

# 2019 Nipomo Recreation Camp Registration Form

**Spring Camp Dates: April 22nd – April 26th (Mon - Fri)**

**Location: Dana Elementary Room 31**

Child's Name	Age	Full Day	Half Day (Circle)	MON	TUES	WED	THR	FRI
			AM PM					
			AM PM					
			AM PM					

**Parent/Guardian Name:** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Camp Fees: Full Day 7am-6pm \$39 Per Day**

**Half Day 7-12:30pm or 12:30-6pm \$21 Per Day**

**Fees for attending camp are always pre-paid. We accept cash, checks or Autopay through the office. No sibling discount on camp fees.**

**Parent/Guardian email:** \_\_\_\_\_

**STATEMENT OF UNDERSTANDING *\*I understand and agree to the following: (please initial all areas)***

\_\_\_\_ Campers must be pre-paid to attend camp. Fees can be paid at camp with check or cash. Autopay is available through the office.

\_\_\_\_ Camp hours are 7-6pm. There will be a LATE FEE for every minute your child is in our program past 6:01pm. Every minute is rounded to 5 and will be \$10.00 per 5 minutes.

\_\_\_\_ It is my responsibility to make sure my child has appropriate shoes, jacket/sweatshirt, and lunch/snacks every day and if not, Recreation Staff will call me and I will bring the necessary items to camp within one hour.

\_\_\_\_ There are NO toys, electronic games, etc. allowed at camp at any time.

\_\_\_\_ Camp is a SODA, Cell Phone and CANDY FREE zone. If any such items are brought, staff will hold until pick up time.

**THERE ARE NO LUNCH HEAT UP'S PERMITTED AT CAMP. COLD LUNCHES ONLY.**

\_\_\_\_ Nipomo Recreation assumes no liability for children who are not signed into the program.

\_\_\_\_ My child will be signed in and out daily by an authorized adult.

\_\_\_\_ If my child's behavior is unacceptable/intolerable at camp and harms others, camp property or staff, my child will be suspended or expelled from camp. No refund will be given. I will pick up my child within 30 minutes of being called by the staff.

\_\_\_\_ Camp will NOT allow phone call permission for anyone but myself to pick up my child. I will provide a written note to be given by me to the camp director if myself or my spouse will not be picking up my child.

\_\_\_\_ I assume all responsibility for communicating camp policies to whoever is picking up my child.

NIPOMO RECREATION  
ASSOCIATION  
PO Box 346  
Nipomo CA 93444  
(805) 929-KIDS (5437)  
www.NipomoRecreation.org

# KIDS CAMP

## Emergency Information Form

CHILDS LEGAL NAME (One Form Per Child)	DOB	AGE	GRADE	School Attends

**Insurance Co.** \_\_\_\_\_ **Policy #** \_\_\_\_\_

FATHER/GUARDIAN NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/ZIP: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

MOTHER/GUARDIAN NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/ZIP: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

Person Responsible for Payment:  Father  Mother  EOC  Other (please list): \_\_\_\_\_

**EMERGENCY CONTACTS** (People who are authorized to pick up your child, and in your absence, may be contacted in case of an emergency)

AUTHORIZED ADULT: \_\_\_\_\_ PHONE: \_\_\_\_\_

AUTHORIZED ADULT: \_\_\_\_\_ PHONE: \_\_\_\_\_

AUTHORIZED ADULT: \_\_\_\_\_ PHONE: \_\_\_\_\_

Any specific activities to avoid?  Yes  No If YES, what and why \_\_\_\_\_

Are there any behaviors/concerns/Special Needs the staff should be aware of? \_\_\_\_\_

Does your child have any allergies which the staff should be aware of?  Yes  No

If YES, please describe \_\_\_\_\_

Other significant information about your child that would be helpful to know? \_\_\_\_\_

**Parent's Authorization**

In the event that my child needs immediate medical attention for injuries received while participating in a Nipomo Area Recreation Association program, I give my permission for the NARA staff members to administer necessary medical treatment. NARA staff may also admit my child to a hospital emergency room for emergency medical treatment without my consent if I cannot be reached to give permission.

Hospital preferred: \_\_\_\_\_ City \_\_\_\_\_

I hereby give consent to the Nipomo Area Recreation Association (NARA) and it's designated leaders to transport my child (named above) by means of walking, public transportation or private bus companies on walking trips, community service learning projects, and field trips with the understanding that such trips are under supervision of authorized personnel of NARA and that all possible precautions are taken to insure the health and safety of my child. I give permission for NARA staff to apply  sunscreen, as needed for my child.

**MEDICAL AND LIABILITY RELEASE** *Please read carefully before signing:*  
The undersigned agrees to hold Nipomo Recreation Association and any other officer or employee thereof harmless from any claim for injury or accident to the above named arising out of or in any way connected with the named activity. I recognize that this program may have some inherent risks and I accept the responsibility to identify those risks and accept them. In case of an accident arising out of the named activity, medical assistance may be administered to the person named herein. This registration form will act as medical release. If the participant is under 18, parent or guardian must sign release.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Official Nondiscrimination Statement**

(USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, or political beliefs. Persons with disabilities who require alternative means of communication of program information (Braille, large print, audiotape, etc.) should contact SDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14<sup>th</sup> and Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.