RECREATION CENTER CAMPS

City of Stockton Community Centers offer seasonal camps to bridge the gap between school breaks. Our programs offer parents the ability to continue their schedules with the knowledge that their children are well cared for and are having fun!

FIND THE LOCATION THAT WORKS FOR YOU!

Seifert Community Center
128 W. Benjamin Holt Drive, 95207
Ages 5-12 | Mon—Wed 10:00am—3:00pm

Stribley Community Center
1760 East Sonora Street, 95205
Ages 5-12 | Mon—Wed 7:30am—5:30pm

COMPLETE THE ATTACHED REGISTRATION FORM

TURN IN TO THE COMMUNITY CENTER YOU PREFER YOUR CHILD TO ATTEND.

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SEIFERT NOVEMBER CAMP 2016

SEIFERT CENTER NOVEMBER CAMP 2016 | 128 W. BENJAMIN HOLT DRIVE, 95207 | (209) 937-8307

CAMP WEEKS 2016	DAYS/HOURS	THEMES	FREE Breakfast Provided	FREE Lunch Provided	Weekly Tuition for Camp	Additional Sibling(s) Rate	Age of Participants
November 21—23	M-W 10:00a - 3:00p	**Camp Fun**	N/A	N/A	$35.00	$30.00	5 - 12

***** Single Day Camps also available for any Monday—Wednesday from November 21 through November 23, 2016 $30 per day***

REGISTER TODAY - SPOTS FILL QUICKLY

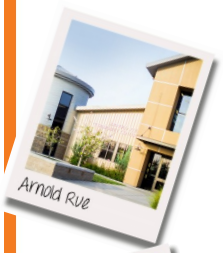
Community Services Department offers children ages 5-12 a place to learn, play, have fun, and stay safe during school break. Please note that payment for each week requested is due 2-weeks prior to first day of camp. Camp is based on the number of participants registered and is subject to cancellation. Payment and registration form(s) are required, one for every child in attendance. Registration is a first come-first serve basis. ***Registrations will not be refunded or pro-rated.***

***Meals**: Please send your child with a lunch and snacks as needed to sustain their regular eating habits.*

Please note to label ALL belongings clearly with the child's name or identifying mark. The City of Stockton will not be responsible for lost or stolen items.

LATE FEE: Additional $15 fee per 15 minutes per child is picked up after the end of camp time. No Exceptions.

To Register: Complete the Camp Permission Slip/Medical Release and turn in to the Community Center providing the camp.



LEARN ABOUT OTHER PROGRAMS AT WWW.STOCKTONGOV.COM

COMMUNITY SERVICES
RECREATION
(209) 937-8206
www.stocktongov.org

CITY OF STOCKTON

STOCKTON SAN JOAQUIN COUNTY PUBLIC LIBRARY

Recreation Makes Life Better!

HEALTHY BODY | OPEN MIND | BALANCED LIFE

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STRIBLEY NOVEMBER CAMP 2016

STRIBLEY CENTER NOVEMBER CAMP 2016 | 1760 E. SONORA STREET, 95205 | (209) 937-7351

CAMP WEEKS 2016	DAYS/HOURS	THEMES	FREE Breakfast Provided	FREE Lunch Provided	Weekly Tuition for Camp	Additional Sibling(s) Rate	Age of Participants
November 21—23	M-W 7:30a - 5:30p	**Camp Fun**	N/A	N/A	$65.00	$50.00	5 - 12

***** Single Day Camps also available for any Monday—Wednesday from November 21 through November 23, 2016 $25 per day***

REGISTER TODAY - SPOTS FILL QUICKLY

Community Services Department offers children ages 5-12 a place to learn, play, have fun, and stay safe during school break. Please note that payment for each week requested is due 2-weeks prior to first day of camp. Camp is based on the number of participants registered and is subject to cancellation. Payment and registration form(s) are required, one for every child in attendance. Registration is a first come-first serve basis. ***Registrations will not be refunded or pro-rated.***

***Meals**: Please send your child with a breakfast, lunch and snacks as needed to sustain their regular eating habits.*

Please note to label ALL belongings clearly with the child's name or identifying mark. The City of Stockton will not be responsible for lost or stolen items.

LATE FEE: Additional $15 fee per 15 minutes per child is picked up after the end of camp time. No Exceptions.

To Register: Complete the Camp Permission Slip/Medical Release and turn in to the Community Center providing the camp.

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2016 CAMP PERMISSION SLIP/MEDICAL RELEASE

Participant's Full Name: _____ DOB: _____Age:____ Sex: ◯ M ◯ F

Street Address: _____ City: _____ Zip: _____

Father/Guardian		Mother/Guardian	
Father Home #		Mother Home #	
Father Cell #		Mother Cell #	
Father Work #		Mother Work #	
Father Email		Mother Email	

EMERGENCY CONTACT: Name: _____

Relationship to Child: _____ Cell #: _____ Work#: _____ Home #: _____

INSURANCE CARRIER: _____ I.D.#: _____

ASSIGNED DROP-OFF/PICK-UP INDIVIDUALS:

Children must be signed in/out daily by an adult listed below. Individuals must be 18 years of age and possess a valid drivers license. Individuals will be required to show their drivers license.

Name	Relationship	Home/Cell Phone	Work Phone

Special Conditions (Disabilities, allergies, medical emergency information): _____

_____

Campers muse be able to monitor and administer their own medication at camp. Is your child taking any medication? ◯ Yes ◯ No

List Medication/Reason/Dosage/Interval: _____

PARENT/GUARDIAN CONSENT OF WAIVER FOR PARTICIPATION: I fully understand that my participation in this event/program exposes me to the risk of personal injury or property damage. I hereby acknowledge that I am voluntarily participating in this event/program and agree to assume and such risk. I hereby release, discharge and agree not to sue the City of Stockton, its officers, employees, agents, and contractors for any injury or damage to or loss of personal property arising out of, or in connection with, my participation in the event/program from whatever cause, including the active or passive negligence of the promoter/organizer or City of any other participant in the event/program. In consideration for being permitted to participate in the event/program, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless the City from any and all claims, demands, actions, or suits arising out of or in connection with my participation. This form will as a medical release in the case of an emergency. I also understand that by participating in this event/program that I am giving consent for images of myself to be used for promotional purposes or instruction by the City of Stockton.

I have carefully read this release, hold harmless and agree not to sue and fully understand its contents. I am aware that this form is a full release of all liabilities and signed by my own free will.

PARENT SIGNATURE: _____ DATE: _____

CITY OF STOCKTON

FOR OFFICE USE ONLY: DATE RECEIVED: _____ FEE ENCLOSED: _____