

# 2021 FALL BREAK CAMP

October 4-18, 2021 • Hutchins St. Sq. • 125 S. Hutchins St. • Holz Room & Kirst Hall

## FUN BEGINS DURING LODI UNIFIED FALL BREAK

CHILDREN AGES 5-11 • EXCELLENT SUPERVISION • SNACKS

### Weekly Fees

\$30 One time Registration fee  
7:00 am to 6:00 pm \$185  
7:00 am to 6:00 pm Both Weeks \$340

### Punch Pass Fees

\$30 One time Registration fee  
3 Day \$125  
5 Day \$185

### **Register online or in person**

\*Enrollment forms can be found on our webpage but must be turned into the office to be complete.

We are following the Childcare Guidelines for COVID-19.

The kids must wear face masks or face shields at all time indoors.

We will be able to supply a mask for the day if your child forgets his or her mask at home.

No face coverings are required if the kids are outside.

Camp Staff will wear face coverings indoors as well as outdoors.

We will be following the 6ft social distance requirement as well.

Space will be very limited.

- There will be no refunds issued for camp.
- The Fall Camp program is managed by Recreation Staff members.
- Children must bring lunch from home every day. Snacks are included.
- Swimming at Hutchins Street Square will be offered Mon thru Fri, 1-3pm both weeks (Free)
- Field trips may be available, an additional fee may apply (more info to come)

The PRCS staff have been fingerprinted, drug screened, background checked, and have been cleared through the Department of Justice.



Lodi Parks, Recreation & Cultural Services | 230 W. Elm St., Lodi, CA 95240 | 209-333-6742

Fall Camp is not sponsored or coordinated by Lodi Unified School District



# 2021 Fall Camp Registration Form



Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home: \_\_\_\_\_ Cell/Work: \_\_\_\_\_ Male / Female \_\_\_\_\_ Birth date \_\_\_\_\_

**Please indicate weeks and time desired:**

**Registration fee is \$30 per child for weekly and punch pass**

\_\_\_\_\_ Week 1 (October 4th-8th)

\_\_\_\_\_ Week 2 (October 11th-15th)

**Single Week:** 7:00 am to 6:00 pm \$185 \_\_\_\_\_

**Both Weeks:** \_\_\_\_\_ 7:00 am to 6:00 pm \$340

**3 Day Punch Pass** \$125 \_\_\_\_\_

**5 Day Punch Pass** \$185 \_\_\_\_\_

Weekly fees are due prior to start of each week. Field trips will be local and must be paid for in advance.

**Late pick up or Early Drop off Fees:** \$1 per minute. After 6:30pm there is a flat rate of \$30.

If there is a Returned Check, the Fee is \$35, paid to the City of Lodi; you will then be on a "cash" only status.

**\*No refunds. No exceptions \***

**Week 1:** Swimming (Mon-Fri 1:00 pm-3:00 pm)

**Week 2:** Swimming (Mon-Fri 1:00 pm-3:00 pm)

**AGREEMENT AND RELEASE OF LIABILITY** As the parent or guardian of a minor child (hereafter "my child") participating in activities of the City of Lodi, Parks and Recreation Department, I hereby waive and release any claims I or my child may have now or in the future, against the City and its officers, employees, contractors, servants and agents (hereafter referred to collectively as "the City") arising from injuries to my child or damages to my child's or my property, sustained while my child is (1) at the City's facilities, (2) participating in the City's activities, or (3) being transported to or from the facilities or activities, regardless of whether such injuries or property damage is caused in whole or in part by the City's alleged active or passive negligence. As lawful consideration for my child being permitted to participate in this activity, my child and I agree to release from legal liability and agree not to sue the City of Lodi.

In the event of an injury to my child, I hereby give the City permission to arrange transportation for my child to a hospital, and/or provide my child with EMERGENCY treatment or first aid, although I understand that the City does not assume any responsibility to take any of these actions. The City is not liable for any medical expenses in the event of an injury.

This waiver and release shall be valid for the duration of the session in which my child is enrolled. I have carefully read this waiver and release and agree to the terms stated and understand that this contract is legally binding and that my child and I are releasing legal rights by signing it. I certify that I am the parent or legal guardian of the child whose name is listed above.

\_\_\_\_\_  
Parent/Legal Guardian (Please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For Office Use only:**

Date: \_\_\_\_\_ Amount \$ \_\_\_\_\_

**Lodi Parks & Recreation**

230 W. Elm St, Lodi, CA 95240 | (209) 333-6742



# 2021 Fall Camp Child Information



Child Name: \_\_\_\_\_ AGE: \_\_\_\_\_

## Swimming at Hutchins Street Square, Indoor Pool

For your child's safety, check the box about your child's swim ability:

Green, good swimmer!

