



City of
SANTA CLARITA

23920 Valencia Boulevard • Suite 300 • Santa Clarita, California 91355-2196

Phone: (661) 259-2489 • FAX: (661) 259-8125

www.santa-clarita.com

Dear Camp Clarita Parents:

The City of Santa Clarita Parks, Recreation, and Community Services Department welcomes you to Camp Clarita! Camp Clarita exists to provide campers with a fun and adventurous environment that fosters growth and development through recreational and creative activities such as games, crafts, skits, swimming, field trips, and more!

Registration Packet Includes:

- Camper Health History Form (REQUIRED)
- Payment Plan Form (if needed)
- Enrollment Agreement (REQUIRED)
- Code of Conduct
- Change Form (if needed)

All forms must be completed in their entirety by the parent/guardian and turned into Camp Clarita directly at the parent meeting or on your child's first day of camp; incomplete forms will not be accepted and campers may not be dropped off at camp without completed forms. Please DO NOT turn the required forms into the Registration Office.

Please make sure you review the Camp Clarita Parent Handbook for detailed information on policies and procedures. You can pick one up from the registration counter or view online at campclarita.com.

Camp Clarita T-shirts must be worn daily. Each camper (excluding Voyager) will receive one T-shirt per paid enrollment regardless of how many weeks they are enrolled. Additional T-shirts may be purchased for \$8 at the time of registration or at the camp site with a check.

If you have any questions, please contact the Camp Clarita office at (661) 284-1465, or campclarita@santa-clarita.com. Thank you for choosing Camp Clarita to enrich your child's development this summer and we look forward to meeting you and your child.

See you this summer!

Lisa Nikkila
Day Camp Supervisor

Jennifer Lindstrom
Day Camp Coordinator

Jamie Garcia
Day Camp Coordinator



City of Santa Clarita Parks, Recreation, and Community Services Department
2019 Camp Clarita Health History Form

PARTICIPANT INFORMATION

Last Name _____ First Name _____ Age* _____ Date of Birth _____

Gender (circle one): Male / Female Parent/guardian email address: _____

Address: _____ City: _____ Zip Code: _____ Home Phone: _____

PARENT/GUARDIAN INFORMATION: AUTHORIZED TO PICK UP AND OBTAIN/CHANGE REGISTRATION INFORMATION

Check here if address is the same as participant

Father/Guardian (Full Name): _____ Work Phone: _____ Cell Phone: _____

Address: _____ City: _____ Zip Code: _____ Home Phone: _____

Check here if address is the same as participant

Mother/Guardian (Full Name): _____ Work Phone: _____ Cell Phone: _____

Address: _____ City: _____ Zip Code: _____ Home Phone: _____

PROGRAM INFORMATION

Camp Program: Wee Folks (3-4 yrs) Little Folks (4-5 yrs) Ranger Camp (5-8 yrs)
 Explorer Camp (8-12 yrs) Voyager Camp (11-15 yrs)

Camp Location: Canyon Country Park Newhall Park North Oaks Park Valencia Meadows Park
 Santa Clarita Park Valencia Glen Park The Centre (Voyager)

EMERGENCY CONTACT AND PERSONS AUTHORIZED TO PICK UP MY CHILD (other than parents, must be at least 16 years of age):

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

SWIM ABILITIES FOR RANGER, EXPLORER, AND VOYAGER CAMPERS: (check one only)

- Wee Folks and Little Folks N/A
- Not a strong swimmer but can touch in shallow water. No life vest required
- Requires life vest (*parents may need to provide*)
- Fully able to swim and may take swim test with lifeguards in order to swim in deep water and jump off diving board
- Moderate swim ability/taken some swim lessons

HEALTH INFORMATION

The information you provide here will be held in the strictest confidence. It will be kept on file in our binder or carried by the camp director on field trips.

Name of Physician _____ Address _____ Phone # _____

Allergies Yes No If yes, please list the allergies and describe the severity of the reaction (medication, seasonal, food, etc.)

If your child has any special need that requires specific accommodations so your child can fully enjoy camp, please contact Inclusion Services at (661) 290-2296, or inclusionervices@santa-clarita.com. To ensure appropriate accommodations, please request inclusion services a **minimum** of two weeks in advance.

Will your child need to take medication while at camp? Yes No

Any medication dispensed to your child must be brought to camp in its original prescription container and a **separate form** must be completed.

INSURANCE INFORMATION

Carrier/Plan Name _____ Group # _____ Name of Insured _____

Address _____ Phone # _____ Relationship to Camper _____

*We reserve the right to request proof of age at any time.

