



Registration Form – Summer 2019

CAMPER'S INFORMATION First:

Last:

Address:

City:

Zip:

Date of Birth: / /

Gender Identity:

Parent/Guardian Name:

Primary Phone:

Secondary Phone:

Email:

Has camper attended EC Camp Ravencliff before? Y N

Another overnight camp? Y N

Shirt Size: Youth: M L Adult: S M L XL

REGISTRATION & FEES (select all that apply)

CAMPER SESSIONS

- | | | |
|---|------------------|---|
| <input type="checkbox"/> Session 1 "Mini Camp" (Entering Grades 3rd-8th) Monday
July 15 - Friday July 19 (5 days, 4 nights) | \$400R / \$485NR | <u>Deposit:</u>
\$150.00 /week
due at the time
of registration |
| <input type="checkbox"/> Session 2 "Traditional Camp" (Entering Grades 3rd-8th)
Sunday July 21 - Saturday July 27 (7 days, 6 nights) | \$550R / \$660NR | or |
| <input type="checkbox"/> Session 3 "Teen Camp" (Entering Grades 8th-12th) Saturday
July 27 - Friday August 2 (7 days, 6 nights) | \$550R / \$660NR | Pay in Full |

CIT/ TILT SESSIONS

- | | | |
|---|--------------------|---|
| <input type="checkbox"/> Session 1 "Mini Camp" (Entering Grades 10th -12th) Monday
July 15 - Friday July 19 (5 days, 4 nights) | \$175R / \$218 NR | <u>Deposit:</u>
\$150.00 /week
due at the time
of registration |
| <input type="checkbox"/> Session 2 "Traditional Camp" (Entering Grades 10th - 12th)
Sunday July 21 - Saturday July 27 (7 days, 6 nights) | \$225 R / \$270 NR | or |
| | | Pay in Full |

METHOD OF PAYMENT

- IN FULL:** Pay in full with Cash, Check, Money Order, or Credit Card (Visa, Mastercard, or American Express)
- DEPOSIT WITH AUTO-DEBIT:** Pay the \$150.00 per week deposit with cash, check, or card. Enrolling in auto-debit is REQUIRED for deposit payments using a credit or debit card. Remaining camp balances (after payment of deposit) will be auto-debited from your credit or debit card on Monday June 10, 2019.

CHECKLIST OF FORMS

Please turn in all forms within 1 week of registration

- | | |
|---|--|
| <input type="checkbox"/> Critical Contact Information | <input type="checkbox"/> Liability and Indemnity Release |
| <input type="checkbox"/> Health & Emergency Information | <input type="checkbox"/> Camper Information |
| <input type="checkbox"/> Medication Form | |

Hold Harmless Agreement:

As the parent/guardian of the child listed above, I recognize and acknowledge that there are certain risks inherent to my child's participation in the El Cerrito recreation program, including the risk of injury to my child. I hereby agree to assume those risks. Towards that end, I hereby release in advance, to the extent permitted by law, the City of El Cerrito, its officers, employees, agents and volunteers from any and all liability to me or my child arising out of, or connected in any way with, my child's participation in the recreation program, even though that liability may arise out of the negligence or carelessness of the City of El Cerrito, its officers, employees, agents and volunteers. Additionally, I hereby agree to indemnify, to the extent permitted by law, the City of El Cerrito, its officers, employees, agents and volunteers against any liability, loss damage, expense and costs of every nature arising out of, or in connection with, my child's participation in the recreation program. I have read and fully understand the terms of this Waiver, Release and Indemnity.

Consent to Photograph, Film or Tape:

I agree to have photographs, films, videotapes or tape recordings taken of me or minor child registered under my signature while participating in City of El Cerrito summer camp programs and permit these photographs, films, or tapes to be released for use in publications, promotional materials, web site, and for other public information purposes by the City of El Cerrito.

Refunds - If you child's spot is filled by another camper:

Cancellation on or before June 10th will have a \$32.00 cancellation fee.

Cancellation June 11th to 31 days: \$150.00 deposit forfeited, balance refunded.

Cancellation 30 days or less: 50% of fees forfeited.

If your child's space is not filled, a refund will not be available.

We will also be holding an **Information Night on Thursday February 28, 2019 at 6:30PM at the El Cerrito Midtown Activity Center** which is open to both parents and campers. This session will be used to answer questions, introduce some of the Directors and staff, and offer a little more — information about our camp and all we do there.

