



261 West Dana St.
PO Box 346
Nipomo CA
93444

Spring Camp TK – 6th Grade Registration Form 2024

Sponsored By: LMUSD

Send to:

Geneva.NipomoRecreation@gmail.com

Office 805.929.5437

www.NipomoRecreation.com

CHILDS LEGAL NAME (One Form Per Child)	DOB	AGE	GRADE	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, Wash- ington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

2024 TK-6th Grade Spring Camp Registration

Location: Dana Ele. Room 75 Portables

- Open to all current LMUSD TK – 6th Graders at Dana, Lange, and Nipomo Elementary Schools.
- Space is limited and will be filled on a first come first serve basis.
- Spring Camp is funded by LMUSD Extended Learning Opportunities Grant which dictates a priority registration will be granted to LMUSD Migrant, homeless, foster, and English language learners.
- Registration starts January 29th and ends March 27th
- In the event we reach capacity, you will be notified ASAP
- Camp days: April 1st – 5th - 9am-6pm
- Campers must be present the 1st day and attend 4.5 hours daily and have only 1 unexcused absence.

Before Camp Care - Dana Ele. Room 75 Portables

Before Camp Morning Care – 7am-9am Drop-Off

- Fees \$20 (Fees will be processed by March 28th)

☐ I would like my child to attend the Before Care Program – Fees \$20

Before Camp Care-Complete this Credit Card Authorization

Name as it appears on card:

Type of Credit Card:

VISA

MC

OTHER

Credit Card Number:

Exp 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:

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

- ___ Camp is for currently enrolled LMUSD TK – 6th Graders
- ___ Your child must be present the first day, attend 4.5 hours each day, and have only 1 unexcused absence.
- ___ **Spring Camp** hours are: 9:00am-6:00pm. ***Pick-ups after 6:00pm will be charged \$15 per day.***
- ___ Before Camp Care starts at 7-9:00am. Please complete Credit Card Section
- ___ It is my responsibility to make sure my child has the appropriate shoes, jacket/sweatshirt 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.
- ___ **Spring Camp** is a Soda, Cell Phone and Candy free zone. If any such items are brought, staff will hold until pick-up time.
- ___ Breakfast, lunch, and supper will be provided by LMUSD to campers. If your child chooses to bring these meals, **THERE ARE NO FOOD HEAT UPS PERMITTED AT CAMP. COLD FOOD ONLY.**
- ___ Nipomo Recreation or LMUSD 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 _____ **CellPhone:** _____

Parent/Guardian

Signature _____ **Date** _____