



City of Los Alamitos Recreation & Community Services Department
 10911 Oak Street, Los Alamitos CA 90720
 www.cityoflosalamitos.org
 562-430-1073 FAX 562-594-9657



Rockin' Reindeer WINTER CAMP

AGES 5-12

Give your child a fun-filled day with games, arts & crafts, outdoor activities, movies, and much more!

Campers will need to bring a sack lunch every day. Beverages and snacks provided.



Regular Camp Hours:
9:00am-4:00pm for only \$25

Extended Camp Hours:
7:00am-6:00pm for only \$40

(\$4 processing fee included in registration fee) Minimum 8 campers required each day Register for one or more days. Limited registration, so register early!

ROCKIN' REINDEER WINTER CAMP

REGISTRATION

Child's Name (Please Print) _____ Age/Grade _____

Telephone _____ Date of Birth _____

Address _____

City _____ Zip _____



	REGULAR 9:00am-4:00pm Fee: \$25.00	EXTENDED 7:00am-6:00pm Fee: \$40.00
FRIDAY	DECEMBER 23	
MONDAY	DECEMBER 26	
TUESDAY	DECEMBER 27	
WEDNESDAY	DECEMBER 28	
THURSDAY	DECEMBER 29	
FRIDAY	DECEMBER 30	
MONDAY	JANUARY 2	
TUESDAY	JANUARY 3	
WEDNESDAY	JANUARY 4	
THURSDAY	JANUARY 5	
FRIDAY	JANUARY 6	

I hereby grant permission for my child to participate in the Rockin' Reindeer Winter Camp offered by the City of Los Alamitos Recreation and Community Services Department. I hereby agree to indemnify and hold harmless the City of Los Alamitos, its officers, agents and employees from any liability, claim or action arising out of such participation. I further certify that said child is in good health and has no physical or other impediment which would endanger him/her from participating in such an activity. I hereby grant permission for my child to be rendered to my child by any physician or hospital selected by City staff for any injury or incident arising out of or connected with the Rockin' Reindeer Winter Camp. I further grant permission for photographic/video images taken of my child to be used in the promotion of programs by the City of Los Alamitos and the Recreation and Community Services Department.

Parent/Guardian Signature _____

Printed Parent/Guardian Name _____ Date _____

E-Mail Address (to be used to relay important Los Alamitos Day Camp information) _____

Emergency Contact Name (if parent/guardian cannot be contacted) _____ Telephone _____

TOTAL FEES: _____ **RCPT #:** _____

Cash: Total Enclosed: _____

Check: Make Payable To: **City of Los Alamitos**

VISA MASTERCARD DISCOVER

Expiration Date (MM/YY): _____ CVV2: _____

Signature: _____