



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

Since 1922, Berkeley Echo Lake Camp has been operated by the City of Berkeley under a Special Use Permit through the USDA Forest Service.



## 2019 REGISTRATION FORM ECHO LAKE YOUTH CAMP (AGES 7-14)

PLEASE PRINT CLEARLY

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Gender:  Male  Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Grade Completed by Summer 2017: \_\_\_\_

### 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.

1. Does your child have any *physical/cognitive disabilities*? If so, please list.  YES  NO

2. Does your child have any *allergies or dietary issues*? If so, please list.  YES  NO

3. Does your child have permission to walk to/from home or recreation facilities?  YES  NO

4. Does your child have permission to canoe while at camp?  YES  NO

### CABIN MATE REQUESTS Campers must be attending the same session. NOTE: We place campers in cabins based on gender and age. Although we will always do our best, we may not be able to accommodate every request.

Friend's Name (first/last): \_\_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_\_\_

Friend's Name (first/last): \_\_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_\_\_

## BUS TRANSPORTATION

Supervised Round-Trip transportation to and from camp is included in program fees. Bus Stop Location is tentative. Final location will be communicated well in advance of camp dates. Bus Pickup will be scheduled for 8:00 AM on Monday at designated location in Berkeley, CA. The bus will return to the same location by 5:00 PM Friday.

- Yes, my child will ride to camp on the provided Charter Bus.
- No, my child will NOT be riding the bus. They will arrive at camp by other means\*.

\*Please contact the City of Berkeley Camps Office to finalize camp drop off times and end of session travel arrangements. Campers may not be dropped off at camp earlier than 12:30 PM on the first day of their session.

## ECHO LAKE YOUTH CAMP DATES AND FEES

Sessions	Dates	Fees:	Session Fee
		Resident / Non-resident	
<input type="checkbox"/> Session 1	Jul 29 - Aug 2	\$525 / \$577	\$
<input type="checkbox"/> Session 2	Aug 5 - Aug 9	\$525 / \$577	\$
<input type="checkbox"/> Session 3	Aug 12 - Aug 16	\$525 / \$577	\$
<input type="checkbox"/> Session 4	Aug 19 - Aug 23	\$525 / \$577	\$
<b>TOTAL FEES</b>			<b>\$</b>

## 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 Avenue, 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 \_\_\_\_\_