



# Summer Camp Registration Form

Orinda Parks & Recreation Department  
28 Orinda Way, Orinda, CA 94563 | (925) 254-2445 | OrindaParksandRec@CityofOrinda.org

Adult/Parent/Legal Guardian Name (Last, First) \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Provide first and last name, age, and birthdate for each child that will be registered for summer camp(s). Camp titles, barcodes and fees may be inserted in Week # blocks below. For additional Week # blocks, download at: [www.orindaparksandrec.org/328/Forms-and-Documents](http://www.orindaparksandrec.org/328/Forms-and-Documents).

First Name	Last Name	Age	Birthdate

Week #	Child's First Name	Camp Name	Barcode	Camp \$	Materials \$
AM					
PM					
Extended Care AM (7:30 am-9:00 am)					
Lunch Bunch (12:00 pm-1:00 pm)				Free	
Extended Care PM (4:00 pm-6:00 pm)					
<b>Total:</b>					

Week #	Child's First Name	Camp Name	Barcode	Camp \$	Materials \$
AM					
PM					
Extended Care AM (7:30 am-9:00 am)					
Lunch Bunch (12:00 pm-1:00 pm)				Free	
Extended Care PM (4:00 pm-6:00 pm)					
<b>Total:</b>					

Week #	Child's First Name	Camp Name	Barcode	Camp \$	Materials \$
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Extended Care PM (4:00 pm-6:00 pm)					
<b>Total:</b>					

### PLEASE CAREFULLY READ THE REGISTRATION AND CANCELLATION POLICIES ON PAGE 22 OF THE SUMMER CAMP GUIDE.

It is your responsibility as the consumer to understand our policies in the event you need to withdraw from our camps.

In consideration of being permitted to participate in City of Orinda Parks and Recreation activities, THE UNDERSIGNED, as a participant or legal guardian representing a minor participant, HEREBY FOREVER RELEASES, WAIVES AND DISCHARGES THE CITY OF ORINDA, its directors, officers, employees, agents, independent contractors, and volunteers from any and all liability, to the undersigned and/or his/her personal representatives, assignees, heirs, and next of kin for any loss and/or damages and any claims or demands occurring or resulting from any accidents, injury, and/or damage to the person or property or death of the undersigned or their minor, arising out of or connected with participation in activities on the City of Orinda's property or site utilized by the City of Orinda, and/or while using the premises, facilities, and/or equipment thereon, whether or not caused by the negligence and/or property of the City of Orinda, its directors, officers, employees, agents, independent contractors, or volunteers.

THE UNDERSIGNED, as a participant or legal guardian representing a minor participant, ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE, due to the negligence of the City of Orinda, its directors, officers, employees, agents, independent contractors, and volunteers or otherwise while in, upon, or about the premises of the City of Orinda, or site utilized by the City of Orinda, and/or while using the premises, facilities, and/or equipment thereon.

THE UNDERSIGNED, as a participant or legal guardian representing a minor participant, agrees to INDEMNIFY AND HOLD HARMLESS the City of Orinda, its directors, officers, employees, agents, independent contractors, and volunteers from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorneys fees, brought as a result of the undersigned's or their minor's involvement in activities while in, upon, or about the premises of the City of Orinda, or a site utilized by the City of Orinda, and/or while using the premises, facilities, and/or equipment thereon, and to reimburse the City of Orinda for any such expenses.

THE UNDERSIGNED HEREBY PERMITS the taking of photographs or videos of themselves or their minor to be used at the City's discretion and understand they may be used for marketing purposes.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement has been made. The undersigned hereby acknowledges fully understanding the terms of this agreement and acknowledges that by signing this agreement the undersigned completely and unconditionally releases the City of Orinda, its directors, officers, employees, agents, independent contractors, and volunteers from any and all liability to the greatest extent allowed by the law.



Parent/Legal Guardian Signature \_\_\_\_\_ Name (please print) \_\_\_\_\_ Date \_\_\_\_\_

### PAYMENT

Payment method:  VISA  MASTERCARD  CHECK payable to The City of Orinda

Cardholder's Signature \_\_\_\_\_ Cardholder's Name (please print) \_\_\_\_\_

Credit Card # \_\_\_\_\_ Security Code # \_\_\_\_\_ Expiration Date \_\_\_\_\_



# Additional Registration Week Blocks

This form has been created for those that are registering their children for multiple camps throughout the summer. Please use this form in addition to the original Summer Camp Registration Form and staple them together.

Week #	Child's First Name			
Camp Name		Barcode	Camp \$	Materials \$
AM				
PM				
Extended Care AM (7:30 am-9:00 am)				
Lunch Bunch (12:00 pm-1:00 pm)			Free	
Extended Care PM (4:00 pm-6:00 pm)				
<b>Total:</b>				

Week #	Child's First Name			
Camp Name		Barcode	Camp \$	Materials \$
AM				
PM				
Extended Care AM (7:30 am-9:00 am)				
Lunch Bunch (12:00 pm-1:00 pm)			Free	
Extended Care PM (4:00 pm-6:00 pm)				
<b>Total:</b>				

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Extended Care AM (7:30 am-9:00 am)				
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<b>Total:</b>				

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Extended Care PM (4:00 pm-6:00 pm)				
<b>Total:</b>				

**TOTAL REGISTRATION FEES:**  
 (fees for camps, extended care & materials)  
 Please do not worry about applying the 10% off; the front desk will apply it towards your camp fees(s) during the registration process. \*Please note, the 10% off is not applied towards the materials fee.