

**City of Blue Lake Parks & Recreation
2015 Summer Recreation: Camp Perigot
REGISTRATION FORM**

NAME OF CHILD: _____ AGE: _____

PARENT/GUARDIAN: _____ EMAIL: _____

MAILING ADDRESS: _____ CITY: _____ ZIP: _____

PRIMARY PHONE: _____ OTHER PHONE: _____

LIABILITY WAIVER

I hereby give my permission to allow my child named above to participate in the activities offered by Camp Perigot. I understand that this waiver of liability protects the City of Blue Lake, its Parks & Recreation Department, and all employees from any and all injuries, physical and mental, that occur and/or are alleged to occur to my child named above during activities my child undertakes on his/her own or participates in while attending Camp Perigot, including those offered during extended care hours. I understand that the City be held free and harmless from any and all liability claims, demands, damages, costs, and expenses resulting from participation in the activities at Camp Perigot, including those offered during extended care hours.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

<u>*Registration Option</u>	<u>Non-Resident Fee</u>	<u>Discounted Resident Fee</u>
Daily Full Day	\$26.00	\$23.00
Daily Half Day	\$16.00	\$14.00
Extended Care AM or PM Daily	\$7.00	\$6.00
Weekly Full Day	\$114.00	\$99.00
Weekly Half Day	\$66.00	\$58.00
Weekly Extended Care AM and/or PM	\$27.00	\$22.00

*Pre-registration is encouraged to ensure a spot (our max = 66 children per week)

PROGRAM REGISTRATION:

	<u>(check half or full day)</u>	<u>(circle days)</u>	<u>(check box)</u>
June 15-19	<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	MTWTHF	Extended Care: <input type="checkbox"/>
June 22-26	<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	MTWTHF	Extended Care: <input type="checkbox"/>
June 29-July 3	<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	MTWTH	Extended Care: <input type="checkbox"/>
July 6-10	<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	MTWTHF	Extended Care: <input type="checkbox"/>
July 13-17	<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	MTWTHF	Extended Care: <input type="checkbox"/>
July 20-24	<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	MTWTHF	Extended Care: <input type="checkbox"/>
July 27-31	<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	MTWTHF	Extended Care: <input type="checkbox"/>
Aug 3- 7	<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	MTWTHF	Extended Care: <input type="checkbox"/>
Aug 10-14	<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	MTWTHF	Extended Care: <input type="checkbox"/>
Aug 17-21	<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	MTWTHF	Extended Care: <input type="checkbox"/>

Please list all persons allowed to pick up your child below, including yourself:

Name: _____ Contact Phone: _____

Note: We will not release your child to anyone other than those persons listed above without your advance permission. Please let us know, in advance, if your list of authorized persons needs to include others and/or disallow someone named above from picking up your child.

For Office Use Only

Registration Fees: Paid \$ _____ Date Paid: _____ Check Number(s) _____ (If cash, write "cash")

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