Adobe Camp Program

RANCHO BUENA VISTA ADOBE
Entrance: 640 Alta Vista Drive
Mailing address: 200 Civic Center Dr. • Vista, California 92084
Adobe Direct Line: (760) 643-5274 • Registration Phone: (760) 643-5275 • Fax: (760) 643-2897

Child's Name _____ Male // Female

Birth Date (MM/DD/YYYY)_____ Age _____

Address _____

City _____Zip _____Home phone _____

Email Address: _____
If you do not wish to receive email updates, please DO NOT give your email address.

School _____ Grade Level (Fall 2016) _____

~ IDENTIFICATION WILL BE REQUIRED TO PICK-UP CHILDREN AT ALL TIMES ~

Parent/Guardian _____

Day phone _____

Parent/Guardian _____

Day phone _____

Place Photo Here (optional)

• ALTERNATE CONTACT INFORMATION (every effort will be made to contact parents first in the event of an emergency)

Name _____ Phone _____ ❑ Emergency Contact ❑ Alternate Ride

Name _____ Phone _____ ❑ Emergency Contact ❑ Alternate Ride

Name _____ Phone _____ ❑ Emergency Contact ❑ Alternate Ride

• HEALTH & SAFETY INFORMATION

❑ Medical Conditions/Special Needs: _____

❑ Takes Medication: ❑ Home only ❑ at Camp* List medications: _____
**Medication Release Form is required to administer medicine. Children may not medicate themselves.*

❑ Allergies: _____

❑ Custody Agreement (If yes, a copy of the agreement must be kept on file with the Adobe Camp Program Office.)

• PROGRAM WAIVER & CONSENT TO TREAT MINOR
This waiver shall be considered in its entirety and may not be modified, altered, or changed in any form without the express written consent of the City of Vista. Attendance and participation in the Day Camp Program is contingent upon agreement to all of the conditions set forthwith.

I agree to comply with all the rules and regulations of the City of Vista, Parks & Community Services Department regarding all program fees, enrollment guidelines, schedule of events, and other policies specified by the Adobe Camp Program. I understand and agree that the City of Vista, a chartered municipal corporation will not assume responsibility for a child who has not been signed in when he/she arrives for the day or signed out when he/she leaves for the day. I permit the City of Vista to use and publish photographs and/or videotapes of me and/or my children for purposes of promoting recreation activities to the community.
In the event of sudden illness, accident or injury which may occur while said minor is engaged in an activity supervised by City of Vista employees, when neither of the parents or guardians can be contacted, I hereby give my consent for emergency medical treatment as shall be necessary under the circumstances by any physician licensed under the laws of the State of California. I further understand that I shall be solely responsible for all costs associated with the emergency medical treatment provided.

I have read and understand the above program waiver and consent to treat minor.

Print Name _____

Parent/Guardian Signature _____ Date _____

Please also complete reverse side

Adobe Camp Program

RANCHO BUENA VISTA ADOBE
Entrance: 640 Alta Vista Drive
Mailing address: 200 Civic Center Dr. • Vista, California 92084
Adobe Direct Line: (760) 643-5274 • Registration Phone: (760) 643-5275 • Fax: (760) 643-2897

CITY OF VISTA

RECRATIONAL PARTICIPANT EXPRESS ASSUMPTION OF THE RISK,

RELEASE, WAIVER AND INDEMNITY AGREEMENT

PROGRAM: Adobe Summer Camp

No PARTICIPANT may participate with the Program unless and until this form is initialed &

signed by the PARTICIPANT (or the PARTICPANT's parent/legal guardian if applicable)

EXPRESS ASSUMPTION OF THE RISK

Recreational sports and activities *INVOLVE INHERENT RISKS OF INJURY, DEATH OR PROPERTY DAMAGE* that no amount of care, caution, instruction, or expertise can eliminate. Participation in recreational sports and activities *ALSO EXPOSES ONE TO ADDITIONAL RISKS*, whether inherent or not, caused by things such as conditions of property, equipment provided or conduct of others, including other participants, spectators, or employees/agents/independent contractors of the City of Vista. These risks can be encountered whether or not actually participating in the recreational sport or activity.
PARTICIPANT FREELY ASSUMES ALL RISKS WHETHER OR NOT SPECIFICALLY DELINEATED. _____

RELEASE AD WAIVER OF LIABILITY

In consideration for permission to participate in the program, the undersigned agrees to *FOREVER RELEASE, DISCHARGE, AND WAIVE ANY AND ALL LIABILITY CLAIMS OR DEMANDS AGAINST THE CITY OF VISTA* or their employees/agents/independent contractors/volunteers ("Releasees") that the *UNDERSIGNED, HIS OR HER PERSONAL REPRESENTATIVE(S), SUCCESSOR(S) IN INTEREST, ASSIGN(S), HEIR(S), OR DEPENDENT(S)* has or might have against Releasees, whether or not caused by the negligence of Releaseas or any other person or entity, arising out of participation in the program. _____

INDEMNITY

In consideration for permission to participate in the program, the *UNDERSIGNED, HIS OR HER PERSONAL REPRESENTATIVE(S), SUCCESSOR(S) IN INTEREST, ASSIGN(S), HEIR(S), or DEPENDANT(S) AGREE TO INDEMNIFY, HOLD HARMLESS AND DEFEND* Releasees from any legal obligation or liability, whether or not caused by the negligence of Releasees or any other person or entity, arising out of participation in the program. The duty to defend exists independently of any duty to indemnify. _____

ACKNOWLEDGEMENT

("AGREEMENT"), the undersigned acknowledge(s) that: (1) participation in recreational sports and activities is voluntary and does not involve public interests; (2) that the *AGREEMENT* has been read and understood; and (3) that the *AGREEMENT is a contract that EXTINGUISHES CERTAIN LEGAL RIGHTS AND IMPOSES*

OTHER LEGAL OBLIGATIONS. Failure to initial where indicated above does not invalidate the *AGREEMENT*. Additionally, if the Participant is a minor his or her custodial parent or legal guardian must read and execute this *AGREEMENT* and by signing agrees to be bound by the *AGREEMENT* and agrees to bind the minor to the *AGREEMENT*.

PLEASE INITIAL THE HIGHLIGHTED BOXES!

Participant's Name (Print):_____Date of Birth: _____

Parent/Legal Guardian Name (Print): _____Relation _____

Signature of Parent/Legal Guardian:_____Date: _____

(Please Print Clearly)

OFFICE USE ONLY:
- ❑ Database – date: _____

Registration Form 2016