

**City of Blue Lake Parks & Recreation**  
**2016 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 and volunteers from any and all injuries, physical and mental, that occur and/or are alleged to occur to my child named above during any 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: \_\_\_\_\_

**PROGRAM INFORMATION**

**General Information:** Camp Perigot is a fun and exciting youth recreation program taking place at Prash Hall. Weekly themed activities focus arts and crafts, fun games, sports, skating, and more.

**Program Days/Hours:** Camp Perigot is offered June 20<sup>th</sup> through August 26<sup>th</sup>, from 9:00 am- 4:00 pm. Extended care is available from 8:00 am- 9:00 am and/or from 4:00 pm- 5:00 pm daily for an additional cost.

**Program Fees:** Camp Perigot offers different registration options to accommodate today's busy family schedules. Half day options allow attendance from either 9:00 am- 12:00 pm or 1:00 pm- 4:00 pm.

**Meals & Snacks:** Campers can take advantage of our FREE breakfast and lunch program (including half-day), or can bring their own. Campers should arrive with snacks for throughout the day.

<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 = 55 children per week)

**PROGRAM REGISTRATION:**

	<u>(check half or full day)</u>	<u>(circle days)</u>	<u>(check box)</u>
June 20-24	<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	MTWThF	<b>Extended Care:</b> <input type="checkbox"/>
June 27-July 1	<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	MTWThF	<b>Extended Care:</b> <input type="checkbox"/>
July 5-July 8 ( <b>NO</b> Mon. 7/4)	<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	TWThF	<b>Extended Care:</b> <input type="checkbox"/>
July 11-15	<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	MTWThF	<b>Extended Care:</b> <input type="checkbox"/>
July 18-22	<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	MTWThF	<b>Extended Care:</b> <input type="checkbox"/>
July 25-29	<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	MTWThF	<b>Extended Care:</b> <input type="checkbox"/>
Aug 1-5	<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	MTWThF	<b>Extended Care:</b> <input type="checkbox"/>
Aug 8-12	<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	MTWThF	<b>Extended Care:</b> <input type="checkbox"/>
Aug 15-19	<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	MTWThF	<b>Extended Care:</b> <input type="checkbox"/>
Aug 22-26	<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	MTWThF	<b>Extended Care:</b> <input type="checkbox"/>

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

Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

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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