



Parks Recreation & Waterfront  
 Recreation Division  
 2701 Telegraph Ave.  
 Berkeley, CA 94705  
 Tel: (510) 981-5140 | Fax: (510) 981-5160  
 www.cityofberkeley.info/camps

# BERKELEY DAY CAMP Counselors-In-Training

## Registration Form 2017 Ages 14-15

PLEASE PRINT CLEARLY

### YOUTH PARTICIPANT INFORMATION (Please complete one form for each participant)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Gender:  Male  Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Grade Completed by Summer 2015: \_\_\_\_\_

### MAIN ACCOUNT CONTACT (PARENT/GUARDIAN)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home # ( ) \_\_\_\_\_ Cell # ( ) \_\_\_\_\_ Other # ( ) \_\_\_\_\_  
 Email Address: \_\_\_\_\_

### EMERGENCY CONTACT TELEPHONE LIST (OTHER THAN MAIN ACCOUNT CONTACT)

Please provide a list, in order of importance that may be contacted during program hours 7:30am-6pm.

Name	Relationship	Phone #(cell)
<i>Example: Mary Smith</i>	<i>Friend</i>	<i>(510) 111-2222</i>
1.		
2.		
3.		
4.		

### PICK-UP LIST

I authorize the following individuals to "pick-up" my child from the COB Recreation Programs. Please include names of Parents/Guardians.

1.	3.
2.	4.

\*Additions will be accepted in writing (note with expressed permission dated and signed) and given to a Camp Staff Member.

- Does your child have any **physical/cognitive disabilities**? If so, please list.  YES  NO
- Does your child have any **allergies or dietary issues**? If so, please list.  YES  NO
- Does your child have permission to walk to/from home or recreation facilities?  YES  NO
- Does your child have permission to canoe? (life jackets provided by the City)  YES  NO

**T-SHIRT SIZE:**

- Adult S  
 Adult M  
 Adult L

**DAY CAMP CIT PROGRAM FEES AND TIMES**

<b>Days</b>	<b>Times</b>	<b>Fees (res/non-res)</b>
Monday – Friday	9am–3:30pm	\$194/\$232 per session
		\$97/\$116 (Session 5)

**NO EXTENDED CARE AVAILABLE FOR DAY CAMP CIT PROGRAM****BUS TRANSPORTATION: Supervised Round-Trip transportation is included in program fees.****DROP-OFF:** Choose a location to drop-off your child in the morning (REQUIRED). Parents must be at the Bus-Stop at 9:00 AM to sign-in children.*Note: Selections are for the entire 2017 season. Due to safety concerns, NO CHANGES will be allowed unless made 14 days prior in writing. All registration adjustments, including Bus Stop changes, must be made with City of Berkeley Recreation Office staff.*

- Cedar Rose Park, on Cedar St. between Juanita Way & Chestnut  
 Washington Elementary, on Bancroft & McKinley  
 Willard, Corner of Hillegass & Derby

**PICK-UP:** Choose a location to pick-up your child in the afternoon (REQUIRED). Parents must arrive between 3:15-3:30 PM to pick up children.

- Cedar Rose Park, on Cedar St. between Juanita Way & Chestnut  
 Washington Elementary, on Bancroft & McKinley  
 Willard, Corner of Hillegass & Derby

**DAY CAMP COUNSELORS-IN-TRAINING (CIT) FEES**

Sessions	Dates	Themes	Camp Fee	Total Weekly Fee
<input type="checkbox"/> Session 1	June 19-30	Animation Domination/ Science Fair	\$	\$
<input type="checkbox"/> Session 2	July 3-14 *	Angel Island/ Sumer Halloween	\$	\$
<input type="checkbox"/> Session 3	July 17-28	Mission Impossible/ BDC'S Got Talent	\$	\$
<input type="checkbox"/> Session 4	July 31- August 11	TBA / Best Of BDC	\$	\$
<input type="checkbox"/> Session 5	August 14-18 **	Rainbow Olympics	\$	\$

\* No camp July 4<sup>th</sup> Busses will leave at 8:30 AM July 7<sup>th</sup>

\*\* You must enroll in one of the previous 2-week sessions to register for Session

**TOTAL FEES**

\$

**City of Berkeley Registration Policy**

**Changing / Cancelling Reservations:** All changes or cancellations must be made in writing by the parent / guardian of the registered applicant no less than 30 calendar days prior to the start of the session affected by the change or cancellation. Requests can be submitted by email, postal mail or hand delivered. No changes or cancellations will be taken over the phone. Please include name on the registration form, current mailing address and phone number. For changes resulting in the cancellation of any portion of the reservation, a 25% administrative fee will be charged. All fees will be forfeited for changes or cancellations made less than 30 days prior to the start of the session.

**All refund, change, and cancellation requests must be made in writing and sent to the City Of Berkeley Recreation Office, 2701 Telegraph Ave, Berkeley CA 94705.**

**Consent and Release from Liability:** In consideration of permission to participate in Camp Programs, I for myself, heirs, successors, and assigns, agree to release, defend, indemnify and hold harmless the City, its officers, agent, volunteer and employees from and against any claims, demands, liability, damages, lawsuits or other actions, including but not limited to, personal injury or death or property damage arising out of or in any way connected with my participation or the participation of my child/ward in Recreation Programs. I give my consent to allow the City of Berkeley to use any photographed images of my child in promotional materials and/or its website.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

FOR OFFICE USE ONLY

Cash Credit Card Processed Check # \_\_\_\_\_ Receipt # \_\_\_\_\_ Processed By \_\_\_\_\_ Date \_\_\_\_\_