



Adventure Camp

Dry Creek Summer Schedule Agreement 2017

Child's Name _____ DOB _____ M F

Parent/Guardian _____ Phone _____

Parent/Guardian e-mail _____ School Year 2017/2018 Grade _____

Adventure Camp Site _____

Staff Use Only

Schedule Change Added Care Only Withdrawal Effective Date _____

MCD PCOE/CH ACT CDE Approved by _____

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

JUNE

Mon	Tues	Wed	Thu	Fri
5	6	7	8	9 CLOSED
12 ★	13	14	15	16
19	20	21	22	23
26	27	28	29	30

JULY

Mon	Tues	Wed	Thu	Fri
3	4 CLOSED	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28
31				

AUGUST

Mon	Tues	Wed	Thu	Fri
	1	2	3	4
7	8 CLOSED	9 1 st Day of School	10	11
14	15	16	17	18

All Adventure Camps will close the day before the start of the 17/18 school year.

★ = Summer Starts

Permission to Participate

In consideration of the permission by the City of Roseville (CITY) to accept the named participant(s) in the activity(ies) 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 Club and Preschool. 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 the City of Roseville Adventure Club 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 _____

