



City of Blue Lake Parks & Recreation

2020 Summer Recreation: Camp Perigot

REGISTRATION FORM

NAME OF CHILD: _____ AGE: _____ DOB: _____

PARENT/GUARDIAN: _____ EMAIL: _____

MAILING ADDRESS: _____ CITY: _____ ZIP: _____

PRIMARY PHONE: _____ OTHER PHONE: _____

PROGRAM INFORMATION

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

Program Days/Hours: Camp Perigot is offered June 22-August 21 from 9:00am- 5:30 p.m.

Program Fees: Camp Perigot will only be offering a full week registration option at resident and non-resident rates

Meals & Snacks: We are still waiting to hear if the free breakfast and lunch program will be possible this year. All campers should arrive with meals and enough snacks for throughout the day. A reusable water bottle will be required as well as drinking fountains will be disabled (the touchless bottle fill function will be used)

Covid-19 Considerations: The City of Blue Lake worked directly with the Humboldt County Office of Public Health to establish a plan for this year's camp. Staff at Camp Perigot will be following all guidelines approved by the County and ask for your cooperation to make this camp as safe and easy as possible. A copy of the approved plan will be provided with all approved registrations.

*Registration Option

Non-Resident Fee

Discounted Resident Fee

Weekly Full Day

\$141.00

\$130.00

*Pre-registration with pre-payment is required. Please note that we will **not** be exceeding our maximum allowable attendees per day (our max = 24 children per day).

PROGRAM REGISTRATION: (Fill in the weeks you would like to register for)

Week 1	June 22-26	<input type="checkbox"/>
Week 2	June 29-July 2	<input type="checkbox"/> (No camp Fri July 3 rd)
Week 3	July 6-10	<input type="checkbox"/>
Week 4	July 13-17	<input type="checkbox"/>
Week 5	July 20-24	<input type="checkbox"/>
Week 6	July 27-31	<input type="checkbox"/>
Week 7	Aug 3-7	<input type="checkbox"/>
Week 8	Aug 10-14	<input type="checkbox"/>
Week 9	Aug 17-21	<input type="checkbox"/>

NAME OF CHILD: _____

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.

I, being the parent and/or legal guardian of a minor, hereby give permission for his/her participation in Camp Perigot, and further, in consideration of my child being permitted to participate in this program, hereby agree to the following:
I hereby assert that I my child is in sufficiently sound health and has no health condition, illness, or communicable disease that may make participating injurious to my child or others. If my child should develop any such condition, illness or disease during the term of activities, my child will discontinue participation until he/she has received an appropriate medical release from his/her doctor.

The City of Blue Lake has put in place preventative measures to reduce the spread of COVID-19; however, the City cannot guarantee that you or your child will not become infected with COVID-19. Further, attending Camp Perigot could increase your risk and your child(ren)'s of contracting COVID-19. By signing this agreement, you acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that you or your child(ren) may be exposed to or infected by COVID-19 and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 by participating in Camp Perigot may result from the actions, omissions, or negligence of myself and others, including, but not limited to, City employees, volunteers, and program participants and their families.

I acknowledge that accidents and injuries can arise from participation in Camp Perigot; including, but not limited to, contact with other individuals, the actions or inactions of other participants in the activities, the conditions under which the activities take place, or the negligence of others, including the RELEASEES named herein, and that I fully accept and assume all such risks and dangers, and all responsibilities for losses, costs and damages incurred as a result of my child's participation in these activities. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS THE RELEASEES (THE CITY OF BLUE LAKE, ITS EMPLOYEES, AGENTS, VOLUNTEERS, INDEPENDENT CONTRACTORS, OFFICERS, ASSIGNS AND SUCCESSORS) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES OR DAMAGES, SUSTAINED BY ME OR MY CHILD, CAUSED OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART, BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE CHILD OR ANYONE ON THE CHILD'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEYS' FEES, LOSS, LIABILITY OR DAMAGE, OR ANY OTHER COST THAT MAY OCCUR AS THE RESULT OF SUCH A CLAIM. Finally, I further agree that photographs which depict my child's participation in the program may be used for program publicity and for other uses consistent with the law without any further written agreement or authorization.

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____

For Office Use Only

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

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