Red, not at all!

Yellow, very little - Dog Paddle

Please be specific with any instructions you have for us:

\_\_\_\_\_

### MOVIES & VIDEO GAMES:

Check the boxes below to confirm appropriate ratings that your child has permission to view or play.

#### MOVIES

G

PG

PG-13

#### VIDEO GAME RATINGS

E (Everyone)

T (Teen)

### **Child Information:**

Health History/Food Allergies: \_\_\_\_\_

Special Needs: \_\_\_\_\_

Activity Needs: \_\_\_\_\_

Unique circumstances: \_\_\_\_\_

My child can have Camp Snack:      Circle Yes or No below

Peanuts or Nuts: Yes/No/Allergic \_\_\_\_\_ Fresh Fruit: Yes/No/Allergic \_\_\_\_\_

Milk: Yes/No/Allergic \_\_\_\_\_ Bread: Yes/No Lunch Meats: Yes/No Juice: Yes/No

Does the child carry an Epi-pen? Yes/No

Food Restrictions or Limitations: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_



# 2021 Fall Camp

## Parent Permission Slip



Name: \_\_\_\_\_ has my permission to participate in the field trip. YES \_\_\_\_\_ NO \_\_\_\_\_

**YOUR SON/DAUGHTER WILL BE TRANSPORTED BY ONE OF THE FOLLOWING:**

Walking  City Vehicle  ASP Van  Commercial Transport

**Parent/Guardian:**

As the parent, agency representative or legal guardian, I hereby give consent to the City of Lodi Staff to provide all emergency Dental or Medical care prescribed by a duly licensed Physician (M.D.) Osteopath (D.O.) or Dentist (D.D.S) for:

Child's name \_\_\_\_\_.

**Please initial the statement below:**

\_\_\_\_\_ In the event of an accident or other emergency, when a parent/guardian is unavailable, I hereby authorize a representative of the City of Lodi, Parks & Recreation Staff, to make arrangements as he/she considers necessary for my child to receive medical or hospital care, including necessary transportation. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my child

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Parent/Guardian:**

Under such circumstances, I further authorize the physician named below to undertake such care and treatment of my child, as he/she considers necessary. In the event, said physician is not available at anytime, I authorize such care and treatment to be performed by any licensed physician or surgeon. Please provide the following information in the event of an emergency or accident:

**Please list any allergies, physical or medical problems child may have, to be considered necessary for medical treatment:**

Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Health Insurance Provider \_\_\_\_\_ Group I.D. Number \_\_\_\_\_

**I, THE UNDERSIGNED HEREBY AGREE TO BEAR ALL COSTS THAT ARE INCURRED AS A RESULT OF AN ACCIDENT OR EMERGENCY:**

X \_\_\_\_\_ Date \_\_\_\_\_

(Parent/Guardian Signature)

**Photography:**

Please circle one:

I give my permission for the above child to be photographed participating in the City Camp program. **Yes or No**

(No names or ages will be given out to the photographer.)

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# 2021 Fall Camp Emergency Form

## Must be completed by Parent or Guardian

**Child's Name:** \_\_\_\_\_  
Last First Middle Nickname

**Home Address:** \_\_\_\_\_  
Address City Zip

**Child's Info:** \_\_\_\_\_  
Age Male/Female Grade Birth date

**Father's Info:** \_\_\_\_\_  
Last First Home # Cell # Work #

**Mother's Info:** \_\_\_\_\_  
Last First Home # Cell # Work #

## Authorized Adults to pick up child from program site

**Name:** \_\_\_\_\_  
Last First Relationship Home Phone Work Phone

**Name:** \_\_\_\_\_  
Last First Relationship Home Phone Work Phone

**Name:** \_\_\_\_\_  
Last First Relationship Home Phone Work Phone

## Physician/Dentist to be called in an emergency

**Physician's Info:** \_\_\_\_\_  
Name Medical Plan Insurance Number Office Phone

**Dentist's Info:** \_\_\_\_\_  
Name Medical Plan Insurance Number Office Phone

**If Physician cannot be reached, what action should be taken?**

\_\_\_\_\_

## **Allergies, limitations, medications, dietary restrictions or special needs**

### **Procedure**

- I hereby agree to indemnify and hold the City of Lodi its officers and employees, harmless, and any community organization cosponsoring the program, from and against any and all liability for any injury which may be suffered by me or my child, arising out of or in any way connected with participation in the program named above.
- I recognize and understand that there may be risks of injury to my child as a participant in this program and I agree to accept those risks in registering my child as a participant. My signature below indicates that I am aware of and understand the policy and procedures of the Summer Safari Program.

Parent/Guardian Print Name

Parent/Guardian Signature

Date

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_