PERMISSION TO PARTICIPATE / CAMP POLICIES AND PROCEDURES

I have the authority and voluntarily agree for my child to participate in City operated activities or programs, or any extension thereof.

I hereby waive, release, and hold harmless from any liability or claims for damages for personal injury, including death, as well as from claims or property damage which may arise in connection with such activities or programs, against the Supervisors, City of Santa Clarita, and its elected and appointed officials, agents, and employees. As a parent/guardian, I hereby consent to treatment of my minor child for any and all medical procedures deemed necessary as a result of accident or injury. I further agree to pay any and all costs incurred as a result of said treatment. I hereby give permission to the City of Santa Clarita to use my child(ren)'s photographs as they see fit for promotional purposes. I understand the photographs belong to the City and I will not receive payment of any kind.

Parent/Guardian Signature: _____ Date: _____



2019 Camp Clarita Payment Plan Form

Ranger, Explorer and Voyager Camp ONLY



If enrolling in the payment plan, please complete this form in its entirety.

PARTICIPANT INFORMATION

Child's Name: _____ Camp Program: _____

PAYMENT INFORMATION

I understand that I have selected to participate in the payment plan for Camp Clarita. A \$30 non-refundable and non-transferable deposit per child per week has been paid to hold a spot. The remaining balance is due two weeks prior to the start of the week. Payee is responsible to sign into their Rec1 account or follow the secure link that will be emailed out prior to the due date.

If the balance is not received by the due date, the Camp office will process the payment using the credit card information below.

The payments for each week are due as follows:

- 1st Week Due: 6/3/2019
- 2nd Week Due: 6/10/2019
- 3rd Week Due: 6/17/2019
- 4th Week Due: 6/24/2019
- 5th Week Due: 7/1/2019
- 6th Week Due: 7/8/2019
- 7th Week Due: 7/15/2019
- 8th Week Due: 7/22/2019

Credit Card to be charged on the above dates:

Visa Mastercard AmEx Discover

Name on Credit Card: _____ Signature: _____

Credit Card # _____ Exp. Date: ____/____/____ Security Code: _____

If payment is not received on the due date, the deposit will be forfeited and your child(ren)'s spot will be made available to others. Deposits are non-refundable and non-transferable.

By signing this form, you agree to all of the terms listed above.

Parent's Name: _____ Parent's Signature: _____

For Office Use Only:

| | | | |
|----------------------|-----------------------|-----------------|-------------------------|
| Payment #1: \$ _____ | Date Processed: _____ | Receipt # _____ | Staff's Initials: _____ |
| Payment #2: \$ _____ | Date Processed: _____ | Receipt # _____ | Staff's Initials: _____ |
| Payment #3: \$ _____ | Date Processed: _____ | Receipt # _____ | Staff's Initials: _____ |
| Payment #4: \$ _____ | Date Processed: _____ | Receipt # _____ | Staff's Initials: _____ |
| Payment #5: \$ _____ | Date Processed: _____ | Receipt # _____ | Staff's Initials: _____ |
| Payment #6: \$ _____ | Date Processed: _____ | Receipt # _____ | Staff's Initials: _____ |
| Payment #7: \$ _____ | Date Processed: _____ | Receipt # _____ | Staff's Initials: _____ |
| Payment #8: \$ _____ | Date Processed: _____ | Receipt # _____ | Staff's Initials: _____ |



2019 Camp Clarita Enrollment Agreement

Each number must be initialed (not checked) in order for your child to participate.



Camper's Name _____ Camp Program _____

- _____ Initial 1. I acknowledge that I have reviewed the Camp Clarita Parent Handbook and agree to adhere to the policies and procedures outlined. I have also reviewed this pertinent information with my child so they can follow the guidelines as well.
- _____ Initial 2. I understand that my child must adhere to the Discipline Policy outlined in the Parent Handbook. If my child fails to meet behavioral expectations, they may be temporarily or permanently suspended from the program without refund.
- _____ Initial 3. I understand that registration for each program closes the Wednesday prior to the start of the week at 5:00 p.m. Enrollments will not be accepted after this time.
- _____ Initial 4. If I participate in the payment plan, I understand that I am responsible for payment for the weeks I have signed up for.

