

Summer Day Camp 2026

REGISTRATION FORM *(Please complete one per camper)*

Camper's Name: _____ Gender: ____ Date of Birth: _____ Age: _____
Parent Name(s): _____
Parent Name(s): _____ Cell Ph (a): _____ Cell Ph (b): _____
Home Ph: _____ Work Ph: _____ City: _____ State: _____ Zip: _____
Address: _____ Camper's School: _____
Parent(s) Email: _____ Parent(s) Email: _____

How did you originally hear about Day Camp? Camp Guide/Mailing From a Friend Peachjar Internet
 TV Radio Other: _____

I would like to opt my child out of IMPACT!

PAYMENT/CANCELLATION INFORMATION

Reserving Weeks of Camp: A \$15 non-refundable deposit reserves a full-week of camp. Space is limited; registrations will be accepted on a first-come, first-served basis. Deposits may not be transferred to future sessions. **No refunds are given unless the program is cancelled by the SD Youth Camp.** Cancellation credits will be issued and distributed by same as payment or directly to the participant. Cancellation at least 2 Days prior to the start of the camp session: full credit minus the \$15 non-refundable deposit fee(s). Cancellation less than 2 Days prior to the start of the camp session: No credit will be issued. By signing below, I affirm that I understand the previously listed payment/cancellation policies.

ACKNOWLEDGEMENT OF DAY CAMP BEHAVIORAL POLICIES/PHOTO RELEASE

Camper safety is our top priority. Campers are expected to follow all camp rules by keeping hands and feet to themselves, listening to all instructions and staying with the group. I understand that if my child does not adhere to these expectations disciplinary consequences will occur. Repeat or more serious acts such as fighting, theft, and possession of weapons will result in immediate suspension or expulsion, necessitating removal from camp. An authorized is responsible for picking him/ her up immediately.

Signature: _____ Date: _____

SD Youth Camp, 5155 Greenbrier Ave, San Diego, CA 92120, (619) 274-4530

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ASSUMPTION OF RISK & LIABILITY WAIVER AND HEALTH HISTORY FORM (COMPLETE ONE PER CHILD)

(Name of Camper: Please Print Clearly)

HEALTH HISTORY

The information provided below will assist our staff in providing the best care for your child. Check if applicable or allergic:

- | | | |
|--|--|--|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Asthma | <input type="checkbox"/> Carries Epi-Pen |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Carries Inhaler | <input type="checkbox"/> Behavioral Challenges |
| <input type="checkbox"/> Insect Stings | <input type="checkbox"/> Penicillin | |

ARE YOUR CHILD'S IMMUNIZATIONS UP TO DATE?

State of California School Immunization Law requires enforcement of immunization requirements

- YES NO

Required: Date of last tetanus shot: _____

Signature required for those who do not immunize due to personal beliefs:

Signature: _____ Date: _____

Dietary Restrictions: _____

Operations / Serious Injuries / Diseases / Restrictions on Physical Activity: _____

Name & purpose of any medication (Complete "Med. Info. Form" for meds administered at camp):

Please list anything else that may affect your child's experience at camp, (i.e. moving to a new home, death in the family, etc...): _____

EMERGENCY CONTACT & PICK-UP AUTHORIZATION

We require at least three emergency contacts/adults authorized for pick-up other than the parents listed on page 1.

People **AUTHORIZED** to pick-up my camper:

Name: _____

Relationship: _____ Phone: (____) _____

Name: _____

Relationship: _____ Phone: (____) _____

Name: _____

Relationship: _____ Phone: (____) _____

Information Required by State Law

Health Insurance: Yes No

Company: _____

Policy Number: _____

Family Doctor: _____

Doctor's Phone: (____) _____

Parent/Legal Guardian is required to sign authorization and waiver below to acknowledge understanding and agreement of the content.

In a condition of the participation of my child in The SD Youth Camp Day Camp program at the Allied Garden Community Center, I agree, on behalf of myself and my child, to make no claims or file any lawsuits against The SD Youth Camp or any of its agents or employees or volunteers for any loss or damage to my child's personal property or for any injury to my child. To the maximum extent permitted by law, this liability waiver will apply regardless of whether the injury or damage was caused by the negligent act or omission of The SD Youth Camp or anyone acting on its behalf. I further agree to defend, indemnify and hold harmless The SD Youth Camp its agents, employees and volunteers against liability for any claims, lawsuit, losses, damages or expenses arising out of any personal injury or property damage caused by my child in connection with his participation in Day Camp.

I HAVE CAREFULLY READ THIS LIABILITY WAIVER AND FULLY UNDERSTAND AND AGREE TO ITS CONTENTS. I AM AWARE THAT BY SIGNING THIS DOCUMENT, I AM GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE SD Youth Camp.

Parent or Legal Guardian's Name (printed): _____

Signature _____

Date: _____