

PACIFIC GROVE RECREATION DEPARTMENT
Youth Center (302 – 16th St.)
PACIFIC GROVE, CA 93950
Tel: (831) 648-3134 Fax: (831) 375-9863

2018 SUMMER ADVENTURE DAY CAMP
REGISTRATION SLIP AND EMERGENCY MEDICAL PERMIT

I hereby register my child for the following marked weeks of Summer Adventure Day Camp program and all related field trips: # 1 June 4 # 2 June 11 # 3 June 18 # 4 June 25

5 July 9 # 6 July 18 # 7 July 23 # 8 July 30

FEES: Resident: \$160 per week

Non-Resident: \$181 per week

CHILD'S LAST NAME _____ FIRST NAME _____ AGE _____

BIRTHDATE _____ MALE or FEMALE SCHOOL _____

GRADE LEVEL (Fall 18) _____ EMAIL ADDRESS _____ @ _____

HOME ADDRESS _____ CITY _____ ZIP _____

HOME / CELL PHONE _____ WORK PHONE _____

IN CASE OF EMERGENCY AND WE ARE UNABLE TO REACH YOU, PLEASE LIST TWO OTHER CONTACTS:

NAME _____ RELATIONSHIP _____ PHONE _____

NAME _____ RELATIONSHIP _____ PHONE _____

IN THE EVENT OF AN INJURY WHILE ON THE PLAYGROUND OR ON A TRIP AND WE ARE UNABLE TO REACH ANY OF THE ABOVE, DO WE HAVE YOUR PERMISSION TO TAKE YOUR CHILD TO HIS/HER DOCTOR OR SEEK MEDICAL TREATMENT AT AN EMERGENCY HOSPITAL? YES NO

DOCTOR _____ ADDRESS _____

CITY _____ PHONE _____

PLEASE LIST SPECIAL INSTRUCTIONS FOR PROBLEMS, ALLERGIES, ETC., WHICH YOU FEEL WE SHOULD KNOW ABOUT: _____

AUTHORIZATION TO TREAT: I authorize the adult agents and employees of the Pacific Grove Recreation Department in charge of the program to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to my above named minor child under the general special supervision and upon the advice of a physician and surgeon licensed under the provision of the Medical Practice Act, pursuant to Section 25.8 of the California Civil Code and agree to be responsible for all cost thereby incurred.

The undersigned, in consideration of participation in this program, agrees to indemnify, hold harmless and release the City of Pacific Grove, its agents and employees from any and all liability for any injury which may be suffered by the above named individual registered in this program arising out of or in any connected with participation in this program. Additionally, the undersigned agrees to allow the Recreation Department to use photos of my child to be used by City Staff in the Media

I hereby permit the Recreation Staff to transport my child to excursions in City of Pacific Grove vehicles or vehicle chartered by the Recreation Department. _____ (initial)

_____ I understand that there are NO REFUNDS given within 14 days of the program. (This includes if child gets sick, has sporting event, etc.) Additionally, all refunds are subject to a 25% service fee.

_____ I understand that it is my child's responsibility for items brought with him/her. The City Staff is not responsible for any lost, stolen or damaged goods.

PARENT GUARDIAN SIGNATURE → _____ DATE _____

PLEASE PRINT YOUR NAME → _____

Note: All Refunds are subject to a 25% Service Fee and only issued with 2 week's notice of cancellation!