

CALIFORNIA ADVENTURE CAMPS

Program Registration

P.O. Box 4651 Walnut Creek, CA 94596 925-952-4450 <http://caladventurecamps.org>

Camper's Name _____ Phone _____

Address _____ Birthdate _____

Age _____ Gender _____ E Mail (print clearly) _____

Parent / Guardian (1) _____ (2) _____

Home Phone _____ Work Phone _____

Cell Phone #1 _____ Cell Phone #2 _____

Primary Emergency Contact _____ Phone _____

Secondary Emergency Contact _____ Phone _____

Medical Treatment Authorization and General Waiver

I _____ certify that I am the parent or legal guardian of the above named camper. By my signature below, I hereby authorize any and all emergency medical treatment necessary to be rendered to my child by any person or persons in order to preserve life, limb or the general health and welfare of my child.

Medical Insurance Carrier _____ ID/Policy # _____

In return for the above registered camper being allowed to participate in the Walnut Creek Sports Association (WCSA) and California Adventure Camps (CAC) Camp program (the "Program"), I also by my signature below hereby release and agree not to sue the WCSA/CAC, and their employees, sub-contractors, sponsors, agents and affiliates (collectively the "WCSA/CAC Entities") from all present and future claims that may be made by me, my family, estate, heirs or assigns for property damage, personal injury or wrongful death arising as a result of my child or legal charge's (Camper's) participation in the Program and caused by the negligence of the parties listed above, wherever, whenever, or however the same may occur.

I also agree to indemnify and hold harmless the WCSA/CAC for all claims arising out of the Camper's participation in the Program and all related activities. I agree to let the WCSA/ CAC use the camper's name and likeness free of charge in any manner and for any purpose without compensation to me. I understand that this document is intended to be as broad and inclusive as permitted by the laws of the State of California which the Program is taking place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect. I further agree that any legal proceedings related to this waiver will take place in Walnut Creek, Ca. I understand that participation in the Program involves certain risks, including, but not limited to, serious injury and or even death. The Camper is voluntarily participating in the Program with knowledge of the danger involved and I agree to accept all risks of such participation. I certify that the Camper is in good physical health and may participate in strenuous and hazardous physical activities in the Program.

I also understand that there are no refunds for any reason after June 1st, 2010 including disciplinary removal from camp. I have read and understand the Program's disciplinary policy available to me on the camp's FAQ website page..Weeks may be moved with 7 days notice.

I hereby expressly waiver all rights under Section 1542 of the Civil Code of the State of California, and under any and all similar laws of any jurisdiction. I am aware that said Section 1542 of the Civil Code provides as follows: A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS FAVOR AT THE TIME OF EXECUTING THE RELEASE, WHICH IF KNOWN BY HIM MUST HAVE MATERIALLY AFFECTED HIS SETTLEMENT WITH THE DEBTOR.

I agree to the terms of this waiver signed on this day (enter date) _____

Signed _____ Print Name _____

Please complete forms and mail with your check to: California Adventure Camps P.O. Box 4651 Walnut Creek Ca 94596.

Please use the reverse of this form to notify us of any condition or other that would help us to make your camper's stay with us the best in summer fun and adventure.

CIT Program Selection Form

Please check desired camp(s)

JR Explorers

QB/ Receiver

Soccer

Lacrosse

Baseball

Flag Football

Tackle Football

Basketball

CIT Registration rates are \$150 per week for JR Explorers, All sports only \$50 per two week session. Sports camp with deluxe package is \$250 per two week session.

