



Camp Calabasas Fall Camp 2019 November 25-27



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 held at Lupin Hill Trailer 26210 Adamor Rd. Calabasas 91302

Hours: 7:00am until 6:30pm Cost: \$60 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.

Please see our activity calendar for daily activities!

Things to Bring: Campers will need to bring a lunch from home. We can refrigerate and warm food if needed. Camp will 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 Please Call Us At
818-878-0162 or email us at campcalabasas@gmail.com**



CITY of CALABASAS



Little  Learners

FALL CAMP 2018 Registration Form
PLEASE CHECK THE DAYS YOUR CHILD WILL BE ATTENDING CAMP:
NOVEMBER 25 ____ 26 ____ 27 ____

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 2019 CAMP AGREEMENT

Campers Name

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.

PARENT OR LEGAL GUARDIANS SIGNATURE

PARENT OR LEGAL GUARDIANS PRINTED NAME

RELATIONSHIP TO CAMPER

DATE