Camp Calabasas

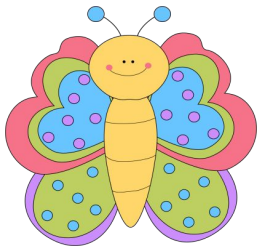
Spring Camp 2021

April 2 and 5-9

Join us for Camp Calabasas Spring Camp as we will will be filled with arts and crafts, cooking, science, free play indoors and on the playground, organized sports, activities and much more!

SPRING CAMP IS SURE TO BE FUN FILLED and EXCITING!

Join Us For A FUN FILLED SPRING CAMP!



Spring Camp Location: Lupin Hill Camp Calabasas Trailer

Hours: 7:30am until 6:00pm

$65 PER DAY

Camp fees must be paid at time of registration and we require five days business notice to cancel or change days of attendance.

No switching or make up days permitted.

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 possible change in climate.

For More Information or to Register

Contact us at 818-878-0162

Cell: 818-447-9469

Email: campcalabasas@gmail.com

or visit us at www.campcalabasas.org

CITY of CALABASAS

Little Learners

PLEASE CHECK THE DAYS YOUR CHILD WILL BE ATTENDING SPRING CAMP 2021

April 2___ 5____6___ 7___8___ 9___

Campers Name_____ Age_____ Date of Birth_____ Sex M F

Parent 1 Name _____Work/Cell Numbers_____/_____

Parent 2 Name _____Work/Cell Numbers_____/_____

Home Address_____ City_____ Zip_____

Home Phone _____Child Lives With: Both Parents Shared or_____

Email 1:_____Email 2:_____

Please list, in order of importance, who we should contact first in the event of an emergency other than the parents listed above. These persons below are authorized to pick-up your child from camp. We must have written authorization for others authorized to pick-up your child from camp. This includes family members and friends that we might know.

Name_____ Relationship: _____Phone 1_____ 2_____

Name_____ Relationship: _____Phone 1_____ 2_____

Name_____ Relationship: _____Phone 1_____ 2_____

Name_____ Relationship: _____Phone 1_____ 2_____

IMPORTANT MEDICAL INFORMATION

Child's Doctor_____ Phone Number_____

Child's Dentist_____ Phone Number_____

Medical Plan# _____Allergies_____

Does your child have any special needs or currently taking any medication?

_____

Is your child taking any medication? If yes, please state)

_____

Other Important Information_____

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' fees) 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_____

CAMP CALABASAS AND LITTLE LEARNERS INDEMNIFICATION UPDATE TO COVER "COVID-19"

In addition to the general Little Learners, LLC and the City of Calabasas INDEMNIFICATION, the undersigned acknowledges that novel coronavirus ("COVID-19") infections have been confirmed throughout the United States, including California. In accordance with the most recent guidance and protocols issued with the World Health Organization (WHO), the Centers for Disease Control and Prevention (CDC), the California Department of Public Health (CDPH), and the Los Angeles County Health Care Agency (together, the "Public Health Agencies") for slowing the transmission of COVID-19, the undersigned hereby agrees, represents, and warrants that neither the undersigned nor such participating children shall visit or utilize the facilities, services, and programs of Little Learners, LLC and the City of Calabasas, (other than any exclusively online services and programs) within 14 days after (i) returning from highly impacted areas subject to a CDC Level 3 Travel Health Notice, (ii) exposure to any person returning from areas subject to CDC Level 3 Travel Health Notice, or (iii) exposure to any person who has a suspected or confirmed case of COVID-19. The CDC Travel Health Notices list is updated regularly and currently includes China, Iran, South Korea, and most of Europe. The undersigned agrees to check the CDC Travel Health Notices list (https://wwwnc.cdc.gov/travel) prior to utilizing the facilities, services, and programs of Little Learners, LLC and the City of Calabasas, on a daily basis if necessary. The undersigned hereby agrees, represents, and warrants that neither the undersigned nor such participating children shall visit or utilize the facilities, services, and programs of Little Learners, LLC and the City of Calabasas, if he or she (i) experiences symptoms of COVID 19, including, without limitation, fever, cough, or shortness of breath, or (ii) has a suspected or diagnosed/confirmed case of COVID-19. The undersigned agrees to notify Little Learners, LLC and the City of Calabasas, immediately if he or she believes that any of the foregoing access/use restrictions may apply.

Little Learners, LLC and the City of Calabasas, have taken certain steps to implement recommended guidance and protocols issued by the Public Health Agencies for slowing the transmission of COVID-19 and other viruses, including, without limitation, the access/use restrictions set forth above. The undersigned acknowledges and agrees that Little Learners, LLC and the City of Calabasas, may revise its procedures at any time based on updated recommended guidance and protocols issued by the Public Health Agencies and further agrees to comply with Little Learners, LLC and the City of Calabasas. The undersigned further acknowledges and agrees that, due to the nature of the facilities, services, and programs offered by Little Learners, LLC and the City of Calabasas, social distancing of 6 feet per person among children and their caregivers in a childcare setting is not possible. The undersigned fully understands and appreciates both the known and potential dangers of utilizing the facilities, services, and programs of Little Learners, LLC and the City of Calabasas, and acknowledges that use thereof by the undersigned and/or such participating children may, despite Little Learners, LLC and the City of Calabasas, reasonable efforts to mitigate such dangers, result in exposure to COVID-19 or other viruses, which could result in quarantine requirements, serious illness, disability, and/or death.

