

City of Emeryville – Community Services Department
EMERYVILLE SUMMER CAMP (K-5TH GRADE)
REGISTRATION FORM
 June 17, 2019 – August 16, 2019



Note: Registration forms have to be complete with signatures and returned by the Wednesday prior to each camp, even if you're a returning participant from last summer. You do not have to fill out additional forms if you are attending multiple camps. See office staff for more information regarding the sliding scale program, call 510-596-4395.

A SEPARATE FORM FOR EACH CHILD IS REQUIRED

Child's Name: _____ Gender: Male /Female /Other
First Last (circle one)

Age: _____ Birth Date: _____ Grade in 19-20: _____ Shirt Size (put A for adult size): _____

Home Address: _____ City: _____ Zip Code: _____

Primary Guardian's Name: _____
First Last

Home Address (street, city, state zip): _____

E-Mail: _____ Cell phone provider: _____

Gaurdian Birthdate: (____) _____ Primary Phone: (____) _____ Alternate phone: (____) _____

SUMMER CAMP WEEKLY SCHEDULE

Please check the box for the week and hours you would like your child attend.

DAY LENGTH		BASIC DAY	EXTENDED DAY	AM CARE	PM CARE
HOURS		9:00AM-4:00PM	7:30AM – 6PM	7:30AM -9:00AM	4:00PM – 6:00PM
FEES		\$93R / \$98NR	\$138R / \$143NR	\$21R / \$26NR	\$26R / \$31NR
*FEES PRO-RATED WEEK 3 (JULY 4 TH HOLIDAY)		\$75R / \$80NR	\$110R / \$115NR	\$16R / \$21NR	\$20R / \$25NR
WEEKLY THEME & FIELD TRIP					
Week #1 June 17 – June 21	Underwater Adventures Camp Field Trip: Fremont Water Park				
Week #2 June 24– June 28	Globe Trotters Camp Field Trip: Food Trek @ The Rec				
*Week #3 July 1 – July 5 Closed Thurs. for 4 th of July	Zoo Keepers Camp Field Trip: Oakland Zoo				
Week #4 July 8 – July 12	Sports All-Stars Camp Field Trip: A's Game				
Week #5 July 15 – July 19	Time Travelers Camp Field Trip: Rock N' Jump				
Week #6 July 22 – July 26	Hollywood Very Important Campers Field Trip: Toy Story 4 Movie Trip				
Week #7 July 29– August 2	Little Astronauts Camp Field Trip: San Jose Tech Museum/ Children's Discovery Museum				
Week #8 Aug 5 – Aug 9	Little Artists Camp Field Trip: Silliman Water Park				
*Week #9 Aug 12 – Aug 16	Tropical Explorers Camp Field Trip: Cal Academy of Sciences				

EMERYVILLE SUMMER CAMP PROGRAM ADMISSION AGREEMENT

This agreement is between the City of Emeryville Summer Camp program and Participant’s family.

Signature

Date

for the care of _____
(Child’s Name)

(Age)

(19-20 Grade level)

Family is contracting for the services checked on page 1 and will pay the stipulated tuition fees and non-resident rates, as applicable.

Check each box below verifying you have read and understand the following terms of this agreement.

The City of Emeryville **reserves the right to modify** any conditions of this agreement upon 30 days written notification to the family.

TERMINATION CONDITIONS: This agreement may be terminated by the Summer Camp Program with a one-week notice for the following reasons:

- A. Family has not cooperated with the Summer Camp Program regarding the child’s discipline needs.
- B. If full payment is not made by Wednesday prior to your requested camp week, your child will not be allowed to continue in the program the following week.
- C. If payments are returned two times for insufficient funds, all future payments must be made by cash or money order. There will be a charge of \$25.00 for each returned check. All returned checks must be cleared with cash, money order or cashier check. Credit card policy does not allow returned checks to be cleared with a credit card.
- D. Failure to give a minimum of one week notice before withdrawing will result in a charge for the full program week.

The Family agrees that he/she has received or reviewed a copy of the **PARENT HANDBOOK** and agrees to all the Program’s operating policies and procedures as described therein.

The Summer Camp Program **may add any other terms** to their agreement which the Licensee deems necessary, as long as they are not contrary to Licensing Regulations, State Law or Public Policy.

Signature

Date

EMERYVILLE SUMMER CAMP POLICIES ACKNOWLEDGEMENT AGREEMENT

Please initial each line to indicate you understand each policy.

- Late Pick-Up (per child):** There is a \$1 per minute charge for picking up your child past their scheduled time. \$2 a minute after the first 15 minutes.
- Billing Issues:** The City of Emeryville will not contact any other person except the parent or guardian on the registration form regarding billing issues.
- Electronics:** No electronics of any kind are allowed in our Summer Camp Programs (Cell phones must be off and away) The City of Emeryville is not liable for lost, broken or stolen items.
- Attendance Policy:** If your child attends at least one day of camp during a week that you have made payment, you will not receive a refund. **We do not allow make-up days or give credits for missed Camp days.**
- NSF Policy:** There will be a charge of \$25.00 for each returned check. All returned checks must be cleared with cash, money order, or cashier's check. Credit card policy does not allow returned checks to be cleared with a credit card. If a household has 2 NSF's occur in the span of 1 year, all future payments must be made in cash, money order, or credit card.
- Parent Handbook:** The Parent/Guardian agrees that he/she has received or reviewed a copy of the **PARENT HANDBOOK** and agrees to all the Program's operating policies and procedures as described therein. I understand that the PARENT HANDBOOK is available in print form at the Emeryville Recreation Center and online at <http://www.ci.emeryville.ca.us/>
- Enrollment:** If payment is not made the Wednesday before your chosen camp, your participant will be dropped from the registration list and their spot will be given to a waitlist candidate. Walk-ins will be accepted only on the Monday of each camp week if paperwork and payment is received and there is space available in the participants group.