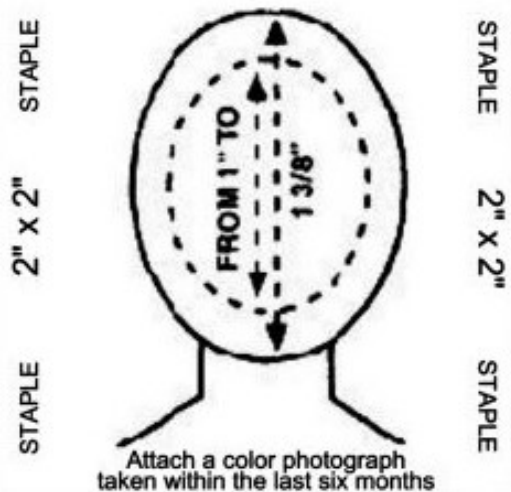
Please note that 3 weeks of camp for the summer of 2019 will not be an annual occurrence.

Parent/Gaurdian Signature:

Date:

EL CERRITO CAMP RAVENCLIFF 2019
 City of El Cerrito Recreation Department

Critical Contact Information



Camper's Name:

Camper's Birthday:

Parent 1/Guardian Name

Cell Phone #

Work Phone #

Parent 2/Guardian Name

Cell Phone #

Work Phone #

Street Address

Home Phone #

City, State

Zip Code

Additional Phone #

Primarily Contact for Camper

Other Info. (another address, phone#, etc)

REQUIRED EMERGENCY INFORMATION

3 Authorized persons – NOT PARENTS - to be called in case of an emergency, when parents cannot be reached.

Name	Phone	Relationship
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CHILD RELEASE AUTHORIZATION Persons **AUTHORIZED** to pick up child:

Name	Phone	Relationship
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EL CERRITO CAMP RAVENCLIFF 2019 City of El Cerrito Recreation Department

Health & Emergency Information Form

CAMPER NAME: _____

REQUIRED INSURANCE INFORMATION	VACCINES (Approximate Immunization Dates)
Health Insurance Co.	Tetanus: _____ Measles: _____
Policy No.	Mumps: _____ Rubella: _____
Family Physician	Chicken Pox: _____
Address:	Other: _____
Phone:	

MEDICAL INFORMATION - Please check any past or present treatment or conditions:

- | | | |
|--|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bedwetting | <input type="checkbox"/> Head lice (recent) |
| <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Ear Infections |
| <input type="checkbox"/> Seizures/Epilepsy | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Psychological Conditions |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Behavioral Conditions |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Measles/Rubella | <input type="checkbox"/> Recent hospitalization |

Please explain any current conditions or things staff should know about (please attach a sheet if more space is needed):

ALLERGIES & SPECIAL NEEDS - Please check:		
<input type="checkbox"/> Hay Fever/ Allergies	<input type="checkbox"/> Insects/Animals	<input type="checkbox"/> Other Drugs:
<input type="checkbox"/> Poison Oak/Ivy		
<input type="checkbox"/> Bee Stings	<input type="checkbox"/> Penicillin	<input type="checkbox"/> Dietary Allergies:
<input type="checkbox"/> Epi-Pen	<input type="checkbox"/> Asthma/Inhaler	

NON-PRESCRIPTION MEDICATIONS I authorize the following medications to be distributed to my child as needed:

- Tylenol Yes No Benadryl Yes No Pepto Bismol Yes No Cough Drops Yes No
 Calamine/Caladryl Lotion Yes No Ibuprofen Yes No Neosporin Yes No Midol Yes No

PARENT/GUARDIAN AUTHORIZATION

This health history is correct, so far as I know, and the person herein has permission to engage in all prescribed program activities. I give permission for persons/providers authorized by the City of El Cerrito to transport my child in case of emergency. I give permission to the physician selected by the City of El Cerrito to order X-Rays, routine tests, and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the City of El Cerrito to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child named above. This form may be photocopied for use away from the main program site. I authorize the City of El Cerrito staff to apply sunscreen to my child's exposed skin, on an as-needed basis.

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



Medications Form – Summer 2019

Camper Name:

Gender Identity:

Age at camp:

This form is required if you are sending any medication with your child (prescription or over the counter).

***Please note: unless otherwise directed by your Physician, we recommend not changing your child's medication habits when sending them to camp. In other words, if there are regular medication they take, being at camp is not the time to try go without them.**

List of Medications: Medication is generally distributed at breakfast, lunch, dinner, and before bed. Indicate which time applies and note if another specific time is necessary. Attach another sheet if your child takes more medication. Place all medication in its original container in a sealed plastic bag labeled with the camper's name.

	Medication Name	Dosage (qty/form i.e. 1 tab, 2 tsp.)	Time of Day, Frequency B=Breakfast, L=Lunch, D=Dinner, BT=Bedtime PRN=As needed	Length of Time Medication is Necessary (i.e. # of days)	Date of Prescrip- tion	Special Notes
1.						
2.						
3.						
4.						

