



Camp Calabasas

Spring Camp 2025

April 14-18 & 21

7:30 AM- 6:00 PM

Join us for a few **FUN** days over **SPRING** Break!
Featuring arts and crafts, cooking, science, outdoor
play, organized sports, and much more!



Camp Calabasas @ Lupin Hill Elementary

26210 Adamor Rd. Calabasas, 91302



Cost: \$75 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

CAMP 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 2025

April 14 ___ 15 ___ 16 ___ 17 ___ 18 ___ 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 _____

Name _____ Relationship: _____ Phone 1 _____ 2 _____

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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, 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 _____

SPRING CAMP CALABASAS 2025 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 2025

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 _____
