



FALL, WINTER & SPRING DAY CAMP 2011-2012

REGISTRATION FORM (COMPLETE ONE PER CHILD)

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

How did you originally hear about Day Camp? Friend At the Kroc Center Camp Guide/Mailing Internet School Other: _____

FALL/ WINTER/ SPRING DAY CAMPS					
SESSIONS	SESSION DATES	WEEKLY ENROLLMENTS	FULL WEEK FEE	SINGLE-DAY ENROLLMENTS	SINGLE-DAY FEE
Thanksgiving & Winter Camps 2011 - 2012					
Thanksgiving Camp (full week is 4 days)	November 21- 23 & 25 *No Extended Care 11/25	<input type="checkbox"/> Kroc Adventures 5-14	<i>Please note: All Thanksgiving & Winter Camps are offered as daily registrations only; 5 single day purchases is the equivalent of the former full week price.</i>	<input type="checkbox"/> Day(s): _____	\$30/ Members \$35/ Guests
Winter Week 1	December 19 - 23	<input type="checkbox"/> Kroc Adventures 5-14		<input type="checkbox"/> Day(s): _____	\$30/ Members \$35/ Guests
Winter Week 2	December 26 - 30	<input type="checkbox"/> Kroc Adventures 5-14		<input type="checkbox"/> Day(s): _____	\$30/ Members \$35/ Guests
Winter Week 3	January 2 - 6	<input type="checkbox"/> Kroc Adventures 5-14		<input type="checkbox"/> Day(s): _____	\$30/ Members \$35/ Guests
Winter Week 4	January 9 - 13	<input type="checkbox"/> Kroc Adventures 5-14		<input type="checkbox"/> Day(s): _____	\$30/ Members \$35/ Guests
Spring Camp 2012					
Club 3:16					
Week 1	April 2 - 6 *No Extended Care 4/6	<input type="checkbox"/> Kroc Adventures 5 - 14	\$150/ Members \$175/ Guests	<input type="checkbox"/> Club 3:16 (Free)	
		<input type="checkbox"/> The Life of Christ 7-14	\$130/ Members \$155/ Guests	<input type="checkbox"/> Club 3:16 (Free)	
		<input type="checkbox"/> Top Cook 8 - 14	\$190/ Members \$215/ Guests	<input type="checkbox"/> Club 3:16 (Free)	
Week 2	April 9 - 13	<input type="checkbox"/> Kroc Adventures 5 - 14	\$150/ Members \$175/ Guests	<input type="checkbox"/> Club 3:16 (Free)	
		<input type="checkbox"/> Intro. to Ice 6 - 14	\$170/ Members \$195/ Guests	<input type="checkbox"/> Club 3:16 (Free)	
		<input type="checkbox"/> Skateboarding 8-14	\$170/ Members \$195/ Guests	<input type="checkbox"/> Club 3:16 (Free)	
Week 3	April 16 - 20	<input type="checkbox"/> Kroc Adventures 5 - 14	\$150/ Members \$175/ Guests	<input type="checkbox"/> Club 3:16 (Free)	
Week 4	April 23 - 27	<input type="checkbox"/> Kroc Adventures 5 - 14	\$150/ Members \$175/ Guests	<input type="checkbox"/> Club 3:16 (Free)	

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 single-day. Balance of fees is 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: _____

Cardholder Signature: _____ 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 all camp rules 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: _____

Register in Person: The Salvation Army Kroc Center 6845 University Avenue, San Diego, CA 92115 619.269.1460

Register by Fax: Credit Card Only Sign and complete all forms Fax to 619.269.0272



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

(Name of Camper: Please Print)

ETHNICITY	
<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> African-American/Black
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Native American
<input type="checkbox"/> White (non-Hispanic)	<input type="checkbox"/> Multi-Racial (specify): _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> I Prefer Not to Respond

HEALTH HISTORY
The information provided below will assist our staff in providing the best care for your child. Check if applicable or allergic:
<input type="checkbox"/> Diabetes <input type="checkbox"/> Asthma <input type="checkbox"/> Carries Epi-Pen <input type="checkbox"/> Epilepsy <input type="checkbox"/> Carries Inhaler <input type="checkbox"/> Behavioral Challenges <input type="checkbox"/> Insect Stings <input type="checkbox"/> Penicillin
<p>ARE YOUR CHILD'S IMMUNIZATIONS UP TO DATE?</p> <p><i>State of California School Immunization Law requires enforcement of immunization requirements</i></p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Required: Date of last tetanus shot: _____</p> <p><i>If exempt, please submit copy of CA Immunization Exemption Waiver</i></p>

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

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: (____) _____

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

Name: _____

Name: _____

<input type="checkbox"/> My child IS water safe <input type="checkbox"/> My child is NOT water safe (Note: due to safety considerations, the only floatation devices permitted are 1-piece swimsuits with floatation sewn into the suit.)
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Information Required by State Law

Health Insurance: Yes No

Company: _____

Policy Number: _____

Family Doctor: _____

Doctor's Phone: (____) _____

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: _____