

2016 CAMP CAPITOLA POLICIES

PARENTS: PLEASE READ BEFORE SIGNING UP FOR CAMP

The following policies relate to registration for, and participation in, Camp Capitola; they have been designed to provide a program that is structured, regulated and safe. Please read and sign below that you understand and agree.

Please do not ask our staff to make exceptions for you; we are City employees who are following the policies of the City and are not empowered to change the rules. **There will be no exceptions made.**

1. Camp Capitola is designed to run in 2-week or 3-week sessions. It is a recreational Camp program, not licensed day care. **It is not a drop-in program.** We have found that the program runs best the way we have designed it, and enables us to best keep track of children, and keep them safe.
2. **We do not offer daily or weekly care.** We have tried that in the past, and for a variety of reasons, it did not work out well for the program nor for the safety of the children.
3. **We cannot pro-rate** you for days your child can't attend (for any reason), nor for family vacation time. This was also something we tried in the past, and had so many people ask for so much pro-rating and refunds for days their children missed that it significantly impacted the revenue of the program and our ability to pay Camp staff and expenditures.
4. The recreation department has a strict refund policy (see attached); please be sure your child wants to attend Camp before signing them up, especially for several sessions. **We highly recommend waiting and paying just prior to the start of each session of Camp; we will guarantee your child a spot in later sessions.**
5. Camp is for kids ages 6-11. Your child must be 6 years old before the program starts or entering 1st grade in September.
6. **There is no Camp on the July 4th holiday** (whichever day the holiday is celebrated).
7. **Your child should be enrolled by the Friday before each session starts.** Please do not wait until Monday morning (the day the program starts) to register your child. The Coordinators and Leaders need time to review and distribute the rosters and forms and assign children to Leaders.
8. At least **the first time your child attends a session, he or she must be present on the first Monday of that session**, as Camp rules are reviewed and children are assigned to Leaders.
9. Children enrolled in both Camp and Junior Guards should be enrolled in Transport. We will transport children at lunch time. You will pick up your child at the beach if he or she is enrolled in afternoon Guards, and at Jade Street Park if he or she is enrolled in afternoon Camp.
10. Children must be dropped off and picked up on time.
11. Enrollment fees do not cover field trips. If you do not want your child to attend a field trip, he or she can stay at Camp that day.
12. The Capitola Recreation front office staff are not Camp Capitola staff. They are handling registration for many other programs and activities as well as creating our brochure, maintaining and updating our website, and various other office tasks. If you have a question, concern, or problem with Camp, please direct it to the Camp Coordinator. If you are looking for your child at Camp, please find a Camp Leader or the Camp Coordinator to help direct you.

I HAVE READ THE POLICIES RELATED TO REGISTRATION AND PARTICIPATION IN CAMP, AND I AGREE TO ABIDE BY THEM:

Child's Name: _____

Parent's Name (Please Print): _____

Signature

Date

***** CITY OF CAPITOLA CAMP CAPITOLA 2016 REFUND POLICY *****
***** PLEASE READ BEFORE SIGNING UP *****

Please realize that the recreation department has to arrange staffing, supplies and equipment needs for the entire summer at the beginning of the summer; refunds can have, and have had, a significant impact on the program and staff.

Please be sure your child wants to attend before signing him or her up. **If your child is unsure, please wait to register until later in the summer.** It is much easier to pay as you go, and if your plans change during the summer, we won't have to process a lengthy refund. If your child is enrolled in one session of Camp, we will guarantee you a spot in later sessions.

Please review the refund policies outlined below before registering:

- There is a \$50 fee for refunds given prior to May 27th for Session 1 & 2 and July 1st for Session 3 & 4.
- A refund, less 50% of the fees, will be given if requested 2 weeks prior to the start of the session and through the second day of the session.
- After the second day of the program, no refunds will be given.
- Student injuries that occur outside of but during the program dates that preclude the student's continuation in the program will be given a pro-rated refund based upon the remaining number of days in the program, including the date of injury. You may be required to provide documentation regarding an injury.
- There is no refund of fees for students who are suspended or removed from the program for disciplinary reasons.

