



# Camp Calabasas Fall Camp 2018 November 19-21



Join us for 3 fun filled days of Fall Camp Calabasas.  
Fall camp will be filled with sports, art projects, playing games, cooking  
and doing other fun Fall activities to fill the days with lots of FUN!

**SPACE IS LIMITED SO PLEASE REGISTER EARLY**

**Fall Camp Location: DE ANZA PARK 3701 LOST HILLS RD. CALABASAS**

**Hours: 7:00am until 6:30pm      Cost: \$55 PER DAY**

Camp fees must be paid at time of registration and we require five  
days notice to cancel or change days of attendance. Missed days **MAY**  
**NOT** be made up at another time or during another camp session.

Things to Bring: Campers will need to bring a lunch from home.  
We can refrigerate and warm food if needed. Camp will also provide a morning  
and afternoon snack for your child. Please send your child with a jacket due to  
the possibility of wind and change in climate.

**NO ELECTRONIC DEVICES, TOYS, or TRADING CARDS FROM HOME**  
**ALLOWED AT CAMP.**



**For More Information or to Register**

**Call 818-878-0162 or 818-880-6461**

**Email: [campcalabasas@gmail.com](mailto:campcalabasas@gmail.com)**



CITY of CALABASAS



Little  Learners

**FALL CAMP 2018      Registration Form**  
**PLEASE CHECK THE DAYS YOUR CHILD WILL BE ATTENDING CAMP:**  
**NOVEMBER 19 \_\_\_\_ 20 \_\_\_\_ 21 \_\_\_\_**

Campers Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex M F  
Father's Name \_\_\_\_\_ Work/Cell Numbers \_\_\_\_\_ / \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Work/Cell Numbers \_\_\_\_\_ / \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_  
School Camper Attends \_\_\_\_\_ Grade of Camper \_\_\_\_\_ EMAIL: \_\_\_\_\_  
Child Lives With: Both Parents Shared or \_\_\_\_\_  
Payment: Check \_\_\_\_ Cash \_\_\_\_ Credit Card # \_\_\_\_\_ EXP: \_\_\_\_\_  
CVV: \_\_\_\_\_  
Name on Card: \_\_\_\_\_ Charge Reoccurring Fees \_\_\_\_\_ or \$ \_\_\_\_\_

**IMPORTANT MEDICAL INFORMATION**

Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_  
Family Dentist \_\_\_\_\_ Phone Number \_\_\_\_\_  
Medical Plan # \_\_\_\_\_ Allergies \_\_\_\_\_  
Does your child have any special needs?  
\_\_\_\_\_  
Is your child taking any medication? If yes, please state) \_\_\_\_\_  
Other Important Information \_\_\_\_\_

Please list, in order of importance, who we should contact first in the event of an emergency other than parents.  
Please list multiple people in the event that you or someone on this list cannot be reached.

Name \_\_\_\_\_ Phone 1 \_\_\_\_\_ 2 \_\_\_\_\_  
Name \_\_\_\_\_ Phone 1 \_\_\_\_\_ 2 \_\_\_\_\_

The undersigned hereby agrees to defend, indemnify, and hold harmless the City of Calabasas and its officers, employees and agents against any loss, liability charges and expenses (including attorneys' fee) and costs which may arise by reason of participation in any program. (The City does not provide accidents, medical, liability, workers' compensation insurance for program participants). As parent/guardian, I hereby consent to emergency treatment of my minor child as a result of accident or injury. I further agree to pay any and all costs incurred as a result of said treatment. I agree to carefully inspect and satisfy for me that the facilities provided are reasonably safe for their use. Once having conducted the inspection, I agree to expressly assume the risk of participating at the premises. I understand the City retains the right to use photos taken during activities for public purposes.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**FALL CAMP CALABASAS 2018 CAMP AGREEMENT**

Campers Name

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**LITTLE LEARNERS, LLC**

**RELEASE, ASSUMPTION OF RISK, AND INDEMNITY**

**RELEASE:** The undersigned is the parent or legal guardian of the minor camper, identified above. In consideration for Little Learners providing to the camper identified above a camp Experience at Camp Calabasas, I **HEREBY, ON MY OWN BEHALF AND ON BEHALF OF THE CAMPER, RELEASE AND DISCHARGE LITTLE LEARNERS, LLC, THE OWNER AND OPERATOR OF CAMP, AND THE CITY OF CALABASAS AND BOTH OF THEIR OFFICERS, DIRECTORS, EMPLOYEES, VOLUNTEERS AND AGENTS** (called herein the "Releasees") **FOR AND FROM ANY AND ALL CLAIMS ARISING OUT OF THE CAMPER'S PARTICIPATION IN THE CAMP, INCLUDING CLAIMS ARISING OUT OF THE NEGLIGENCE OF THE RELEASEES OR ANY OTHER CAMPER THAT CAUSES, OR IS CLAIMED TO CAUSE, INJURY OR DEATH TO THE CAMPER IDENTIFIED ABOVE, PROPERTY DAMAGE, OR OTHER DAMAGES. I ALSO PROMISE NOT TO SUE ANY OF THE RELEASEES FOR ANY OF THE CLAIMS BEING RELEASED.**

**ASSUMPTION OF RISK:** I understand and acknowledge that participation in camp activities involves risk of injury. I fully appreciate the risks involved in my camper's participation in these activities and voluntarily assume, on the camper's behalf, those risks.

**PROMISE TO DEFEND, IDEMNIFY, AND HOLD HARMLESS:** In consideration of the above camper being permitted to participate in Little Learners camp, **I agree to defend, indemnify, and hold harmless** the Releasees from and against all claims arising out of the camper's participation in the camp.

**EMERGENCY TREATMENT:** I hereby consent to allowing emergency medical personnel to be summoned for the camper if needed and consent to emergency treatment of the camper as may be required as the result of accidental injury or otherwise. I further agree to pay any and all costs incurred for such treatment.

**PHOTOGRAPHS:** I agree to allow the camper to be photographed while participating in camp activities and understand that Little Learners and the City retain the right to use any photographs taken during camp activities for promotional and other purposes.

**I HAVE READ THIS AGREEMENT AND UNDERSTAND IT INCLUDES A RELEASE OF ALL CLAIMS, VOLUNTARY ASSUMPTION OF ALL RISKS INVOLVED IN CAMP ATTENDANCE AND AN AGREEMENT TO DEFEND, INDEMNIFY AND HOLD HARMLESS THE RELEASEES. BY SIGNING THIS AGREEMENT I VOLUNTARILLY ACCEPT ALL OF THE TERMS AND CONDITIONS OF THIS AGREEMENT.**

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PARENT OR LEGAL GUARDIANS SIGNATURE

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PARENT OR LEGAL GUARDIANS PRINTED NAME

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RELATIONSHIP TO CAMPER

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DATE