CAMP CALABASAS AND LITTLE LEARNERS INDEMNIFICATION UPDATE TO COVER "COVID-19"

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER Little Learners, LLC and the City of Calabasas, FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO, OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY ON-SITE PROGRAM AFFILIATED WITH Little Learners, LLC and the City of Calabasas, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

THE UNDERSIGNED, ON HIS OR HER BEHALF AND ON BEHALF OF SUCH PARTICIPATING CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE Little Learners, LLC and the City of Calabasas, its directors, officers, employees, volunteers and agents (hereinafter referred to as "Releases") from all liability to the undersigned or such participating children and all personal representatives, assigns, heirs, and next of kin of the undersigned or such participating children for any loss or damage, and any claim or demands on account of any property damage or any injury to, or an illness or the death of, the undersigned or such participating children (or any person who may contract COVID-19 or other viruses, directly or indirectly, from the undersigned or such participating children) whether caused by the negligence, active or passive, or about the premises or any facilities or equipment therein or participating in any program affiliated with Little Learners, LLC and the City of Calabasas. The undersigned expressly and knowingly waives all rights under California Civil Code Section 1542, which provides: "A general release does not extend to claims that the creditor or releasing party does not know or suspect to exist in his or her favor at the time of executing the release and that, if known by him or her, would have materially affected his or her settlement with the debtor or released party."

The undersigned agrees and acknowledges that use of Little Learners, LLC and the City of Calabasas, facilities and services, and participation in Little Learners, LLC and the City of Calabasas, programs, may involve inherent danger and risk, including, without limitation, the risk of physical illness or injury, death or property damage. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR, AND RISK OF ILLNESS, BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such participating children due to negligence, active or passive, of Releasees or otherwise while in, about or upon the premises of Little Learners, LLC and the City of Calabasas, and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with Little Learners, LLC and the City of Calabasas. The undersigned acknowledges that any illness or injuries that the undersigned or such participating children contract or sustain may be compounded by negligent first aid or emergency response of the Releasees and waive any claim in respect thereof.

THE UNDERSIGNED further expressly agrees that the foregoing ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

CAMP CALABASAS AND LITTLE LEARNERS INDEMNIFICATION UPDATE TO COVER "COVID-19"

I HAVE CAREFULLY READ AND VOLUNTARILY SIGN THIS ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT AND FURTHER AGREE THAT NO ORAL REPRESENTATIONS, STATEMENTS, OR INDUCEMENT APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE. I AM AWARE THAT BY AGREEING TO THIS AGREEMENT I AM GIVING UP VALUABLE LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES FROM Little Learners, LLC and the City of Calabasas, IN CASE OF ILLNESS, INJURY DEATH OR PROPERTY LOSS OR DAMAGE, INCLUDING, FOR THE AVOIDANCE OF DOUBT AND WITHOUT LIMITATION, EXPOSURE TO COVID-19 OR OTHER VIRUSES AT ANY Little Learners, LLC and the City of Calabasas, INC FACILITY OR PROGRAM AND ANY ILLNESS, INJURY OR DEATH RESULTING THEREFROM. I UNDERSTAND THAT THIS DOCUMENT IS A PROMISE NOT TO SUE AND A RELEASE OF AND INDEMNIFICATION FOR ALL CLAIMS. IF SIGNING ON BEHALF OF MINOR: I ALSO UNDERSTAND THAT THIS AGREEMENT IS MADE ON BEHALF OF MY MINOR CHILD(REN) AND/OR LEGAL WARDS AND I REPRESENT AND WARRANT TO Little Learners, LLC and the City of Calabasas, THAT I HAVE FULL AUTHORITY TO SIGN THIS AGREEMENT ON BEHALF OF SUCH MINOR(S).

Print Name_____

Signature of applicant/parent_____

Signature of other adult/parent_____

Name of child(ren)_____

Name of child(ren)_____

Please sign using this document on a digital device and send it back to us using your email that is on file with our program.

SPRING CAMP CALABASAS 2020 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, INDEMNIFY, 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 VOLUNTARILY 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

LITTLE LEARNERS/CAMP CALABASAS
CREDIT CARD FORM 2021

I, _____, hereby authorize

Little Learners to automatically charge my Credit Card for Summer Camp fees.

Participants Name:_____

Fees: (**Please circle one)** $_____ (one time use) **OR**

_____ Reoccurring Camp Fees Based on Registration

_____ Hot Lunch and Other Fees

Please charge the amount(s) indicated above to my credit card listed below.

Card Number:_____

Expiration Date: _____ CVV:_____

Name that appears on card: _____

Billing Address: _____

_____

Authorized Signature: _____Date _____

_____

_____

_____

_____