I have received, read, and understand the Summer Camp registration information. I understand programs may be cancelled if minimum required enrollment is not met. I acknowledge that I have read and understand the terms set above by the City of Emeryville.

Signature

Date

OFFICIAL USE ONLY

Concussion form: _____ Liability Waiver _____ Family Handbook Signature Page _____

Registration paid: Date _____ Cash \$ _____ Credit Card _____ Check _____

Not accepted due to incomplete paperwork or missed payment: _____ Date Notified: _____

By: _____ Result: _____

EMERGENCY CONTACTS

(Please list two primary parent/guardians who are available DURING program hours/ 7:30 AM - 6:00 PM)

Note: A parent/guardian cannot be removed from this list without court documentation.

Name: _____ Relationship: _____

Day Phone: (____) _____ Name of business if work: _____

Pager/phone: (____) _____ other phone/pager: (____) _____

Name: _____ Relationship: _____

Phone: (____) _____ Name of business if work: _____

Pager/phone: (____) _____ other phone/pager: (____) _____

ADDITIONAL PEOPLE WHO MAY PICK UP MY CHILD (Must be 18+): NAME AND RELATIONSHIP

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

The above persons including guardians can only pick up this participant with a valid ID until we recognize them over time. New staff will ask for ID so please come prepared to show it daily. Please make sure to let additional pick up persons know that if we are unable to verify who they are or if they aren't on this list the City will not release your child to them. Please call us ahead of time if you are sending someone to come pick up your child and they aren't on this list. They will be automatically added thereafter.

Preferred hospital you want participant sent to in case of emergency: _____

Community Services Department may make whatever arrangements necessary for emergency treatment. I understand that I am responsible for any charges incurred. In the event of emergency, accident or illness, I request the City of Emeryville Community Services Department to contact me or a person designated by me. In the event that the parents, guardian, or persons designated by me are not available, I hereby authorize the Director or her delegate to release my child to emergency medical personal.

Signature

Date

CHILD'S PRE -ADMISSION HEALTH HISTORY-PARENT'S REPORT

Guardian 1 Name: _____ Live at home With Child? _____

Guardian 2 Name: _____ Live at Home With Child? _____

Has Child Been Under Regular Supervision of Physician? Yes No

Date of Last Physical/Medical Exam _____ - _____ - _____
Month Day Year

LAST ILLNESSES - Circle illnesses that child has had and specify approximate dates of illnesses:

Diabetes Asthma Seizures Whooping Cough Mump Measles Dates: _____

Specify Any Other Serious or Severe Illnesses Or Accidents:

List Any Allergies Staff Should Be Aware of:

Any behavioral issues you want staff aware of:

Other pertinent information:

I'd like my child to have extra support in: Math English Language Arts Social Emotional skills/Problem solving

Signature

Date

WAIVER

CITY OF EMERYVILLE WAIVER AND CONSENT AGREEMENT IN CONSIDERATION OF BEING PERMITTED TO PARTICIPATE IN THIS CITY ACTIVITY OR USE OF ANY CITY FACILITIES IN CONNECTION WITH THIS ACTIVITY, THE UNDERSIGNED AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE THE CITY OF EMERYVILLE, ITS EMPLOYEES, OFFICERS AND AGENTS (hereinafter referred to as "Releasees") from all liability to the undersigned, his or her personal representatives, assigns, heirs, and next of kin for any loss, damage, or claim therefore on account of injury to the person or property of the undersigned, whether caused by any negligent act or omission, including gross negligence and/or willful disregard, of the Releasees or otherwise while the undersigned is participating in the City activity or using any City facilities in connection with such activity.

2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND HOLD HARMLESS the Releasees from all liability, claims, demands, causes of action, charges, expenses, and attorney fees (including attorney fees to establish the Releasees' right to indemnify or incurred on appeal) resulting from involvement in this activity whether caused by any negligent act or omission of the release or otherwise.

3. THE UNDERSIGNED HEREBY ASSUMES AND ACCEPTS FULL RESPONSIBILITY FOR ANY AND ALL LOSS, BODILY INJURY, DEATH OR PORPERTY DAMAGE while upon City property or participating in the activity or using any City facilities and equipment whether caused by any negligent act or omission of Releasees or otherwise. The undersigned expressly agrees that the foregoing release and waiver, indemnify agreement and assumption of risk are intended to be as broad and inclusive as permitted by California law and that if any portion thereof be held invalid, notwithstanding, the balance shall continue in full legal force and effect.

Releases

Photo: I acknowledge that the City of Emeryville takes photographs and videotapes of its activities and events for publicity purposes and authorize the use of my image by the City for such purposes. I understand I will not be compensated for use of such photos or videos.

- Yes** The City of Emeryville has my permission to use photos of me engaged in a City Activity.
- No** Please do not use photos of me in City of Emeryville activities for any publication

- My participant can sign themselves in or out of program and leave with someone under 18 years old.

- My child walks home

- My child can walk home but only when a parent/guardian calls ahead of time

I hereby acknowledge that I have read the foregoing and that I am aware of the legal consequences of this agreement, including that it prevents me from suing the City or its employees, agents, or officers if I am injured or damaged for any reason because of participation in this activity. I further acknowledge that no oral representations, statements or inducements have been made to me.

Signature Required: _____ Date: _____