



Parks, Recreation & Cultural Services
 230 W. Elm Street Lodi, CA 95240
 (209) 333-6742



2023 Registration Form



Child's Name: _____
(First and Last name) Nickname: _____

Address: _____
Street City State Zip

Male/Female Age ____ Birthdate ____/____/____ Child's Tee Shirt Size: _____

IMPORTANT:

- Early drop off or Late Pick Up Fees is an additional \$2 per minute.
- After 6:15 pm, it's a **flat rate of \$30.00** and at 6:30 pm Lodi PD will be called.
- Returned **Check Fee is \$35**, paid to the City of Lodi; and you will be placed on a "**cash only**" status.
- There will be refunds for Medical ONLY with a Doctors Note; sessions are not transferable and discounts will not apply to field trips.
- 10-20 Day punch passes are shareable, but you must pay the registration fee for both children.
- There are no sibling discounts.

Registration fee:
\$30
 Per Child

Weekly Fees:
\$225
 Per Child

Field Trips:
\$89
 Per Trip & Per Child

| Weeks: | OA Camp | Summer Blast |
|-------------|---------|--------------|
| Camp Week 1 | | |
| Camp Week 2 | | |
| Camp Week 3 | | |
| Camp Week 4 | | |
| Camp Week 5 | | |
| Camp Week 6 | | |
| Camp Week 7 | | |
| Camp Week 8 | | |

| Punch Pass | |
|-------------------|----------------------------------|
| | Daily Pass - \$60 per day |
| | 3-Day Pass - \$150 |
| | 5-Day Pass - \$270 |
| | 10-Day Pass - \$570 |
| | 20 Day Summer Punch Pass - \$800 |

| Field Trips Limited Seating | |
|------------------------------------|-----------------------------|
| | Sun Splash- June 21 |
| | Discovery Kingdom - July 19 |

Parent/Guardian (Please Print Name) _____ Signature _____ Date _____

Home Phone _____ Cell Phone _____ Work Phone _____

| | | | |
|----------------------------|-----------------|---------------|--|
| For Office Use only | | | |
| Date _____ | Amount \$ _____ | Check # _____ | <input type="checkbox"/> Cash <input type="checkbox"/> Charge <input type="checkbox"/> Check |



2023 Lodi Kids Camp Parks and Recreation



Name: _____ has my permission to participate in the field trip. YES _____ NO _____
Site: _____ is planning a field trip to _____
on _____ from _____ a.m. to _____ p.m.

YOUR SON/DAUGHTER WILL BE TRANSPORTED BY:

Walking Private Vehicle ASP Van Commercial Transport

Parent/Guardian: PLEASE INITIAL THE STATEMENT BELOW:

_____ In the event of an accident or other emergency, when a parent/guardian is unavailable, I hereby authorize a representative of the City of Lodi, Lodi Kids Camp, to make arrangements as he/she considers necessary for my child to receive medical or hospital care, including necessary transportation. Under such circumstances, I further authorize the physician named below to undertake such care and treatment of my child, as he/she considers necessary. In the event said physician is not available at anytime, I authorize such care and treatment to be performed by any licensed physician or surgeon.

Parent/Guardian: PLEASE PROVIDE THE FOLLOWING INFORMATION IN THE EVENT OF AN EMERGENCY OR ACCIDENT:

Physician's Name _____ Phone Number _____

Health Insurance Provider _____ Group I.D. Number _____

Please indicate any physical /medical problems to be considered or necessary for medical treatment:

THE UNDERSIGNED HEREBY AGREES TO BEAR ALL COSTS THAT ARE INCURRED AS A RESULT OF AN ACCIDENT OR EMERGENCY:

X _____ Date _____

(Parent/Guardian Signature)

Liability Release: As the parent or guardian of a minor child (hereafter "my child") participating in activities of the City of Lodi, I hereby waive and release any claims I or my child may have now or in the future, against the City and its officers, employees, contractors, servants and agents (hereafter referred to as "the City") arising from injuries to my child or damages to my child's property, sustained while my child is (1) participating in the City's activities or (2) being transported to activities or facilities, regardless of whether such injuries or property damage is caused in whole or in part by the City's alleged active or passive negligence. As lawful consideration for my child being permitted to participate in this activity, my child and I agree to release City from legal or medical liability and agree not to sue the City of Lodi.