What skills, abilities or experience would you bring to this camp? (Please have CIT complete)

Please describe yourself , your interests and why you want to be with us this summer. (Please have CIT complete)

Check Camp weeks (for multiple session camps etc)

6/14 6/21 6/28 7/5

7/12 7/19 7/26 8/2

8/09 8/16

NOTES:

PAYMENT DETAIL

Total Camp Fees \$ _____

Total Options \$ _____

Total Due \$ _____

CHECK HERE FOR PAYMENT VIA
PAYPAL (add 2% fee)
You will receive an email link for online payment

General Waiver

In return for being allowed to participate in the Walnut Creek Sports Association (WCSA) and California Adventure Camps (CAC) Summer Camp program (the "Program"),

I _____ release and agree not to sue the WCSA/CAC, and their employees, sub-contractors, sponsors, agents and affiliates (collectively the "WCSA Entities") from all present and future claims that may be made by me, my family, estate, heirs or assigns for property damage, personal injury or wrongful death arising as a result of my child or legal charge's (Camper) participation in the Program and caused by the negligence of the parties listed above, wherever, whenever, or however the same may occur.

I understand that participation in the Program involves certain risks, including, but not limited to, serious injury and or even death. The Camper is voluntarily participating in the Program with knowledge of the danger involved and I agree to accept all risks of such participation.

I certify that the Camper is in good physical health and may participate in strenuous and hazardous physical activities in the Program. I also understand that there are no refunds offered after June 1st, 2010 for any reason including disciplinary removal from camp. I have read and understand the Program's disciplinary policy available to me on the camp's FAQ website page.

I also agree to indemnify and hold harmless the WCSA for all claims arising out of the Camper's participation in the Program and all related activities. I agree to let the WCSA use the camper's name and likeness free of charge in any manner and for any purpose without compensation to me. I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the Program is taking place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect. I further agree that any legal proceedings related to this waiver will take place in Walnut Creek, Ca

I hereby expressly waiver all rights under Section 1542 of the Civil Code of the State of California, and under any and all similar laws of any jurisdiction. I am aware that said Section 1542 of the Civil Code provides as follows: A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS FAVOR AT THE TIME OF EXECUTING THE RELEASE, WHICH IF KNOWN BY HIM MUST HAVE MATERIALLY AFFECTED HIS SETTLEMENT WITH THE DEBTOR.

I agree to the terms of this waiver signed on this day _____

Signed _____ Print name _____

Camp Information

Regular camp hours 9am – 3:00 pm

9am—12pm M-TH SPORT CAMPS without deluxe package

Drop off time is no earlier than 8:45 am for those campers not registered for extended care.

Pick up time is no later than 3:15 pm for those campers not registered for extended care.

Extended care hours 8am – 8:45 am
3:15pm – 5:30 pm

Extended Care location is at the Contra Costa Jewish Community Center in Walnut Creek (near Rossmoor).

Transportation hours 7:45 am – 8:30am
3:15pm – 4pm

These are the “windows of time in which our buses will be available for drop off / pick up. Actual pick up / drop off times will vary but once set, will be consistent.

What to bring:

Campers should bring the following each day.

A bag lunch

Water bottle

A towel

Bathing suit

Sunscreen

Snacks

Clothing

we will have available but camper should come already screened

fruit, crackers, juice box etc

appropriate and modest summer clothes with shoes for activity and sports. Flip flops are o.k to bring but appropriate active sports type shoes are necessary as well

Personal electronic entertainment is not allowed. We hope to keep your camper busy and active enough so that these are not needed. We will also encourage the social interaction and friendships between campers and these items will detract from that purpose. Cell phones are allowed for emergency but may not be used at any time for other than emergency purposes.

Please check your camper upon pick up or as soon as possible afterwards. We do participate in nature hikes and explore local natural areas. Ticks are commonplace in our area and should be removed as soon as possible. To remove ticks, use tweezers (not your fingers) and grasp the tick as close to the camper’s skin as possible and pull gently, straight back until the tick releases. Apply antiseptic and watch the area over next few days. If redness appears consult your camper’s doctor immediately. The most common area for ticks on our campers is in the hair.

The cell phone of the Camp Director (Chris) is 925-708-4383 Please use this number at any time to contact the director for any reason.