

# One Day Camp

## Participant Information

**-PLEASE PRINT-ONE CHILD PER FORM-THIS FORM MUST BE COMPLETED & BROUGHT TO CAMP!!!**

Participant Name: \_\_\_\_\_  
Last First MI

Location: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City Zip

Sex: \_\_\_\_\_ Child's Birthdate: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

All credit cards will be assessed a \$1.00 processing and handling fee for return of class confirmation.



**Online:** Visit our website at [www.saddlebackrecreation.com](http://www.saddlebackrecreation.com)

I voluntarily agree for my child to participate in the One Day Camp program. I realize that every precaution is taken to eliminate any injuries or hazards and a competent supervisor is present; however, in the event of an injury to my child I hereby waive, release and hold harmless from any liability for damages or claims for damages for personal injury, including accidental death, as well as from claims for property damage which may arise in connection with the above named activity against the supervisor, Department of Recreation & Community Services personnel, the Saddleback Valley Unified School District, Capistrano Unified School District, the City of Lake Forest, and the City of Mission Viejo. *I also realize the recreation personnel are not responsible for my child before or after the scheduled hours of the program.*

Signature: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Date: \_\_\_\_\_

### CONSENT TO TREAT A MINOR

The above participant has my permission to engage in all programs activities. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the program director to hospitalize and secure proper treatment for my child in the event of an emergency. If an ambulance is needed to be called, the program director has my permission.

Signature: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Late Fee Policy:**

A \$10.00 fee will be assessed for every fifteen minutes after pick-up time.

The late fee schedule is:

5-15 minutes late - \$10.00

16-30 minutes late - \$20.00

31-45 minutes late - \$30.00

46 minutes + – dismissed from any SVUSD program

**No Food  
or Drink in  
the Gym!**

**No  
Refunds!**

Conducted by:  
Department of

**Recreation &  
Community Services**

Saddleback Valley Unified School District