

CAMP CALABASAS



Join us for camp on LVUSD Staff Development Days and Non-School Days. Camp is closed on all federal holidays. Camp will be open 7:30AM- 5:00PM on the following non-school days

Cost: \$75 per day



October 3, 2024

October 4, 2024



November 1, 2024

January 27, 2025

March 21, 2025

For More Information or to Register Contact us at 818-878-0162

CAMP CELL: 818-447-9469

Email: campcalabasas@gmail.com

or visit us at www.campcalabasas.org



PLEASE CHECK THE DAYS YOUR CHILD WILL BE ATTENDING NON-SCHOOL DAY CAMP 2024-25

Oct 3 ___ Oct 4 ___ Jan 27 ___ March 21 ___

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 _____

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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, Little Learners LLC, 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 and Little Learners do 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 _____

LITTLE LEARNERS/CAMP CALABASAS SUMMER CAMP 2024-25 CREDIT CARD FORM

I, _____, hereby authorize

Little Learners/Camp Calabasas to automatically charge my credit card for full days of camp and Seasonal camp fees.

Participants Name: _____

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

_____ Reoccurring Camp Fees Based on Registration

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 _____
