Adventure Camp

Summer Schedule Agreement 2014

Child's Name _____ DOB: _____ ☐ M ☐ F

Parent/Guardian _____ Phone _____

Parent/Guardian email _____ School Year 2014/2015 Grade _____

Adventure Camp Site _____

Staff Use Only

☐ Schedule Change ☐ Added Care Only ☐ Withdrawal Effective Date: _____

☐ MCD ☐ PCOE Approved by: _____

Schedule care by placing an "x" on the desired dates to attend:

JUNE

Mon	Tues	Wed	Thu	Fri
2	3	4	5	6
9 ★	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30	★ = Summer Starts			

JULY

Mon	Tues	Wed	Thu	Fri
	1	2	3	4 CLOSED
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30	31	

AUGUST

Mon	Tues	Wed	Thu	Fri
				1
4	5	6	7	8
11	12	13	14	15
18	19	20 CLOSED (RCSD)	21 1ST Day of School	22
25	26	*All Adventure Camps will close the day before the start of the 14/15 school year.*		

Permission to Participate

In consideration of the permission by the City of Roseville (CITY) to accept the above named participant(s) in the activity(ies) listed above given, taught or sponsored by the CITY, the undersigned hereby releases the CITY from, and waives and relinquishes any claim, liability, cause of action, damages, or costs for personal injury or property damage arising as a result of participation in or receiving instructions from the CITY regarding said activity, excepting for such personal injury or property damage as may arise directly out of the active negligence of the CITY, its officers, agents or employees. The undersigned acknowledges that he/she has been fully advised of the risks and potential dangers incidental to engaging in the activity for which this registration is submitted, and voluntarily and knowingly assumes the risks of engaging in the activity. I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the Adventure Camp. I hereby grant permission for my child to leave the premises under the supervision of a staff member for neighborhood walks or for field trips in an authorized vehicle. I hereby grant permission for my child to be included in evaluations and pictures and publicity connected with the program. I understand that monthly fees will be based on the number of days and type of care scheduled on this agreement. I agree to pay all fees related to this agreement until a new agreement is executed or this agreement is cancelled. I understand that if I change from full-time care to part-time care, it may cause my space to be replaced by a full time enrollee. I understand that the City of Roseville Adventure Camp Program will evaluate fees on an annual basis and that a 30 day written notice will be given to me should a change in fees occur.

NOTE: BY SIGNING THIS AGREEMENT, YOU ARE AGREEING TO RELIEVE THE CITY OF LIABILITY FOR PERSONAL INJURY, WRONGFUL DEATH OR PROPERTY DAMAGE EXCEPT AS MAY BE CAUSED BY THE ACTIVE NEGLIGENCE OF THE CITY.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

CITY OF ROSEVILLE CALIFORNIA

(REV 2/14)