



Fun in the Sun Day Camp Summer 2010 Registration Form

Child's Name _____ M ___ F ___ Birth Date _____

Address _____ City _____ Zip _____

Home Phone _____ Grade in Fall 2010 _____

Shirt Size YS YM YL AS AM AL AXL AXXL

Head of Household _____ Date _____

Please check preferred phone number:

Home Phone _____ Work _____ Cell _____

Email Address _____

Emergency Contact _____ Phone _____

Fun In the Sun Day Camp

Session	Noon-3:00pm/Friday Full Day
July 5 – July 9	_____ \$66/\$81 Program #: 346101
July 12 - July 16	_____ \$66/\$81 Program #: 346111
July 19 - July 23	_____ \$66/\$81 Program #: 346121

Just Chillin' Extended Care

Session	3:00-6:00pm
July 5 – July 9	_____ \$25/\$35 Program #: 346102
July 12 - July 16	_____ \$25/\$35 Program #: 346112
July 19 - July 23	_____ \$25/\$35 Program #: 346122

Total Fees: _____ **Method of Payment:** Cash Check # _____ Credit

Credit Card Payment Card Type: ___ VISA ___ Mastercard ___ Discover

Card Number: _____ Exp. Date: _____ CVC #: _____

Cardholders Name: _____ Signature: _____

Special Requirements/Comments: _____

Date Paid: _____



Fun in the Sun Day Camp Summer 2010 Site Form

Child's Name _____ M____ F____ Birth Date _____
Address _____ City _____ Zip _____
Home Phone _____ Grade in Fall 2010 _____
Friend Request _____

Mother's Name _____ Father's Name _____
Address _____ Address _____
Home Phone _____ Home Phone _____
Place of Work _____ Place of Work _____
Work Phone _____ Work Phone _____
Cell Phone _____ Cell Phone _____
Hours at Work _____ Hours at Work _____

(Please indicate above the number to call first for each parent by placing a * next to the number)

Swim Level/Ability (please be specific) _____

Family Physician _____ Phone _____

List specific medial and food allergies, chronic illness, medication requirements, medical diagnosis, special ed. classifications or other conditions the staff should be aware of _____

Insurance Provider _____ Policy # _____

In accordance with the Americans with Disabilities Act, does registrant require any special accommodations or assistance for enjoyment of the program? [] No [] Yes If yes, please describe _____

Please indicate the programs/sessions that your child will be attending:

Fun in the Sun Day Camp (Noon-3:00 pm)

Just Chillin' Extended Care (3:00-6:00 pm)

Session 1 Session 2 Session 3

Session 1 Session 2 Session 3

Acknowledgement

I, _____ parent or guardian of _____ have read and fully understand the Fun in the Sun parent manual and behavior and discipline guidelines. Both my child/children have read and understand the behavior contract and the appropriate consequences for inappropriate behavior.



Pick Up Authorization and Emergency Contacts

Parents and legal guardians are allowed to pick up the child unless legal documentation shows otherwise.

I do hereby authorize the Fun in the Sun Day Camp staff to release my child to any of the individuals stated below in the event that a Parent or Legal Guardian is unable to pick him/her up. I understand the Fun in the Sun Day Camp staff will not release my child to any unauthorized individual without first having received a written notice with my signature, or in the event of an emergency, my verbal approval. The first two names are also considered the emergency contacts. **In order to enroll in the program these must be filled in.**

1. _____
Name/**Emergency contact other than the parent** Relationship to child
(_____) _____
Phone

2. _____
Name/**Emergency contact other than the parent** Relationship to child
(_____) _____
Phone

3. _____
Name Relationship to child
(_____) _____
Phone

4. _____
Name Relationship to child
(_____) _____
Phone



Big Foot Recreation District Waiver and Release Form

IMPORTANT INFORMATION

The Big Foot Recreation District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Recreation District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for this program must recognize that there is an inherent risk of injury when choosing to participate in recreational activities.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or has recently suffered an illness, injury, or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK

Recreational activities are intended to challenge and engage in physical, emotional, and/or mental resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there still is a risk of serious injury when participating in any recreational activity. All hazards and dangers cannot be foreseen. Depending on the particular activity, certain risks, dangers and injuries may exist due to inclement weather, slips and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate, or defective equipment, inadequate supervision, instruction or officiating, and other risks inherent to the particular activity. In this regard, it is impossible for the Recreation District to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in registering yourself or your minor child/ward for participating in the Big Foot Recreation District program(s) you will be waiving and releasing all claims for injuries you or your child might sustain arising out of the program(s).