 - By enrolling in the payment plan, I am responsible for signing into my account weekly and making the payment by the due date or by following the secured link that will be emailed.
 The balance must be received no later than two weeks prior to the start of the week or my deposit will be forfeited and my child's spot will be made available to others. **The deposit is non-refundable and non-transferable.**
- _____ Initial 5. I understand that all requests for refunds must be submitted in writing to the Camp Clarita office by completing a Change form at least **10 business days** prior to the start of the week. For each week refunded, a **\$30 charge per child, per week** is withheld regardless of reason for refund. No refunds will be issued after this deadline. All requests for transfers, or addition of weeks/sessions must be submitted in writing to the Camp Clarita office by completing a Change form the Wednesday prior to the start of week by 5:00 p.m. and are based on availability.
- _____ Initial 6. I understand there are no make-ups for days missed at camp for any reason and my child may not attend camp on days they are not signed up for. Prorated refunds are not issued for campers who do not attend field trips and admission tickets are not distributed.
- _____ Initial 7. I understand the illness policy and will refrain from sending my child to camp when they are sick.
- _____ Initial 8. I understand that all medication must be checked in with the site Director and a Medication Consent form must be completed.
- _____ Initial 9. I understand that I must sign my child in and out of Camp Clarita daily. I must also be prepared to show photo identification in order to pick up my child.
- _____ Initial 10. I understand that only authorized people listed on the Health History form will be allowed to pick-up my child from camp. Should I wish to have my child released to another adult, I will send written authorization and they will be required to show photo identification.
- _____ Initial 11. I understand that camp hours are from 7:00 a.m. – 6:00 p.m. for Ranger, Explorer and Voyager, 9:00 a.m. – 12:00 p.m. for Wee Folks, and 8:30 a.m. – 12:30 p.m. for Little Folks. If I pick my child up after camp closes, I will be required to pay \$5 per child for each 15-minute increment, or portion thereof, in which I am late. Payment is due and made payable by check the day I am late. On the third offense, my child will be suspended from the program until arrangements can be made to ensure they are picked up on time.
- _____ Initial 12. I understand that my child will be participating in many types of activities (i.e. field trips and swimming for Ranger, Explorer, and Voyager, water play, playground structures, etc.). I hereby authorize my child to participate in these activities.
- _____ Initial 13. I understand that my child will be required to wear their Camp Clarita T-shirt daily (except Voyager). If my child arrives to camp without a Camp Clarita T-shirt, they will be given one and I must pay \$8 via check when my child is picked up.
- _____ Initial 14. I understand that photos of my child may be taken while at Camp Clarita and may be used by the City of Santa Clarita for promotional purposes.
- _____ Initial 15. I, on behalf of my minor child, agree to abide by the policies and conditions of the City of Santa Clarita Recreation and Community Services Division "Code of Conduct" as indicated on the back of this form.

Parent/Guardian Name

Parent/Guardian Signature

Date



CAMP CLARITA

PROGRAM PARTICIPANT CODE OF CONDUCT

The benefits of Recreation and Community Services are endless - promoting health, building strong families, and creating a sense of community. To insure the quality of programs and public safety, all program participants, parents, spectators, coaches, and volunteers must abide by this Code of Conduct:

- All persons shall act with respect towards others; respect their privacy, and personal safety
- All persons shall treat and respect public and private property, City facilities, and equipment with respect
- Observe program rules and regulations at all times
- Behave in a responsible manner, always exercising self-discipline
- Cooperate with or assist the City staff in maintaining safety, order, and discipline

NEVER TOLERATED AND REASON FOR IMMEDIATE REMOVAL AND DISMISSAL

- Abusive language or disrespect towards a staff member, volunteer, another participant, or member of the public
- Discourtesy or rudeness to a fellow participant, staff member, or volunteer
- Verbal, physical, or visual harassment of another participant, staff member, or member of the public of any kind
- Bullying or taking unfair advantage of any participant
- Possession or usage of alcoholic beverages or illegal drugs on the City of Santa Clarita property, or reporting to the program while under the influence of drugs or alcohol
- Possession of dangerous or unauthorized materials such as firearms, weapons, or other similar items on City property
- Conduct endangering the life, safety, health, or well being of others
- Failure to leave area in the condition in which you found it, including restrooms, gym, hallways, and any other area used - this includes vandalism/graffiti
- Failure to follow any Recreation and Community Services Division policy or procedures



City of Santa Clarita Parks, Recreation and Community Services Department
2019 Camp Clarita Change Form



Child's Name: _____ Date of Request: _____

All requests for refunds, transfers, or addition of weeks must be submitted in writing to the Camp Clarita office by completing the Change Form. Forms can be submitted directly to the Camp Clarita office through campclarita.com, fax at (661) 250-3724, or emailed to campclarita@santa-clarita.com. Change Forms must be submitted by the appropriate deadline. **All requests to transfer or add additional weeks/days/programs will be based on availability and deadline requirements.** You will be notified by the Camp Clarita office of the status of your request once written notification has been received.

