 Signature _____ Date: _____