I recognize and acknowledge that there are certain risks of physical injury to participants in programs and I agree to assume the full risk of any such injuries, damages or losses regardless of severity which I or my child/ward may sustain as a result in participating in any activities connected or associated with any such program.

I agree to waive and relinquish all claims I or my child/ward may have as a result of participating in the program against the Big Foot Recreation District, the Big Foot Union High School District and its officers, agents, servants, and employees.

I do hereby fully release and discharge the Big Foot Recreation District School District and its officers, agents, servants, and employees from any and all claims resulting from injuries, damages and losses sustained by me or by my child/ward and arising out of, connected with, or in any way associated with the activities of any of the programs.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax. My online or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Please Print

Child/Ward's Name _____

Date _____

Parent/Guardian Signature _____

PARTICIPATION WILL BE DENIED

If the signature of adult participant or parent/guardian and date are not on this waiver



Fun in the Sun Day Camp Camper Code of Conduct

As a camper, I promise to:

- Show respect to other participants and treat them as well as I would like to be treated.
- Not bully or make any campers or camp staff feel unsafe at camp.
- Show respect to staff, and cooperate with their instructions.
- Not hit any campers or members of the camp staff.
- Not yell or scream inappropriate language at any campers or members of the camp staff.
- Know and follow all the rules of camp.
- Communicate any problems or issues at camp with my camp counselor or camp director.
- Respect the rights and beliefs of others, and treat others with courtesy and consideration.
- Communicate in an appropriate manner, which means I must not use foul language or gestures, harsh words or tone of voice.
- Conduct my self responsibly. I understand that horseplay, unwelcome teasing or other unkind behaviors are not allowed.
- Not deliberately cause bodily harm to other participants or staff. I understand that pushing, kicking, hitting or fighting are not acceptable and will not be tolerated.
- Use program equipment, supplies, and facilities properly.
- Respect the property of others.
- Be responsible for my actions and understand that irresponsible behavior will result in disciplinary actions.

Disciplinary Actions for Violations of the Code of Conduct

- Verbal Warning/Talk with Counselor and Camp Director (3 Times/3 Strikes)
- Written apology to camp staff, and any campers that are involved with the code violation
- Call to parents and put on a behavior contract
- Suspension from the program
- Termination from the program

I _____ have read and understand the camper code of conduct and agree to abide by its rules. I understand that breaking or violating any rules in this code will result in any of the penalties listed above.

Camper Signature

Date

Parent/Guardian/Ward Signature

Date



Big Foot Recreation District Medication Release Form

Supervisor's Approval: _____ Date: _____

Request and waiver to administer a prescription medication to a child participating in a Recreation District Program

Child's Name: _____ Program Location: _____

Parent's Name: _____ Phone Number: _____

Doctor's Name: _____ Phone Number: _____

Condition requiring medication: _____

Medication Name: _____

Instructions: _____

Any special storage requirements: _____

Additional Comments: _____

WAIVER

I _____, myself/or parent/guardian/ward of _____ give permission to the staff of the Big Foot Recreation District to administer the above prescription medication to my child.

I understand that it is my responsibility to give the prescription medication directly to the Big Foot Recreation District Staff in the original container, showing the prescribing physician name and telephone number, with complete dosage requirements.

I agree to wail and relinquish all claims and do herby fully and forever release and discharge the Big Foot Recreation District and its officers, agents, servants, and employees from any claims that I may have a result of administering a prescription medication for my child that I have specified in this request.

Signed: _____
Name

Date



Big Foot Recreation District Camp Registration Checklist

**PLEASE ATTATCH THIS FORM ON TOP OF YOUR COMPLETED
FORMS AND TURN INTO THE RECREATION DISTRICT OFFICE**

- REGISTRATION FORM _____
- SITE FORM _____
- WAIVER AND RELEASE FORM _____
- CODE OF CONDUCT _____
- MEDICATION RELEASE FORM (IF NEEDED) _____

PLEASE BE SURE YOU HAVE ALL FORMS AT REGISTRATION

FOR OFFICE USE ONLY

DATE REGISTRATION WAS RECEIVED _____

ALL FORMS RECEIVED _____

MISSING FORMS _____

DATE MISSING FORMS WERE RECEIVED _____

STAFF SIGNATURE _____

NOTES _____