



EMERGENCY MEDICAL INFORMATION



AND PERMISSION

City of Petaluma, Department of Parks and Recreation - Summer 2017

Please select the camp which your child will attend: Camp Sunshine Kids Klub Camp K2

1. Child's Name _____ Age _____ Birthdate _____

2. Child's Name _____ Age _____ Birthdate _____

3. Child's Name _____ Age _____ Birthdate _____

Parent/Guardian Name _____ Phone(____) _____

Email Address _____

Address _____ City _____ State _____ Zip _____

During the hours of camp a parent may be reached at the following numbers:

Name _____ Phone (____) _____ Cell Carrier _____
Relationship _____

Name _____ Phone (____) _____ Cell Carrier _____
Relationship _____

Child pick-up authorizations/emergency contacts (if parents cannot be reached):

Name _____ Day Phone (____) _____ Relationship _____

Name _____ Day Phone (____) _____ Relationship _____

*Person(s) who are NOT authorized to pick up your child: _____

Do any of the children listed above have any allergies (ie: food, bee stings, animals, medication) or on any medication? If so, please explain.

Child's Name _____ Allergy/Medication _____

Child's Name _____ Allergy/Medication _____

Physician: Name _____ Phone (____) _____

CONSENT FOR PARTICIPATION & PERMISSION

(Please read and initial each item below)

_____ I understand that final payment for each session is due no later than the Monday of the week prior to my child's enrollment. If payment is not made, I will be charged a late fee of \$25. If payment is not made by the end of the weekly session, my child will be unenrolled from camp.

_____ I understand that the \$20 deposit per week is non-refundable should my schedule change.

_____ I agree to submit schedule changes, in writing, via email to parksnrec@ci.petaluma.ca.us, one (1) week in advance of the session. If request is not made one (1) week in advance, I am still responsible for payment.

_____ I understand that a refund or credit will not be issued for missed days of camp due to illness unless accompanied by a doctor's note.

_____ I consent to the transporting of my child(ren) by City or school bus to and from various locations in Petaluma and in the surrounding areas.

_____ I consent to the use of video recordings and photographs of my child(ren)'s participation in Summer Camp activities.

_____ I agree to pay the extended care fee if my child(ren) is/are dropped off before 8:30am or not picked up by 4:30pm and is/are not already enrolled in extended day care.

_____ I agree to pay a late fee of a \$1.00 per minute if my child(ren) is/are not picked up by 6:00pm.

I hereby give my permission for my child/children _____, to participate in all activities of the Petaluma Parks and Recreation Department's Summer Camp Program. In consideration of participation in this program, the undersigned on behalf of any minor child enrolled in the program by the undersigned in his/her capacity as parent or guardian, agrees to indemnify and hold harmless, and to release, waive, and discharge, the City of Petaluma and its officers and employees, from any and all liability for an injury, including death, or property damage, arising out of or in any way connected with participation by the enrolled child in this program, including injuries or property damage due to the active or passive negligence of the City, its officers and employees.

I hereby grant permission to any licensed physician, hospital or medical clinic to provide the necessary care and/or medical treatment required should my child become ill or injured and a parent or guardian is not available to grant authorization for such treatment.

Parent/Guardian's Signature _____ Date _____

RECREATIONAL OPPORTUNITIES FOR PERSON WITH DISABILITIES

Persons with disabilities are welcome to participate in any class or activity offered by the Petaluma Parks and Recreation Department. If you have any special needs related to participating in an activity, please explain below. A Recreation Supervisor will contact you and explore how we may assist. We will make a reasonable effort to accommodate your special needs so that you may enjoy the recreational opportunities offered by our department.

Special Needs: _____

Summer Camp Calendar

Please choose the days that you would like your child enrolled in summer camp.

Child's Name _____

Camp Sunshine (ages 3-K)

½ Day- \$26

Full Day - \$36

Extended Day - \$41

Kids Klub (1st-3rd)

½ Day- \$26

Full Day - \$41

Extended Day - \$46

K2 (4th-6th)

½ Day- \$26

Full Day - \$41

Extended Day - \$46

Wk	Monday	Tuesday	Wednesday	Thursday	Friday
1	June 5 <input type="checkbox"/> ½ Day AM/PM <input type="checkbox"/> Full Day <input type="checkbox"/> Extended Day	6 <input type="checkbox"/> ½ Day AM/PM <input type="checkbox"/> Full Day <input type="checkbox"/> Extended Day	7 <input type="checkbox"/> ½ Day AM/PM <input type="checkbox"/> Full Day <input type="checkbox"/> Extended Day	8 <input type="checkbox"/> ½ Day AM/PM <input type="checkbox"/> Full Day <input type="checkbox"/> Extended Day	9 <input type="checkbox"/> ½ Day AM/PM <input type="checkbox"/> Full Day <input type="checkbox"/> Extended Day
2	12 <input type="checkbox"/> ½ Day AM/PM <input type="checkbox"/> Full Day <input type="checkbox"/> Extended Day	13 <input type="checkbox"/> ½ Day AM/PM <input type="checkbox"/> Full Day <input type="checkbox"/> Extended Day	14 <input type="checkbox"/> ½ Day AM/PM <input type="checkbox"/> Full Day <input type="checkbox"/> Extended Day	15 <input type="checkbox"/> ½ Day AM/PM <input type="checkbox"/> Full Day <input type="checkbox"/> Extended Day	16 <input type="checkbox"/> ½ Day AM/PM <input type="checkbox"/> Full Day <input type="checkbox"/> Extended Day
3	19 <input type="checkbox"/> ½ Day AM/PM <input type="checkbox"/> Full Day <input type="checkbox"/> Extended Day	20 <input type="checkbox"/> ½ Day AM/PM <input type="checkbox"/> Full Day <input type="checkbox"/> Extended Day	21 <input type="checkbox"/> ½ Day AM/PM <input type="checkbox"/> Full Day <input type="checkbox"/> Extended Day	22 <input type="checkbox"/> ½ Day AM/PM <input type="checkbox"/> Full Day <input type="checkbox"/> Extended Day	23 <input type="checkbox"/> ½ Day AM/PM <input type="checkbox"/> Full Day <input type="checkbox"/> Extended Day
4	26 <input type="checkbox"/> ½ Day AM/PM <input type="checkbox"/> Full Day <input type="checkbox"/> Extended Day	27 <input type="checkbox"/> ½ Day AM/PM <input type="checkbox"/> Full Day <input type="checkbox"/> Extended Day	28 <input type="checkbox"/> ½ Day AM/PM <input type="checkbox"/> Full Day <input type="checkbox"/> Extended Day	29 <input type="checkbox"/> ½ Day AM/PM <input type="checkbox"/> Full Day <input type="checkbox"/> Extended Day	30 <input type="checkbox"/> ½ Day AM/PM <input type="checkbox"/> Full Day <input type="checkbox"/> Extended Day
5	July 3 <input type="checkbox"/> ½ Day AM/PM <input type="checkbox"/> Full Day <input type="checkbox"/> Extended Day	4 No Camp	5 <input type="checkbox"/> ½ Day AM/PM <input type="checkbox"/> Full Day <input type="checkbox"/> Extended Day	6 <input type="checkbox"/> ½ Day AM/PM <input type="checkbox"/> Full Day <input type="checkbox"/> Extended Day	7 <input type="checkbox"/> ½ Day AM/PM <input type="checkbox"/> Full Day <input type="checkbox"/> Extended Day
6	10 <input type="checkbox"/> ½ Day AM/PM <input type="checkbox"/> Full Day <input type="checkbox"/> Extended Day	11 <input type="checkbox"/> ½ Day AM/PM <input type="checkbox"/> Full Day <input type="checkbox"/> Extended Day	12 <input type="checkbox"/> ½ Day AM/PM <input type="checkbox"/> Full Day <input type="checkbox"/> Extended Day	13 <input type="checkbox"/> ½ Day AM/PM <input type="checkbox"/> Full Day <input type="checkbox"/> Extended Day	14 <input type="checkbox"/> ½ Day AM/PM <input type="checkbox"/> Full Day <input type="checkbox"/> Extended Day
7	17 <input type="checkbox"/> ½ Day AM/PM <input type="checkbox"/> Full Day <input type="checkbox"/> Extended Day	18 <input type="checkbox"/> ½ Day AM/PM <input type="checkbox"/> Full Day <input type="checkbox"/> Extended Day	19 <input type="checkbox"/> ½ Day AM/PM <input type="checkbox"/> Full Day <input type="checkbox"/> Extended Day	20 <input type="checkbox"/> ½ Day AM/PM <input type="checkbox"/> Full Day <input type="checkbox"/> Extended Day	21 <input type="checkbox"/> ½ Day AM/PM <input type="checkbox"/> Full Day <input type="checkbox"/> Extended Day
8	24 <input type="checkbox"/> ½ Day AM/PM <input type="checkbox"/> Full Day <input type="checkbox"/> Extended Day	25 <input type="checkbox"/> ½ Day AM/PM <input type="checkbox"/> Full Day <input type="checkbox"/> Extended Day	26 <input type="checkbox"/> ½ Day AM/PM <input type="checkbox"/> Full Day <input type="checkbox"/> Extended Day	27 <input type="checkbox"/> ½ Day AM/PM <input type="checkbox"/> Full Day <input type="checkbox"/> Extended Day	28 <input type="checkbox"/> ½ Day AM/PM <input type="checkbox"/> Full Day <input type="checkbox"/> Extended Day
9	31 <input type="checkbox"/> ½ Day AM/PM <input type="checkbox"/> Full Day <input type="checkbox"/> Extended Day	Aug. 1 <input type="checkbox"/> ½ Day AM/PM <input type="checkbox"/> Full Day <input type="checkbox"/> Extended Day	2 <input type="checkbox"/> ½ Day AM/PM <input type="checkbox"/> Full Day <input type="checkbox"/> Extended Day	3 <input type="checkbox"/> ½ Day AM/PM <input type="checkbox"/> Full Day <input type="checkbox"/> Extended Day	4 <input type="checkbox"/> ½ Day AM/PM <input type="checkbox"/> Full Day <input type="checkbox"/> Extended Day
10	7 <input type="checkbox"/> ½ Day AM/PM <input type="checkbox"/> Full Day <input type="checkbox"/> Extended Day	8 <input type="checkbox"/> ½ Day AM/PM <input type="checkbox"/> Full Day <input type="checkbox"/> Extended Day	9 <input type="checkbox"/> ½ Day AM/PM <input type="checkbox"/> Full Day <input type="checkbox"/> Extended Day	10 <input type="checkbox"/> ½ Day AM/PM <input type="checkbox"/> Full Day <input type="checkbox"/> Extended Day	11 <input type="checkbox"/> ½ Day AM/PM <input type="checkbox"/> Full Day <input type="checkbox"/> Extended Day

I acknowledge that I am responsible for payment for the above days of summer camp. If changes are needed, I agree to submit schedule changes in writing, via email to parksnrec@ci.petaluma.ca.us, one (1) week in advance of the session. If request is not made one (1) week in advance, I am still responsible for payment.

Signature _____

Printed Name _____

Date _____