2021 Winter Registration Application

Camper's Name: _____ Birthdate: _____ Boy ❒ Girl ❒

School: _____ Grade: _____

Home Address: _____ City/Zip: _____

Parent 1 Name: _____ E-mail Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Parent 2 Name: _____ E-mail Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Check the camp your child will attend: ❒ Calabasas Camp ❒ Sherman Oaks Camp

CIRCLE WEEKS OR DAYS THAT YOUR CHILD IS ATTENDING CAMP ***FOR 1/2 DAYS PLEASE WRITE MORNING (AM) OR AFTERNOON (PM)***					
DECEMBER 20 to DECEMBER 24	**M**	**T**	**W**	**TH**	**F**
DECEMBER 27 to DECEMBER 31	**M**	**T**	**W**	**TH**	**F**
JANUARY 3 to JANUARY 7	**M**	**T**	**W**	**TH**	**F**

Assumption of Risk and Release of Liability: In consideration of the named camper being permitted to participate in Sports Plus Day Camp activities, we, the parents or legal guardians of the camper, on our own behalf and on behalf of the camper (hereinafter "releasors"), hereby acknowledge and agree that we understand and fully appreciate the risk of injury involved to the camper in participating in camp activities. We understand that the camper will travel in a camp bus or van and engage in various activities. We further understand and acknowledge that such activities, whether or not they are listed in the camp's brochure, on this form or elsewhere, including but not limited to competitive sports, have increased risk of injury associated with them, and that the camp cannot guarantee that the participants, equipment, premises and/or activities will be free of hazards. The Releasors nevertheless hereby release, waive and discharge Sports Plus Day Camp and the Los Angeles Unified School District, and their officers, employees, agents, counselors, and representatives, (hereinafter "Releasees") from all liability to the releasors for any loss or damage, and any claims or demands on account of injury to the camper caused in any way while the camper is participating in any of the Sports Plus Day Camp activities. The Releasors hereby agree to indemnify and hold harmless the Releasees, and each of them, for any loss, liability, damage, or costs and expenses including attorneys fees they incur due to the campers participation. It is the express intention of the Releasors to exempt and relieve the Releasees from any liability for personal injury, property damage, or wrongful death related in any way to the participation of the camper in Sports Plus Day Camp's activities. The undersigned acknowledges that he or she is fully aware of the legal consequences of signing this application containing the express waiver and release of liability.

I, WE, the undersigned, parents of _____, a minor, do hereby authorize the SPORTS PLUS DAY CAMP and its delegated leaders as agents for the undersigned to consent to any x-ray examination, anesthetic, laboratory, pathology, deemed advisable by, and to be rendered under the supervision of any physician, dentist, or surgeon licensed under the provisions of the medical staff of any licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis or treatment and that reasonable effort shall be made to contact the undersigned prior to rendering treatment, but then any of the above treatments shall not be withheld if the undersigned cannot be timely reached. This authorization shall remain in effect unless revoked in writing. The authorized person(s) further understands and agrees:

1. That if medication is to be given to the registered minor SPORTS PLUS DAY CAMP and its leaders or directors are not legally nor financially liable for administering or results of administering medication. If medication is to be given, parent must make arrangements in writing with Camp Director. Minors are not to have medication of any kind on their person or in their belongings at any time.
2. The camp is not responsible for lost articles. Parents are requested to mark the campers first and last name on all items.
3. There are no **cell phones** or **electronic devices** allowed at camp.
4. There are **no refunds** given for days missed and parents are financially responsible for all days and activities that the camper has registered to attend camp.
5. All camp fees are due prior to the camper's start of camp. All balances not paid in full by your child's start of camp are subject to a 1% per month finance fee.
6. If a camper is dismissed from camp for disciplinary measures, there will be no refund for any unused days.
7. All campers are required to wear a Sports Plus Camp Shirt on all major field trips. Campers not wearing a camp shirt will be given one and their parents will be charged.
8. That in case of accident SPORT PLUS DAY CAMP assumes no financial responsibility beyond the secondary insurance coverage.
9. That the registered minor may be transported in SPORTS PLUS DAY CAMP leased vehicles and may participate in camp sponsored field trips.
10. By providing Sports Plus Day Camp with a credit card, you hereby agree that all charges incurred at camp, including additional days will automatically be billed to that credit card at the end of our winter session.
11. Sport Plus Day Camp believes that bullying and negative behavior have no place at camp. We will make every effort to provide a safe and positive camp experience. We ask all camp families to assist in this endeavor.
12. To all policies listed in the brochure and registration form.

Please note that all correspondence, including the parent information packet and billing statements will be sent via email only to the email address provided on this registration application.

Allergies to food or drugs: _____

Any special medications or pertinent medical history: _____

_____

Family Doctor: _____ Phone: _____

Insurance Company: _____ Policy #: _____

Two people the CAMP can contact in the event parents cannot be reached:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Please list any friends you would like your child to be grouped with: _____

I agree to all of the terms and conditions including the release of liability herein and give full authorization as stated above to Sports Plus Day Camp:

Signature: _____ Date: _____

(Parent or Legal Guardian)