Please read the following statement and sign below:

I have been informed of the Camp Capitola program refund policy. In signing below, I, the undersigned, in consideration of my child's participation in the Camp Capitola program, agree to abide by the terms of the refund policy. I understand that the recreation department staff are City employees who are following the policies of the City and are not empowered to change the rules, nor to make exceptions to the policy.

Child's Name: _____

Parent's Name (Please Print): _____

Parent/Guardian's Signature: _____ Date: _____

2016 CAMP CAPITOLA REGISTRATION

PLEASE FILL OUT ONE FORM FOR EACH CHILD YOU ARE REGISTERING

**** MAKE CHECKS PAYABLE TO CAPITOLA RECREATION; RETURN TO 4400 JADE ST., CAPITOLA ****

Child's Name: _____ Child's Date of Birth: _____ Age: _____

Address: _____

Parents' Name(s): _____

Home Phone: _____ Cell or Work Phone(s): _____

Email Address: _____ T-Shirt Size: _____

CAMP SESSION DATES:

Camp is set up to line up with the Junior Guards sessions, since many children participate in both programs. Sessions 1 & 2 of Camp line up with the 1st Session of Guards, which is 5 weeks. Sessions 3 & 4 of Camp line up with Session 2 of Guards, which runs 4 weeks. **We highly recommend waiting and paying just prior to the start of each session we will guarantee your child a spot in the program.**

SESSION 1: June 13 - 24 (2 weeks)

SESSION 3: July 18 - 29 (2 weeks)

SESSION 2: June 27 - July 15; No Camp 7/4 (3 weeks)

SESSION 4: August 1 - 12 (2 weeks)

PRICE FOR SESSIONS 1, 3, & 4 (2 weeks each):

All Day	9 am - 4:30 pm	Resident: \$238 / Non-resident: \$262 per session
Mornings Only	9 am - 12:30 pm	Resident: \$135 / Non-resident: \$152 per session
Afternoons Only	1-4:30 pm	Resident: \$135 / Non-resident: \$152 per session

PRICE FOR SESSION 2 (3 weeks):

All Day	9 am - 4:30 pm	Resident: \$353 / Non-resident: \$389 per session
Mornings Only	9 am - 12:30 pm	Resident: \$184 / Non-resident: \$201 per session
Afternoons Only	1-4:30 pm	Resident: \$184 / Non-resident: \$201 per session

PRICE FOR EXTENDED CARE:

Mornings, Session 1, 3 & 4 (2 weeks)	8 - 9 am	\$47
Mornings, Session 2 (3 weeks)	8 - 9 am	\$70
Afternoons, Session 1, 3, & 4 (2 weeks)	4:30 - 5:30 pm	\$47
Afternoons, Session 2 (3 weeks)	4:30 - 5:30 pm	\$70

PRICE FOR TRANSPORT:

There is a separate enrollment form and *Information For Parents* for transport between Camp & Junior Guards. Make sure you fill the other form out.

1st Session of Guards: \$54
2nd Session of Guards: \$42

	Session 1	Session 2	Session 3	Session 4	PRICE
Mornings Only	#4001.401	#4001.402	#4001.403	#4001.404	
Afternoons Only	#4002.401	#4002.402	#4002.403	#4002.404	
All Day	#4003.401	#4003.402	#4003.403	#4003.404	
Ex. Care, AM's, Session	#4005.401	#4005.402	#4005.403	#4005.404	
Ex. Care, PM's, Session	#4006.401	#4006.402	#4006.403	#4006.404	
Transport: Fill out the separate Transport form & read the information.	#4100.401 Session 1 Guards Child is in AM Guards	-----	#4100.402 Session 2 Guards Child is in AM Guards	-----	
Transport:	#4101.401 Session 1 Guards Child is in AM Camp	-----	#4101.402 Session 2 Guards Child is in AM Camp	-----	

Total Due:

Capitola Recreation Emergency Medical Information

CAMP 2016	WRITE INFORMATION IN THIS COLUMN
Child's Name:	
Date of Birth:	
Home Address:	
Home/Cell Phone(s):	
Parent's Name(s):	
Father's Work Phone:	
Mother's Work Phone:	
Others to Call:	
Has your child had a tetanus shot within the last 5 years?	
Has your child been immunized for measles?	
Allergies, reactions, or dietary restrictions	
Description of any current physical, mental, psychological conditions requiring medication, treatment, or special restrictions or adaptations while at camp	
Description of past medical treatments	
Any camp activities from which the camper should be restricted or exempted for health reasons?	
Additional Comments:	

City of Capitola Recreation Department
Medical Release Form
Camp Capitola 2016

I/We, the undersigned, parent(s) of _____, a minor, do hereby authorize the Capitola Recreation Department, as agents for the undersigned, to call 911 or to transport my child to an emergency care facility, to have certified staff perform rescue breathing or C.P.R. to maintain basic life support, and to authorize medical or surgical care/treatment for my child should an emergency arise where such service is indicated. I/We further authorize the Capitola Recreation Department staff to consent to any x-ray examination, anaesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and surgeon licensed under the provisions of the Medicine Practice Act or dentist licensed under the Dental Practice Act on the medical staff of any hospital whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. I understand that, unless my child is critically injured or in a life-threatening situation - in which case 911 will be called immediately - the staff will attempt to notify the parents, or, if unavailable, the emergency contacts, at the phone numbers listed on the back of this form before taking such action.

It is understood that this authorization pursuant to the provisions of Section 25.8 of the Civil Code of California is given in advance of any specific diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

I/We hereby authorize any hospital to provide treatment to the above-mentioned minor and to surrender physical custody of such minor to the above-named agent upon completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California and Section 25.8 of the Civil Code of California.

This authorization shall remain effective through **August 12, 2016**, unless sooner revoked in writing and delivered to said agent(s).

In addition, the undersigned, in consideration of participation in this program, agrees to indemnify, hold harmless, and release the Capitola Recreation Department staff, the City of Capitola and the Soquel Union Elementary School District from any and all liability for any injury or loss which may be suffered by the above-named individual registered in this program, arising out of or in any way connected with participation in this program.

I have read the above agreement and fully understand that I assume all risks for any injuries my child receives while participating in a Capitola Recreation program.

Parent/Guardian Signature

Date

**City of Capitola Recreation Department
Camp Capitola 2016
Drop-Off / Pick-Up Agreement**

Child's Name: _____

- Morning Camp hours are 9 am - 12:30 pm.
- Afternoon Camp hours are 1-4:30 pm.
- Any child who must be dropped off at the park before 9 a.m. or picked up after 4:30 p.m. *must* be registered in Extended Care.
- Parents who are late in picking up their children will be charged an \$8 late fee. The child will not be allowed back into the program until this fee has been paid.

The following people are authorized to pick up my child (please include your name):

Name	Phone	Relationship

Please describe any other arrangements made for your child (my child will ride his bike, take the bus, walk home, etc., to and from the Program:

Please read the following statement and sign below:

I have been informed of the Camp Capitola program hours and understand that it is my responsibility to drop off and pick up my child on time. I, the undersigned, in consideration of my child's participation in the Camp Capitola program, agree to indemnify, hold harmless, and release the Capitola Recreation Department, the City of Capitola, and all Capitola City staff from any and all liability for any injury or loss which may be suffered by the above-named individual (child or children) in the case that I arrive late to pick up my child or if my child does not follow the drop-off / pick-up agreement as outlined above.

Parent's/Guardian's Signature: _____ Date: _____

2016 CAMP CAPITOLA EMERGENCY CARD

Child's Name: _____

Mother's full name: _____ Home phone: _____

Mother's work phone: _____ Mother's cell phone: _____

Father's full name: _____ Home phone: _____

Father's work phone: _____ Father's cell phone: _____

Other contact full name: _____ Home phone: _____

Other contact's work phone: _____ Other contact's cell phone: _____

Allergies, Reactions, Illnesses: _____

Medications: _____