



FALL & WINTER DAY CAMPS

REGISTRATION FORM *(Please complete one per camper)*

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:** _____

How did you originally hear about Day Camp? Camp Guide/Mailing From a Friend Peachjar Kroccenter.org Internet
 The Union Tribune TV While at the Kroc Center Other: _____

FALL & WINTER DAY CAMPS 2017-18			
SESSIONS	SESSION DATES	FULL-WEEK ENROLLMENTS	FULL WEEK FEE
Fall Week 1	October 9 - 13	<input type="checkbox"/> Kroc Adventures 5-14	\$180/ Members \$195/ Guests
Fall Week 2	October 16 - 20	<input checked="" type="checkbox"/> Kroc Adventures 5-14	\$180/ Members \$195/ Guests
Veterans Day	November 10	<input checked="" type="checkbox"/> Kroc Adventures 5-14	\$36/ Members \$39/ Guests
Thanksgiving (full week is 3 days)	November 20 - 22	<input type="checkbox"/> Kroc Adventures 5-14	\$108/ Members \$117/ Guests
Winter Week 1	December 18 - 22	<input type="checkbox"/> Kroc Adventures 5-14	\$180/ Members \$195/ Guests
Winter Week 2 (full week is 4 days)	December 26 - 29	<input type="checkbox"/> Kroc Adventures 5-14	\$144/ Members \$156/ Guests
Winter Week 3 (full week is 4 days)	January 2 - 5	<input type="checkbox"/> Kroc Adventures 5-14	\$144/ Members \$156/ Guests
Winter Week 4	January 8 - 12	<input type="checkbox"/> Kroc Adventures 5-14	\$180/ Members \$195/ Guests
MLK Jr. Day	January 15	<input type="checkbox"/> Kroc Adventures 5-14	\$36/ Members \$39/ Guests

I would like to opt my child out of IMPACT!

PAYMENT/CANCELLATION INFORMATION

Reserving Weeks of Camp: A \$25 non-refundable deposit reserves a full-week of camp. 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 payment 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.** Cancellation credits will be issued via a Kroc Center Gift Card and distributed directly to the participant. Cancellation at least one week prior to the start of the camp session: full credit on a Kroc Center Gift Card toward Kroc Center programs minus the \$25 non-refundable deposit fee(s). Cancellation less than one week prior to the start of the camp session: full credit on a Kroc Center Gift Card toward Kroc Center programs minus 50% of the total paid amount. Credit applications are available at any venue Guest Service Desk and the Day Camp Office. By signing below, I affirm that I understand the previously listed payment/cancellation policies.

For Emailed or Faxed Registrations Only (Optional)

Please charge my: Visa Mastercard American Express Discover

Account #: _____ Exp. Date: _____

CVV Code #: _____ Billing Zip Code: _____

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, 6753 University Avenue, San Diego, CA 92115, (619) 269-1470
Register by Email: Credit Card only, sign and complete all forms and email to SDKroc.Camp@usw.salvationarmy.org
Register by Fax: Credit Card only, sign and complete all forms and fax to (619) 269-1476

FALL & WINTER DAY CAMPS

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

(Name of Camper: Please Print)

ETHNICITY

Asian/Pacific Islander African-American/Black
 Hispanic/Latino Native American
 White (non-Hispanic) Multi-Racial (specify): _____
 Other: _____ 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:

Diabetes Asthma Carries Epi-Pen
 Epilepsy Carries Inhaler Behavioral Challenges
 Insect Stings Penicillin

ARE YOUR CHILD'S IMMUNIZATIONS UP TO DATE?
State of California School Immunization Law requires enforcement of immunization requirements

YES NO

Required: Date of last tetanus shot: _____

Signature required for those who do not immunize due to personal beliefs:

Signature: _____ Date: _____

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 a new home, death in the family, 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: (_____) _____

Information Required by State Law

Health Insurance: Yes No

Company: _____

Policy Number: _____

Family Doctor: _____

Doctor's Phone: (_____) _____

My child **IS** water safe 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).

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: _____