



# 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  SD.Kroccenter.org  Internet  
 TV  While at the Kroc Center  Other: \_\_\_\_\_

FALL & WINTER DAY CAMPS 2018-19			
SESSIONS	SESSION DATES	FULL-WEEK ENROLLMENTS	FULL WEEK FEE
Fall Week 1	October 8 - 12	<input type="checkbox"/> Kroc Adventures 5-14	\$180/ Members \$195/ Guests
Fall Week 2	October 15 - 19	<input type="checkbox"/> Kroc Adventures 5-14	\$180/ Members \$195/ Guests
Veterans Day	November 12	<input type="checkbox"/> Kroc Adventures 5-14	\$40/ Members \$45/ Guests
Thanksgiving <b>(full week is 3 days)</b>	November 19 - 21	<input type="checkbox"/> Kroc Adventures 5-14	\$108/ Members \$117/ Guests
Winter Week 1 <b>(full week is 3 days)</b>	December 26 - 28	<input type="checkbox"/> Kroc Adventures 5-14	\$108/ Members \$117/ Guests
Winter Week 2 <b>(full week is 4 days)</b>	December 31 & January 2 - 4	<input type="checkbox"/> Kroc Adventures 5-14	\$152/ Members \$164/ Guests
Winter Week 3	January 7 - 11	<input type="checkbox"/> Kroc Adventures 5-14	\$190/ Members \$205/ Guests
Winter Week 4	January 14 - 18	<input type="checkbox"/> Kroc Adventures 5-14	\$190/ Members \$205/ Guests
MLK Jr. Day	January 21	<input type="checkbox"/> Kroc Adventures 5-14	\$40/ Members \$45/ 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. 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: No credit will be issued. 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.

### 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



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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									
<p>The information provided below will assist our staff in providing the best care for your child. Check if applicable or allergic:</p>									
<table style="width: 100%;"> <tr> <td><input type="checkbox"/> Diabetes</td> <td><input type="checkbox"/> Asthma</td> <td><input type="checkbox"/> Carries Epi-Pen</td> </tr> <tr> <td><input type="checkbox"/> Epilepsy</td> <td><input type="checkbox"/> Carries Inhaler</td> <td><input type="checkbox"/> Behavioral Challenges</td> </tr> <tr> <td><input type="checkbox"/> Insect Stings</td> <td><input type="checkbox"/> Penicillin</td> <td></td> </tr> </table>	<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	
<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><b>ARE YOUR CHILD'S IMMUNIZATIONS UP TO DATE?</b> <i>State of California School Immunization Law requires enforcement of immunization requirements</i></p> <p style="text-align: center;"><input type="checkbox"/> YES                      <input type="checkbox"/> NO</p>									
<p><b>Required:</b> Date of last tetanus shot: _____</p> <p style="text-align: center;"><b>Signature required for those who do not immunize due to personal beliefs:</b></p> <p>Signature: _____ Date: _____</p>									
<p>Dietary Restrictions: _____</p>									
<p>Operations / Serious Injuries / Diseases / Restrictions on Physical Activity: _____</p>									
<p>Name &amp; purpose of any medication <i>(Complete "Med. Info. Form" for meds administered at camp):</i></p> <p>_____</p>									
<p>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...): _____</p>									

EMERGENCY CONTACT & PICK-UP AUTHORIZATION
<p><b>We require at least three emergency contacts/adults authorized for pick-up other than the parents listed on page 1.</b></p>
<p>People <b>AUTHORIZED</b> to pick-up my camper:</p>
<p>Name: _____</p> <p>Relationship: _____ Phone: ( _____ ) _____</p>
<p>Name: _____</p> <p>Relationship: _____ Phone: ( _____ ) _____</p>
<p>Name: _____</p> <p>Relationship: _____ Phone: ( _____ ) _____</p>

Information Required by State Law
<p>Health Insurance:    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Company: _____</p> <p>Policy Number: _____</p> <p>Family Doctor: _____</p> <p>Doctor's Phone: ( _____ ) _____</p>
<p><input type="checkbox"/> My child <b>IS</b> water safe    <input type="checkbox"/> My child is <b>NOT</b> water safe <i>(Note: due to safety considerations, the only floatation devices permitted must be US Coast Guard approved)</i></p>

<p style="text-align: center;"><b>Parent/Legal Guardian is required to sign authorization and waiver below to acknowledge understanding and agreement of the content.</b></p> <p>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.</p> <p>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.</p> <p style="text-align: center;"><b>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.</b></p> <p style="text-align: center;">Parent or Legal Guardian's Name (printed): _____</p> <p>Signature _____ Date: _____</p>
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