



261 West Dana St.
PO Box 346
Nipomo CA
93444

KIDS' CLUB

2024

Summer Camp

Registration Form

Send to:
Geneva.NipomoRecreation@gmail.com

Office 805.929.5437

www.NipomoRecreation.com

CHILDS LEGAL NAME (One Form Per Child)	DOB	AGE	GRADE Aug 2024	SCHOOL

Insurance Co. _____ **Policy #** _____

FATHER/GUARDIAN NAME: _____ HOME PHONE: _____

ADDRESS: _____ CITY/ZIP: _____ CELL PHONE: _____

EMAIL: _____ WORK PHONE: _____

MOTHER/GUARDIAN NAME: _____ HOME PHONE: _____

ADDRESS: _____ CITY/ZIP: _____ CELL PHONE: _____

EMAIL: _____ WORK PHONE: _____

Person Responsible for Payment: Father Mother CAPSLO CRR Other (please list): _____

EMERGENCY CONTACTS (People who are authorized to pick up your child, and in your absence, may be contacted in case of an emergency)

AUTHORIZED ADULT: _____	PHONE: _____
AUTHORIZED ADULT: _____	PHONE: _____
AUTHORIZED ADULT: _____	PHONE: _____

Any specific activities to avoid? Yes No If YES, what and why _____

Are there any behaviors/concerns/Special Needs the staff should be aware of? _____

Does your child have any allergies which the staff should be aware of? Yes No

If YES, please describe _____

Other significant information about your child that would be helpful to know? _____

Parent's Authorization

In the event that my child needs immediate medical attention for injuries received while participating in a Nipomo Area Recreation Association program, I give my permission for the NARA staff members to administer necessary medical treatment. NARA staff may also admit my child to a hospital emergency room for emergency medical treatment without my consent if I cannot be reached to give permission.

Hospital preferred: _____ City _____

I hereby give consent to the Nipomo Area Recreation Association (NARA) and it's designated leaders to transport my child (named above) by means of walking, public transportation or private bus companies on walking trips, community service learning projects, and field trips with the understanding that such trips are under supervision of authorized personnel of NARA and that all possible precautions are taken to insure the health and safety of my child.

MEDICAL AND LIABILITY RELEASE *Please read carefully before signing:*
The undersigned agrees to hold Nipomo Recreation Association and any other officer or employee thereof harmless from any claim for injury or accident to the above named arising out of or in any way connected with the named activity. I recognize that this program may have some inherent risks and I accept the responsibility to identify those risks and accept them. In case of an accident arising out of the named activity, medical assistance may be administered to the person named herein. This registration form will act as medical release. If the participant is under 18, parent or guardian must sign release.

SIGNATURE _____ **DATE** _____

Official Nondiscrimination Statement

(USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, or political beliefs. Persons with disabilities who require alternative means of communication of program information (Braille, large print, audiotape, etc.) should contact SDA's TARGET Center at (202) 720-2600 (voice and TDD).
To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

2024 Nipomo Recreation Summer Camp Registration Form

**Summer Day Camp 1st-6th Grade
Central Coast New Tech High School
Room 907 & 908**

Summer Camp Dates: June 10th – Aug 9th (No Camp June 19th & July 4th & 5th)

Enter “FD” - Full Camp Day, “AM” - Morning Camp & “PM” - Afternoon Camp

WK	Mon	Tue	Wed	Thu	Fri	WK	Mon	Tue	Wed	Thu	Fri
6/10						7/15					
6/17						7/22					
6/24						7/29					
7/1						8/5					
7/8											

One Time Registration Fee must be paid with Registration Form
Full Day Campers - \$100 Half Day Campers - \$50

Camp Fees:

-Full Day 7am-6pm \$55 Per Day

-Half Day 7am-12:30pm or 12:30-6pm \$35 Per Day

Fees for attending camp are always prepaid weekly on the Tuesday of the current week. We require all families to be on Autopay with a credit card at the office. No sibling discount on registration or camp fees.

All Campers will receive a T-Shirt:

Size: __ YS __ YM __ YL __ AS __ AM __ AL __ ALX

Parent/Guardian

STATEMENT OF UNDERSTANDING *I understand and agree to the following: (please initial all items)

- Day Camp is for 1st – 6th graders in Fall 2024.
- Campers must be prepaid to attend camp. With limited attendance, payment ensures a spot for your child. There will be no refunds or carry over for days paid and not attended.
- Camp hours are 7am-6pm. There will be a LATE FEE for every minute your child is in our program past 6:01pm. Every minute is rounded to 5 and will be \$10 per 5 minutes.
- It is my responsibility to make sure my child has the appropriate shoes, jacket/sweatshirt and snacks every day. If not, recreation staff will call me, and I will bring the necessary items to camp within one hour.
- There are NO toys, electronic games, etc. allowed at camp at any time.
- Camp is a Soda, Cell Phone and Candy free zone. If any such items are brought, staff will hold until pick-up time.
- Campers will need to bring their own Breakfast, Lunch and Snack** **THERE ARE NO FOOD HEAT UPS PERMITTED AT CAMP. COLD FOOD ONLY.**
- Nipomo Recreation assumes no liability for children who are not signed into the program.
- My child will be signed in and out daily by an **AUTHORIZED ADULT**.
- Only I or the Authorized Adults I have noted on the registration will pick-up my child.
- I assume all responsibility for communicating camp policies to whoever is picking up my child.
- If my child's behavior is unacceptable/intolerable at camp and harms others, camp property or staff, my child will be suspended or expelled from camp. No refund will be given. I will pick-up my child within 30 minutes of being called by the Nipomo Recreation Staff.
- We will follow and act on all current CDC, LMUSD, County, and State guidelines for the safety of youth and staff.

Parent/Guardian Name _____ **Cell Phone:** _____

Parent/Guardian Signature _____ **Date** _____

CREDIT CARD HOLDER INFORMATION-AUTHORIZATION OF USE

Name as it appears on card:			
Type of Credit Card:	VISA	MC	OTHER
Credit Card Number:			
Expiration Date:			
Email:			
Phone #:			

I authorize collection of fees due and certify that I am the authorized holder and signer of the credit card referenced above. I certify that all the information above is complete and accurate.

Card Holder Name:	
Signature:	Date: