

**CITY OF WINTERS PARKS &
RECREATION DEPARTMENT
ADVENTURE DAY CAMP 2009**

Name of Camper: _____

Age: _____

Parent's Name: _____

Address: _____

Home Phone #: _____

Cell Phone #: _____

Email: _____

Emergency Contact: _____

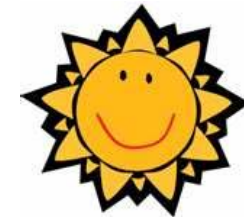
Emergency Phone #: _____

Any Additional Information of Importance:

<u>Week #</u>	<u>Dates/Theme</u>	<u>Paid</u>
Week 1:	June 1 - June 5 Celebrate Summer Week	FREE
Week 2:	June 8 - June 12 Be a Good SPORT Week	<input type="checkbox"/>
Week 3:	June 15 - June 19 Imagination Week	<input type="checkbox"/>
Week 4:	June 22 - June 26 Science Week	<input type="checkbox"/>
Week 5:	June 29 - July 3 Crazy Hair Week	<input type="checkbox"/>
Week 6:	July 6 - July 10 Find Your Talent Week	<input type="checkbox"/>
Week 7:	July 13 - July 17 Splish Splash Water Week	<input type="checkbox"/>
Week 8:	July 20 - July 24 Incredible Edible Week	<input type="checkbox"/>
Week 9:	July 27 - July 31 Movie/Theater Week	<input type="checkbox"/>
Week 10:	August 3 - August 7 Last Days of Summer Surprise Week	<input type="checkbox"/>



ADVENTURE DAY CAMP 2009



Week 1 - Celebrate Summer Week!!! This week's camp is FREE!

Week 2 - Be a Good SPORT Week

Week 3 - Imagination Week

Week 4 - Science Week

Week 5 - Crazy Hair Week

Week 6 - Find Your Talent Week

Week 7 - Splish Splash Water Week

Week 8 - Incredible Edible Week

Week 9 - Movie/Theater Week

Week 10 - Last Days of Summer Surprise Week

ADVENTURE DAY CAMP

The Adventure Day Camp is a wonderful summer day camp comprised of 10 one-week sessions. Each week will have a special theme with activities that will be based on the theme of the week. Participants of the Adventure Day Camp will have the opportunity to take part in arts and crafts, games, and local town field trips. Reservations for the Adventure Day Camp are necessary as groups will be limited to size. Registration is on a first come, first served basis.

Who: Pre-K (must be potty trained) - Age 7

When: Monday - Friday

June 1, 2009 - August 7, 2009

Where: Start and End at the Community Center

Play at City Park

Visit Winters Library

Local Field Trips

Time: 9:00 am - 2:00 pm

Fee: \$75 for the 1st Week or 1st Child and \$60 for Each Additional Week or Each Additional Child

Please turn in all registration forms to Winters City Hall in the City Clerk's Office Monday through Friday 8:00 am-5:00 pm or mail to:

City of Winters
Attn: Traci Nakamura
318 First St.
Winters, CA 95694

For more information, please contact Traci Nakamura at 530-795-4910 x102.



Entity: City of Winters Parks and Recreation

Describe Activity: Adventure Day Camp, Walking to and from City Park, Walking to and from the Winters Library, and Walking to and from Local Field Trip Locations.

WAIVER OF LIABILITY, MEDICAL RELEASE, AND INDEMNIFICATION AGREEMENT FOR A MINOR PARTICIPANT

In consideration of the participating minor child being permitted by the above entity to participate in the above described activities, each of us hereby waives, releases, and discharges any and all claims and damages for personal injury, death, or property damage which said minor child may sustain or which may occur as a result of the minor child's participation in said activity.

Each of us understands and agrees that:

1. This release is intended to discharge in advance the entity, it's officers, employees, and agents from, and against, any and all liability, even arising out of the entity's own negligence or carelessness, connected in any way with the participation of the minor child in said activity;
2. The described activity may be of a hazardous, strenuous, and/or physical nature;
3. Participation in the described activity may occasionally result in injury, death, or property damage;
4. Knowing the risks involved, nevertheless, each of us has requested permission for the minor child to participate in the above described activity;
5. We assume all risks of injury, and to release and hold harmless the above entity, it's officers, employees, and agents (even for their own negligence or carelessness);
6. This waiver, release and assumption of risk is to be binding on the heirs and assigns of each of the under-signed;
7. We will indemnify and hold the entity harmless from any loss, liability, damage, or cost or expense, including litigation, which it might incur as a result of any injury and/or property damage which said minor may sustain

while participating in said activity;

8. We will make good any loss or damage or cost the above entity may have to pay if any litigation arises on account of any claim made by said minor or by anyone on said minor's behalf;
9. In the event that said minor requires medical or surgical treatment while under the supervision of said entity personnel in connection with the described activity, such supervisor may authorize treatment;
10. We will pay all medical, hospital, or other expenses which said minor may incur as a result of such treatment;
11. We will expressly permit said minor child to travel by either private automobile or entity vehicle to activities and events related to the above described activity;

I certify that I have custody, or am the legal guardian of said minor by court order, and that said minor is physically able to participate in the activity set forth above.

I have read this Waiver of Liability, Medical Release, and Indemnification Agreement, and fully understand its contents. I am aware that this is a release of liability, and a contract between myself and the above entity, and that I sign it of my own free will.

Name of Participant: _____

Date of Participant's Birth: _____

Signature of Participant: _____

Signature of Father: _____

Signature of Mother: _____

Date: _____

