



# 2019 Youth Summer Program Registration

<b>Summer Program Location:</b>	
(circle one)	
Detert Park Jackson	Sutter Creek Pool

## Participant Information:

Name (first and last): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Grade in Fall: \_\_\_\_\_ School Attending: \_\_\_\_\_ T-Shirt Size: *Child:* 6/8 10/12 14/16 *Adult:* S M L  
 (circle one)

## Registration:

Camp fee is \$100 per week plus a one-time \$10 registration fee. **Payment is due one week before each session begins.**  
 Select weekly session(s) registering for:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> June 10-14 <i>Welcome to Camp</i>     | <input type="checkbox"/> July 1-5 <i>We love America</i>           | <input type="checkbox"/> July 22-26 <i>Groovin' 60's</i>         |
| <input type="checkbox"/> June 17-21 <i>Dino Days</i>           | <input type="checkbox"/> July 8-12 <i>Pirates of the Caribbean</i> | <input type="checkbox"/> July 29-Aug 2 <i>Space is the Place</i> |
| <input type="checkbox"/> June 24-28 <i>Castles &amp; Kings</i> | <input type="checkbox"/> July 15-19 <i>Wild, Wild West</i>         | <input type="checkbox"/> Aug 5-9 <i>Summer Celebration</i>       |

## Parent or Guardian Information:

Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Work #: \_\_\_\_\_ E-mail: \_\_\_\_\_

## Parent or Guardian Information:

Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Is your child allowed to leave at will?  Yes  No.

If "Yes," your child has permission to sign out on the daily log sheet. When your child leaves after signing out, he/she will not be allowed back into the program that day. Once the participant has signed out, the staff is no longer responsible for the participant or for his/her behavior outside the program.

If "No," your child will not be allowed to leave the program until a parent or guardian has signed the daily log.

Who is allowed to pick up your child from camp other than the parents or guardians listed above:

- Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone #: \_\_\_\_\_
- Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Is there anyone excluded from picking up your child?

- Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

## In Case of Emergency we will call 911:

Medical Insurance: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Group #: \_\_\_\_\_ ID #: \_\_\_\_\_

Does your child have any allergies, physical limitations, or dietary restrictions we should be aware of?

No  Yes. If "yes," please list below and fill out the appropriate medical release forms.

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**Please initial:**

       **No**        **Yes**, My child has permission to use personal electronic devices to contact parents and guardians only. Camp staff discourages the use of cell phones during the program for entertainment purposes and will ask that these devices be stored with the students’ personal effects. Please note staff is not responsible for lost, misplaced, stolen, or damaged electronics.

       **No**        **Yes**, My child has permission to walk with Camp staff off site and to ride Amador County Rapid Transit in order to participate in activities .

       **No**        **Yes**, ACRA has my permission to add my E-mail address to our group E-mail to provide important updates about ACRA upcoming activities and schedules.

       **No**        **Yes**, I hereby give ACRA permission to photograph my child and to use these photographs or reproductions for promotional activities including ACRA owned websites and Facebook, brochures, flyers, newspapers articles and advertisements, displays, and reports. I waive the right of inspection or approval of such photographs or reproductions. I also release ACRA from all claims or demands that I may have or can have on account of the use or publication of the photographs or reproductions. I authorize ACRA to use the photographs and reproductions free of charge.

**Camp Policies:**

- Participation Fees: **All payments must be made in advance**  
    \$10 registration fee is due with registration  
    \$100 per weekly session: must be paid **one week before** the session begins.  
    Daily rate: \$25 per day or \$14 per half day (7:00-12:30 or 12:30-6:00)  
    Sibling discounts and payment assistance are available.
- Camp provides two snacks daily for each camper. Free breakfast and lunch are available through the USDA’s Summer Lunch Program, or campers can bring their own healthy lunch. Participants must provide their own water bottle. Energy drinks, hot or iced coffee, and soft drinks are not allowed.
- The hours for *Summer Fun Days* are 7:00-6:00. Any participant who has not been picked up by 6:00 will be charged an additional \$25 to cover staff cost.