REFUND POLICY

- A refund will be given when request is received by the Camp Clarita office at least **10 business days** prior to the start of the week enrolled.
- For each week refunded, a **\$30 charge per child, per week** is withheld regardless of reason for refund.
- A refund will not be issued for days missed in a week and there are no make-up days. Prorated refunds are not issued for campers who do not attend field trips and admission tickets are not distributed.
- Any refund of camp fees may take up to one week after notification is received to be processed.
- After a refund has been issued, credit card refunds may take up to seven business days depending on your credit card company/bank and check refunds may take up to three weeks to receive.
- **No refunds will be issued after the 10 business day deadline.** Camp Clarita's advance reservation of buses, admission tickets, scheduling of staff, etc. does not enable us to refund camp fees after the deadline regardless of the reason for non-attendance.
- **\$30 deposit for the payment plan is non-refundable and non-transferable** as a spot has been held for your child.

CAMP TRANSFERS OR ADDITIONS

- Transfer requests must be received by the Camp Clarita office no later than the Wednesday prior to the start of the week at 5:00 p.m. Requests for addition of weeks must be submitted to the Camp Clarita office by the Wednesday prior to the beginning of the week at 5:00 p.m.

Please circle the program options you would like to cancel, add or transfer:

| Week | Dates | Program (please circle one) | Location* (please circle one) | Currently Registered (if only adding weeks, please leave blank) | Circle One | Change/Add to (if canceling, please leave blank) |
|------|----------------------------|--|---|--|---------------------------|---|
| 1 | June 17-21 | Wee Folks Little Folks Ranger Explorer Voyager | CCP NP NOP SCP TC VGP VMP | M-F M/W/F T/Th | Cancel Transfer Add | M-F M/W/F M/W T/Th |
| 2 | June 24-28 | Wee Folks Little Folks Ranger Explorer Voyager | CCP NP NOP SCP TC VGP VMP | M-F M/W/F T/Th | Cancel Transfer Add | M-F M/W/F M/W T/Th |
| 3 | July 1-5* (no camp 7/4) | Wee Folks Little Folks Ranger Explorer Voyager | CCP NP NOP SCP VGP VMP | M-F M/W/F | Cancel Transfer Add | M-F M/W/F M/W |
| 4 | July 8-12 | Wee Folks Little Folks Ranger Explorer Voyager | CCP NP NOP SCP TC VGP VMP | M-F M/W/F T/Th | Cancel Transfer Add | M-F M/F T/Th |
| 5 | July 15-19 | Wee Folks Little Folks Ranger Explorer Voyager | CCP NP NOP SCP TC VGP VMP | M-F M/W/F T/Th | Cancel Transfer Add | M-F M/W/F M/W T/Th |
| 6 | July 22-26 | Wee Folks Little Folks Ranger Explorer Voyager | CCP NP NOP SCP TC VGP VMP | M-F M/W/F T/Th | Cancel Transfer Add | M-F M/W/F M/W T/Th |
| 7 | July 29-August 2 | Wee Folks Little Folks Ranger Explorer Voyager | CCP NP NOP SCP TC VGP VMP | M-F M/W/F T/Th | Cancel Transfer Add | M-F M/W/F M/W T/Th |
| 8 | August 5-9 | Wee Folks Little Folks Ranger Explorer Voyager | CCP NP NOP SCP TC VGP VMP | M-F M/W/F T/Th | Cancel Transfer Add | M-F M/W/F M/W T/Th |

* Canyon Country Park (CCP), Newhall Park (NP), North Oaks Park (NOP), Santa Clarita Park (SCP), The Centre (TC), Valencia Glen Park (VGP), Valencia Meadows Park (VMP)

Please state the reason for the request: _____
 Parent Name: _____ Parent Signature: _____ Email: _____

PAYMENT INFORMATION (complete only if balance due):

Credit Card # _____ Exp. Date: ____/____/____ CVV Code: _____
 Payee Name: _____ Payee Signature: _____
 Check #: _____ Drivers License #: _____ State Issued: _____ Exp. Date: ____/____/____

| |
|---|
| For Office Use Only: Date Received: _____ Staff Initials: _____ Receipt: _____ |
|---|