I understand that the activities may involve risk of serious injury including permanent injury and death. This waiver and release shall be valid for the duration of the activities in which my child participates and/or sessions in which my child is enrolled. I have carefully read this waiver and release and agree to the terms stated and understand that this contract is legally binding and that my child and I are releasing legal rights by signing it. I certify that I am the parent or legal guarding of the child whose name is listed above.

Print name of Parent/Guardian _____

Signature _____

Date _____



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Child Name: _____ AGE: _____

Swimming at Hutchins Street Square, Indoor Pool

For your child's safety, check the box about your child's swim ability:

Green, Good swimmer! **Yellow, Dog Paddle** **Red, Can't Swim**

Please be specific with any instructions you have for us:

MOVIES & VIDEO GAMES:

Check the boxes below to confirm appropriate ratings that your child has permission to view or play.

MOVIES

G

PG

PG-13

VIDEO GAME RATINGS

E (Everyone)

T (Teen)

Child Information:

Health History/Food Allergies: _____

Special Needs: _____

Activity Needs: _____

Unique circumstances: _____

My child can have Camp Snack: Circle Yes or No below

Peanuts or Nuts: **Yes/No/Allergic** _____ Fresh Fruit: **Yes/No/Allergic** _____

Milk: **Yes/No/Allergic** _____ Bread: **Yes/No** Lunch Meats: **Yes/No** Juice: **Yes/No**

Does the child carry an Epi-pen? **Yes/No**

Food Restrictions or Limitations: _____

Parent/Guardian Signature _____ **Date:** _____



Camp Emergency Form

Must be completed by Parent or Guardian

Child's Name: Last First Male/Female Age Birth Date

Home Address: Address City Zip Grade T-Shirt Size

Father's Info: Last First Drivers License # Home # Cell # Work #

Mother's Info: Last First Drivers License # Home # Cell # Work #

Authorized Adults to Pick up Child from Program Site

Name: Last First Relationship Home Phone Work Phone

Name: Last First Relationship Home Phone Work Phone

Name: Last First Relationship Home Phone Work Phone

Doctor Information: If Physician cannot be reached, we will call 911 for an Ambulance

Physician's Info: Name Medical Plan Insurance Number Office Phone

Dentist's Info: Name Medical Plan Insurance Number Office Phone

Please initial the statements below:

This waiver and release shall be valid for the duration of the session in which my child is enrolled. I have carefully read this waiver and release and agree to the terms stated and understand that this contract is legally binding and that my child and I are releasing legal rights by signing it. I certify that I am the parent or legal guardian of the child whose name is listed above.

In the event of an injury to my child, I hereby give the City permission to arrange transportation for my child to a hospital, and/or provide my child with EMERGENCY treatment or first aid, although I understand that the City does not assume any responsibility to take any of these actions. The City is not liable for any medical expenses in the event of an injury.

In the event of an accident or other emergency, when a parent/guardian is unavailable, I hereby authorize a representative of the City of Lodi, Parks & Recreation Staff, to make decisions as he/she considers necessary for my child to receive medical or hospital care, including necessary transportation. This care may be given under whatever conditions are necessary to preserve the life, limb, or wellbeing of my child

I hereby agree to indemnify and hold the City of Lodi its officers and employees, harmless, and any community organization cosponsoring the program, from and against any and all liability for any injury which may be suffered by me or my child, arising out of or in any way connected with participation in the program named above.

I further authorize the physician named on the emergency form to undertake such care and treatment of my child, as he/she considers necessary. In the event, said physician is not available at any time, I authorize such care and treatment to be performed by any licensed physician or surgeon.

I, AGREE TO BEAR ALL COSTS THAT ARE INCURRED AS A RESULT OF AN ACCIDENT OR EMERGENCY:

X (Parent/Guardian Signature) Date