



# FALL WINTER SPRING CAMP 2009-2010

## 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: \_\_\_\_\_

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

### FALL/ WINTER/ SPRING DAY CAMPS

SESSIONS	SESSION DATES	WEEKLY ENROLLMENTS	SINGLE-DAY ENROLLMENTS
<b>Fall Camp 2009</b>			
Week 1	October 5 - 9	<input type="checkbox"/> Kroc Adventures 5-13	<input type="checkbox"/> Day(s): _____
Week 2	October 12 - 16	<input type="checkbox"/> Kroc Adventures 5-13	<input type="checkbox"/> Day(s): _____
Veteran's Day Camp	Wednesday, November 11 <i>*No Extended Care</i>		<input type="checkbox"/> 11/11/09
Thanksgiving Camp (full week is 4 days)	November 23 - 25 & 27 <i>*No Extended Care on 11/27</i>	<input type="checkbox"/> Kroc Adventures 5-13	<input type="checkbox"/> Day(s): _____
<b>Winter Camp 2009 - 2010</b>			
Week 1 (full week is 4 days)	December 21 - 24 <i>* No Extended Care on 12/24</i>	<input type="checkbox"/> Kroc Adventures 5-13	<input type="checkbox"/> Day(s): _____
Week 2 (full week is 4 days)	December 28 - 31 <i>* No Extended Care on 12/31</i>	<input type="checkbox"/> Kroc Adventures 5-13	<input type="checkbox"/> Day(s): _____
Week 3	January 4 - 8	<input type="checkbox"/> Kroc Adventures 5-13	<input type="checkbox"/> Day(s): _____
Week 4	January 11 - 15	<input type="checkbox"/> Kroc Adventures 5-13	<input type="checkbox"/> Day(s): _____
Martin Luther King Jr. Day	Monday, January 18 <i>*No Extended Care</i>		<input type="checkbox"/> 1/18/10
Presidents' Day Camps	Monday, February 8 <i>*No Extended Care</i>		<input type="checkbox"/> 2/8/10
	Friday, February 12 <i>*No Extended Care</i>		<input type="checkbox"/> 2/12/10
	Monday, February 15 <i>*No Extended Care</i>		<input type="checkbox"/> 2/15/10
<b>Spring Camp 2010</b>			
Week 1	March 29 - April 2	<input type="checkbox"/> Kroc Adventures 5-13 <input type="checkbox"/> Intro. to Ice Skating 6-13 <input type="checkbox"/> Top Chef 8-13	
Week 2	April 5 - 9	<input type="checkbox"/> Kroc Adventures 5-13 <input type="checkbox"/> Sports Camp 6-13 <input type="checkbox"/> Fine Arts 6-13	
Week 3	April 12 - 16	<input type="checkbox"/> Kroc Adventures 5-13	

### MEMBERSHIP INFORMATION:

My child has a:  Youth Membership  Family Membership Member #: \_\_\_\_\_

**Reserving Weeks of Camp:** A \$25 non-refundable deposit reserves a week; \$10 non-refundable deposit reserves a single-day. Balance of fees due seven days in advance of 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 within seven days of 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.**

### PAYMENT INFORMATION:

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 may use the above listed participants' 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: \_\_\_\_\_

Register in Person: The Salvation Army Kroc Center 6753 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



# FALL WINTER SPRING CAMP 2009-2010

## 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: \_\_\_\_\_.

IMMUNIZATIONS	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Most Recent
Tetanus, Diphtheria, 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: _____						

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"/> Insect Stings   | <input type="checkbox"/> Penicillin            |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Asthma          | <input type="checkbox"/> Carries Epi-Pen       |
|                                   | <input type="checkbox"/> Carries Inhaler | <input type="checkbox"/> Behavioral Challenges |

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):

(Name of Minor/Camper: Please Print)

### EMERGENCY CONTACT & PICK-UP AUTHORIZATION

We require three emergency contacts other than the parents listed.

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: \_\_\_\_\_

Please assess your child's swimming abilities. (Note: due to safety considerations, the only floatation devices permitted are 1-piece swimsuits with floatation sewn into the suit).

- Assisted swimming with floatation device only
- Beginner
- "Water safe" (able to swim without direct assistance)

Notes: \_\_\_\_\_

### Information Required by State Law

Health Insurance:  Yes  No

Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Doctor's Phone: (\_\_\_\_) \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

### 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: \_\_\_\_\_