**Release of Liability:**

In consideration of myself and/or the minor child being permitted by the Amador County Recreation Agency (“ACRA”) to participate in the above described activity, I, the undersigned, hereby waive, release, and discharge in advance any and all claims for damages for personal injury, death, or property damage which I and/or said minor child may sustain or which may occur as a result of my and/or the minor child’s participation in said activity. This release is intended to discharge in advance ACRA, its officers, employees, volunteers, or agents from and against any and all liability arising out of or connected in any way with the participation of myself and/or the minor in said activity, even though that liability may arise out of active or passive negligence or carelessness on the part of ACRA, its officers, employees, volunteers, or agents.

I understand that the described activity may be of a hazardous nature and/or include physical and/or strenuous exercise or activity; that serious accidents occasionally occur during the above-described activity; and that participants in the described activity occasionally sustain mortal or personal injuries and/or property damages as a consequence thereof. Knowing the risks involved, nevertheless I agree to assume all risks of injury and to release and hold harmless ACRA, its officers, employees, volunteers, or agents who through active or passive negligence or carelessness might otherwise be liable to me and/or said minor child. It is further understood that this waiver, release and assumption of risk is to be binding on the heirs and assigns of said minor and/or myself, the undersigned.

I do hereby fully release ACRA and its officers, agents and employees from any and all claims from injuries, damage or loss which I, or any minor child may have or which may occur to my minor child on account of his/her being transported by automobile.

I further agree to indemnify and to hold ACRA, its officers, employees, volunteers, and agents free and harmless from any loss, liability, damage, cost or expense, including attorneys’ fees, associated with or arising from my and/or said minor’s participation in the described activity.

I certify that if I am signing on behalf of a minor child, I have custody or am the legal guardian of said minor by court order. I hereby give my consent that in the event said minor requires medical or surgical treatment while under the supervision of said ACRA’s recreation personnel in connection with the described activity, such supervisor may authorize treatment. I also agree to pay all medical, hospital, or other expenses which said minor may incur as a result of such treatment.

**I have fully read this Waiver of Liability, Medical Release, and Indemnification Agreement, and fully understand its contents. I understand and agree that if I am signing this agreement on behalf of my minor child that I will be giving up the same rights for said minor as I would be giving up if I signed this document on my own behalf. I am aware that this is a release of liability and a contract between me and ACRA and I sign it at my own free will.**

**Name (print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**ACRA USE ONLY**

Check #: \_\_\_\_\_ Check Amount: \_\_\_\_\_ Cash Amount: \_\_\_\_\_ Credit Card Amount: \_\_\_\_\_

Date Payment Received: \_\_\_\_\_



**Amador County Recreation Agency**

www.goacra.org

209-223-6349

E-mail: [acra@amadorgov.org](mailto:acra@amadorgov.org)

**ACRA Summer Youth Programs  
Participant Code of Conduct Contract  
2019**

Participant Name (first and last): \_\_\_\_\_ Grade Entering in Fall: \_\_\_\_\_

All participants have the right to participate in ACRA Summer Youth Programs in a positive and safe environment, free from disruptions. Participants will be expected to exhibit appropriate conduct that does not infringe upon the rights of others or interfere with the policies of the program.

Participants will be held accountable for their conduct while participating in ACRA Programs. They must conform to ACRA policies and rules, obey directions, and be respectful of leaders, volunteers and other participants.

**Prohibited student conduct includes the following:**

- \*Disrespectful behavior, bullying, or cyber bullying of other participants, staff, or volunteers
- \*Any other verbal, written, or physical conduct that causes or threatens violence or bodily harm
- \*Conduct that disrupts the summer program environment
- \*Willful defiance of Staff or Volunteers
- \*Obscene acts or use of profane, vulgar, or abusive language
- \*Possession, use, or being under the influence of tobacco, alcohol, or prohibited drugs
- \*Use of cell phones, cameras, videos, or voice recordings or other personal electronics without permission
- \*No participant can leave the ACRA sponsored activity without parental permission in writing. Should a participant choose to leave, he/she will not be allowed back into the program that day.
- \*No outside food or drink is allowed unless provided by parent. We strive for a healthy food zone. Soft drinks, coffee and energy drinks are prohibited.

**I have read the summer conduct policies and agree to comply by signing this contract.**

**Signature of Parent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_