



Parent / Guardian Information

LOS AL SUMMER DAY CAMP

COUNSELOR IN TRAINING



Last Name		First Name		M.I.
Address			Parent DOB	
City		State	Zip	
Home Phone		Work Phone	Cell Phone	
Email Address				
Emergency Contact			Emergency Phone	

Child's Last Name	Child's First Name	Date of Birth	Age	Sex	T-Shirt Size
1.				M F	YM YL AS AM AL
2.				M F	YM YL AS AM AL
3.				M F	YM YL AS AM AL

Release, Waiver and Assumption of Risk: I fully understand that my/my child's participation in the events/programs/classes listed below, exposes me/my child to the risk of personal injury, death or property damage. I hereby acknowledge that I/my child am/is voluntarily participating in this event/program/class and agree to assume any such risks. I hereby release, discharge and agree not to sue the City of Los Alamitos and their respective officers, agents, employees, representatives, board members, volunteers and sponsors for any injury, death or damage to or loss of personal property arising out of, or in connection with my/my child's participation in the event/program/class from whatever cause, including the active or passive negligence of City of Los Alamitos and their respective officers, agents, employees, representatives, board members, volunteers and sponsors, or any other participants in the event/program/class. The parties to this agreement understand that this document is not intended to release any party from any act or omission of "gross negligence," as that term is used in applicable case law and/or statutory provision. In consideration for being permitted to participate in the event/program/class, I hereby agree, for myself, my heirs, administrators, executors, assigns, and agents that I shall indemnify and hold harmless City of Los Alamitos and their respective officers, agents, employees, representatives, board members, volunteers and sponsors, from any and all claims, demands, actions or suits arising out of or in connection with my participation in the event/program/class. I also grant my irrevocable right and permission with respect to photographs, videos, motion pictures, and/or sound recordings being taken of myself/my child. I further certify that said person/minor is in good health and has no physical or other impediment which would endanger him/her from participating in such an activity. I hereby consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to myself/my child by a physician or hospital selected by staff for any injury or incident arising out of or connect with this event/program/class. I HAVE CAREFULLY READ THIS WAIVER, RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENT

Parent Signature	Date
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Session	Weeks	Fee Includes Excursions	Extended Fee	Day Camp T-Shirt ONLY ONCE	AMT. PAID	RECEIPT #	BALANCE DUE
1	June 19 - 23 & June 26 - 30	\$215	\$50	X \$15			
2	July 3 - 7 (7/4 Closed) & July 10 - 14	\$185	\$50	X \$15			
3	July 17 - 21 & July 24 - 28	\$200	\$50	X \$15			
4	July 31 - August 4 & August 7 - 11	\$225	\$50	X \$15			
5	Aug. 14 - 18 & Aug. 21 - 25	\$225	\$50	X \$15			

ALL fees include Processing fee already. No refund policy. Transfer fees are applicable.

Method of Payment: (Circle One) Cash: Total Enclosed: \$ _____ Check: Made Payable to: City of Los Alamitos Check #: _____ VISA MASTERCARD DISCOVER Cardholder's Name: _____ Expiration Date: Month: _____ Year: _____ CVV2: _____ _____	Regular Hours 9am to 4pm	Extended Hours 7am to 9am 4pm to 6pm	TOTAL BALANCE DUE
	City of Los Alamitos Recreation & Community Services Department 10911 Oak Street, Los Alamitos CA 90720 www.cityoflosalamitos.org TEL : 562-430-1073 FAX: 562-594-9657		