Contact information for Physician prescribing any of the above medications:

Physician Name: _____ Physician Phone Number _____ Please give a description and symptoms of the condition that requires the child to take medication:

_____ Possible adverse reactions

which staff should be aware of include: _____ How is your child's attitude about taking

medication (cooperative, resistant, embarrassed, etc.): _____ Other special instructions:

Does your child require: ___inhaler ___nebulizer

If your child is under doctor's care for an acute chronic problem, your physician needs to know that the child will be away from home for a lengthy period of time. Please have physician give written instructions for care of child and attach them to this document. I, the undersigned parent/guardian of the above listed child, certify that the above information is correct to the best of my knowledge. I request that the above named child be assisted by authorized City of El Cerrito personnel in taking the listed medication at City of El Cerrito in compliance with programs policies and procedures.

Signature of custodial parent or guardian

Date Signed

Home Telephone



EL CERRITO CAMP RAVENCLIFF 2019

City of El Cerrito Recreation Department

Liability and Indemnity Agreement for Minors

Camper's Name (print) _____

Dear Parents/Guardian,

El Cerrito Camp Ravencliff has been set up to be a pleasurable experience for your child by the El Cerrito Recreation Department. Your signature on this form and discussion with your child about the contents of this form are required for all participants and will greatly contribute to the success of El Cerrito Camp Ravencliff.

The participant and his/her guardian agree that the participant will not: use drugs, smoke (including Vape Pens), consume alcoholic beverages, engage in sexual activity, bring or use weapons of any kind, and will not cause damage to property or persons while at Camp Ravencliff.

We, the undersigned, certify that we are the legal parent or guardian of the above participant, that he/she is in good physical condition and we give our permission for him/her to participate in this resident camping session. **We further understand that resident camp has many physically active activities and that falls and injury are a potential danger, and we agree to assume full responsibility for any injuries incurred by him/her in connection with this camping session.**

Further, the undersigned understands that all damages caused by the above named minor shall be paid by the undersigned, to owners of damaged items. Undersigned also realizes they will be called immediately if minor fails to comply with acceptable rules of conduct. At the discretion of the Camp Director, the participant may be asked to not participate or further participate on future trips, thus forfeiting all money paid.

At the discretion of the Camp Director or Recreation Department management staff, parents or guardians may be called to pick up their son/daughter and/or ward at El Cerrito Resident Camp Ravencliff or provide for return transportation home.

The City of El Cerrito, staff, and volunteers are not responsible for lost or stolen items. The undersigned understands that belongings may be searched, at the discretion of the Camp Director, if theft or other suspicious activities are in question.

Further, parent/guardian additionally agrees to indemnify the City of El Cerrito against any claims or rights of action for damages which the minor has/have before or after they reach the age of majority.

We have read and understand the policies and conditions of the City of El Cerrito Resident Camp Ravencliff and signify our agreement and approval by our signature.

Signature of Parent/Guardian

Signature of Camper

Date



EL CERRITO CAMP RAVENCLIFF 2019
City of El Cerrito Recreation Department

Camper Information Form

This information will be given in confidence to your child's cabin leader. It is designed to help the staff get to know your child better and help ensure the best experience for your child.

NAME: _____ AGE (during camp): _____

NICKNAME: _____

My hobbies include: _____

My favorite thing(s) to read include: _____

I'm excited about camp this summer because: _____

I'm a little nervous about: _____

I cannot wait to do this at camp: _____

My favorite meal is: _____

At camp I can't wait to do: _____

My favorite camp song(s): _____

At least one thing we should know about you: _____

Note about Cabin Assignments:

On the first day of camp, friends will be asked to group themselves together if they want to be in the same cabin. Every effort will be made to accommodate requests but they cannot be guaranteed. Large groups of five or more friends will not be placed in the same cabin. Also friends of different ages may or may not be placed together depending on the circumstances and the ages of campers in general. If your child has a close friend who is two or more years younger/older than each other, please prepare them for the fact that they may not be in the same cabin together. There are at least six hours each day where friends in different cabins will be able to hang out and do activities together.

For PARENTS to Complete:

Has your child ever been away from home for an extended period before? Where? How long?

Are there any suggestions you have for your child's cabin leader to help ensure your child has an enjoyable time at camp?

- | | | | |
|--------------|-------------|------------------|----------|
| Tires Easily | Nightmares | Sleeping walking | |
| Bedwetting | Nervousness | Constipation | Tantrums |

Other _____ If "other", please indicate how we can help your child avoid or deal with these situations. Also please list any past conditions of which we should be aware: