



SPRING 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): _____
 Cell Ph (a): _____ Cell Ph (b): _____ Home Ph: _____ Work Ph: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Parent(s) Email: _____ Camper's School: _____

How did you originally hear about Day Camp? Camp Guide/Mailing From a Friend Internet sd.kroccenter.org Peachjar TV
 While at the Kroc Center Social Media Other: _____

SPRING DAY CAMPS 2020			
SESSIONS	SESSION DATES	FULL-WEEK ENROLLMENTS	FULL WEEK FEE
Presidents' Day	February 14 & 17	<input type="checkbox"/> Kroc Adventures 5-14 (14th) <input type="checkbox"/> Kroc Adventures 5-14 (17th)	\$45/ Members \$50/ Guests (Each Day)
Spring Week 1	March 30 - April 3	<input type="checkbox"/> Kroc Adventures 5-14	\$200/ Members \$215/ Guests
		<input type="checkbox"/> Ice Skating 6-14	\$210/ Members \$225/ Guests
Spring Week 2	April 6-10 * No PM Extended Care 4/10/20	<input type="checkbox"/> Kroc Adventures 5-14	\$200/ Members \$215/ Guests
		<input type="checkbox"/> Art in Action	\$190/ Members \$205/ Guests
Spring Week 3	April 13-17	<input type="checkbox"/> Kroc Adventures 5-14	\$200/ Members \$215/ Guests
Spring Week 4	April 20-24	<input type="checkbox"/> Kroc Adventures 5-14	\$200/ Members \$215/ 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. Deposits must be made in person at the Kroc Center. 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

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

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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 align="center">ARE YOUR CHILD'S IMMUNIZATIONS UP TO DATE?</p> <p align="center"><i>State of California School Immunization Law requires enforcement of immunization requirements</i></p> <p align="center"><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Required: Date of last tetanus shot: _____</p> <p>Signature required for those who do not immunize due to personal beliefs:</p> <p>Signature: _____ Date: _____</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, death in the family, etc...): _____

(Name of Camper: Please Print)

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

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: _____