

2015 Van Buskirk Summer Day Camp Permission Slip/Medical Release Form

PARTICIPANT'S NAME _____ DOB _____ AGE _____ M _____ F _____
PARENT'S NAMES _____
CELL PHONE _____ WORK _____ HOME _____
ADDRESS _____ CITY _____ ZIP _____
EMAIL ADDRESS _____

EMERGENCY CONTACT:

NAME _____
PHONE _____ RELATIONSHIP _____ WORK _____ HOME _____
INSURANCE CARRIER _____ I.D.# _____

Children must be signed in/out daily by an adult listed below. Please list persons authorized to sign your child in and out of camp. **Individual(s) must be 18 years of age and possess a valid drivers license.**

Individual(s) will be required to show drivers license.

- 1. _____ Relationship _____ Phone _____
- 2. _____ Relationship _____ Phone _____
- 3. _____ Relationship _____ Phone _____

Indemnification & Waiver Language

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 any 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 or 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 act as a medical release in the case of an emergency.

I understand that by participating in this event/program, that I am giving consent for images of myself to be used for pro-motional purposes or instruction by the City of Stockton.

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

Parents will need to have transportation available to pick up their child at camp for violation of any camp regulations. Child(ren) must be picked up in a timely manner.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

Is the child allergic to any medication or foods? If yes, please list _____

Campers must be able to monitor and administer their own medication at camp. Is your child taking any medication?

___ Yes ___ No If yes, please list medication _____

Reason for medication _____ Time/dosage: _____

Drop off or mail registration form and check or money order payment (payable to "CITY OF STOCKTON") to:

Van Buskirk Community Center 5758 Lorraine Ave, Stockton CA 95206

FOR OFFICE USE ONLY:: Date Received _____ Fee Enclosed \$ _____

Doc #146218/2015

City of Stockton
Community Services Department



Van Buskirk
Community Center

734 Houston Ave. Stockton CA 95206

937-7358

Weekly Camps

June 8 - August 7

For Children Ages 5-12

10 A.M. - 4 P.M.

REGISTER NOW!

CITY OF STOCKTON
Community Services Department www.stocktongov.com
Creating community through people, parks and programs



Summer Break Camp

Community Services Department is offering children Ages 5-12 a place to learn, play and have fun during Summer 2015 school break. The children may experience Active recreation, Drama, story telling, arts and crafts, sports time, movies and special activities.

Camp Fee

\$20 per child, per week

Camp Hours

Monday - Friday 10:00 a.m. to 4:00 p.m.

Late Child Pick Up Fee

Additional \$15 fee per 15 minutes per child is picked up after 4 p.m. **No Exceptions!**

Meals

* Lunch will be provided through the Seamless Summer Feeding Program.

* Please keep in mind that meals/snacks brought from home will **NOT** be heated /warmed.

* Participants will be allowed to eat only at designated meal times.

Sample Schedule:*

| | |
|--------------------|---|
| 10 am - 10:45 am | Activity Room |
| 10:45 am- 11:30 am | Active Recreation |
| 11:30 am- 12:15 am | STEM (Science, Technology, Engineering, Math) |
| 12:15 pm- 1 pm | Free Play |
| 1 pm - 1:30 pm | Lunch |
| 1:30 pm - 2 pm | Passive Recreation |
| 2 pm- 3 pm | Arts & Crafts |
| 3 pm - 4 pm | Active Recreation |

*Daily schedule of activities is subject to change



Camp Site

Van Buskirk Community Center
734 Houston Ave, Stockton CA 95206
937-7358

Camp Weeks

(Please check all weeks your child will be attending)

June 8 - 12 Week 1

June 15 - 19 Week 2

June 22 - 26 Week 3

June 29 - July 3 Week 4

July 6 - 10 Week 5

July 13 - 17 Week 6

July 20 - 24 Week 7

July 27 - 31 Week 8

August 3 - 7 Week 9

* Payment and registration forms must be received prior to child's attendance at camp.

* Registration is on a first come, first served basis.

Registration fees will not be refunded or pro-rated.

Registration accepted at:

Van Buskirk Community Center

734 Houston Avenue 937-7358

Stribley Community Center

1760 E. Sonora Street 937-7351

Seifert Community Center

128 W. Benjamin Holt Drive 937-8307

Arnold Rue Community Center

5758 Lorraine Avenue 937-7350

Oak Park Senior Center

730 Fulton Street 937-7777

Cesar Chavez Library

605 N. El Dorado Street 937-8206

For more information call:

Van Buskirk Community Center 937-7358

Community Services Office 937-8206

visit us at:

www.stocktongov.com/daycamps

Like us on Facebook at:

[Facebook.com/COSRecreation](https://www.facebook.com/COSRecreation)