“Summer Day Camp”

Open to Children Ages 5* - 12

Located at
Oxnard Performing Arts Center (Youth Center)
800 Hobson Way, Oxnard

JUNE 19, 2017 - AUGUST 11, 2017
7 AM - 6 PM

Activities Include
- Beach Trips - Swimming Pool - Magic Show -
- Magic Mountain - Lake Casitas Water Park -
  - Skating Plus - Sky High Sports -
  - Santa Barbara Zoo -
  - and much much more! -

$100 per week plus a one-time $25 registration fee.
(Includes camp t-shirt)

Register Online at www.oxnard.org/recreation
or visit Recreation and Community Services at
305 W Third St, West Wing, Oxnard
(805) 385-7995

*Participants must have completed kindergarten
Recreation & Community Services
“Camp Serendipity”
Summer Day Camp 2017

Camp Phone & Address
Performing Arts Center (Youth Center)
800 Hobson Way
(805) 385-8168 (Camp Site)
(805) 890-6321 (Camp Site Cell)
(805) 947-9085 (Camp Director)

June 19 – August 11

Hours of Operation:
7:00am-6:00pm

Age Limits:
5-12 years old. (5 yr. Olds that have completed kindergarten)

Fees & Registration:
Registration will begin May 1, 2017. Registration will only be accepted at the Recreation Office located at 305 West 3rd First Floor West Wing First Floor or online at oxnard.org/Recreation. No Registration will be done at Camp Site. The cost is $100 per week plus a one time registration fee (which includes a Camp Serendipity shirt) of $25 and is due prior to attending camp. The number of campers is limited to 60 a week; your payment of fees (weekly and the $25 registration fee) is the only way to reserve a spot. If you wish for your child/children to attend camp all 8 weeks please make sure you register and pay in advance. There will not be any exceptions! Neither daily registration nor sibling discounts are available.

Sign In & Out:
Parents, guardians, or an individual placed on the release form must sign each camper in and out each day at the camp office. Please do not drop your child off outside the building or wait for them outside. You must come into the summer camp to pick up the camper and sign him/her out. This is for the safety of your child. There will be a $1 late pick up fee for every minute past 6:00pm. That your child has not been picked up from camp. **If there are any custody issues, the camp staff must have a copy of papers filed with the court.**

Lunch & Snacks:
Children should bring a nutritious morning snack, afternoon snack and lunch daily. Please include a healthy beverage (please no candy, soda or glass bottles).

Medications:
We will not give any medications to campers. If you have special circumstances concerning your child’s health and medication(s) please contact Olga Fernandez at 385-8247.

Camp Attire:
Each camper will be issued one (1) camp shirt for the summer. They must wear the camp shirt at all field trips. If you would like to purchase additional shirts for your child they are for sale at camp of your child. There will be a $1 late pick up fee for every minute past 6:00pm that your child has not been picked up from camp for $10 each. Also, for safety reasons, your child may NOT wear sandals, flip-flops, open-toe, or open/sling-back shoes during camp. Each child must wear socks and tennis shoes daily for all activities.

Field Trips:
We will be taking field trips. Destination, departure, anticipated return times and emergency staff contact information will be provided to all parents / guardians prior to departure. Should your child not be able to participate in the excursion, the parent must pick up the child prior to the camp departing. If you choose to send money with your child and ask the staff to hold it they will not be responsible in making any spending decisions or for lost money. A good rule of thumb is to only give your child what you expect them to spend. **If your child is required to use a car seat when transported, you must notify the staff and provide one for the staff to use.**

Discipline:
All campers will be expected to obey all camp rules. Those disobeying camp rules will receive appropriate consequences. Repeated or serious violations of camp rules will result in loss of swimming, field trip privileges and/or removal from camp. If a camper is removed from camp, the parents will be called to pick up their child immediately and will not be allowed to participate in any future camp sessions.

Electronic Devices/Personal:
We do not allow campers to bring cell phones, PSP’s, Nintendo DS, MP3 players or any other electronic games, music or valuable items to camp. There is the possibility of the item being lost, stolen or broken and the City of Oxnard does not assume liability for such losses.

Refunds:
**You must notify the Camp Director prior to the first day of each session in order to receive a refund. Lack of attendance will not constitute a refund. No refunds are issued once each camp session has begun. All refunds are subject to 20% service charge.**

Emergencies:
In case you cannot reach the camp by phone or camp director, please contact the main Recreation Office at 385-7995 or Olga Fernandez at 385-8247. If you have any questions regarding camp rules and/or procedures, please do not hesitate to contact the Olga Fernandez at 385-8247.
Minor Release Form and Consent to Treatment
(Please Print)

CHILD’S NAME: __________________________ (First) __________________________ (Last)
AGE: _______ D.O.B. _______

NAME OF PARENT/GUARDIAN: _____________________________________________________

ADDRESS: ________________________________________________________________

HOME PHONE: __________________________ BUSINESS PHONE: _________________________
CELL PHONE: ____________________________ E-MAIL: __________________________________

ACTIVITY: Camp Serendipity Summer Day Camp Program (Including all related activities, events and field trips).


I, the undersigned, hereby give permission for the above named minor in my custody to participate in the above described activity (“the activity”) and hereby waive, release and discharge any and all claims or rights to claims for damages for death, personal injury or property damage, which I may have or hereafter accrue to me, as a result of said minor’s participation in said activity. This release is intended to discharge in advance the promoters, sponsors, the officials, and any involved municipalities or other public entities and their respective agents and employees, from and against any and all liability arising out of or connected in any way with said minors participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.

I further understand that serious accidents occasionally happen during the said activity and that participants in such activity occasionally sustain mortal or serious personal injuries and/or property damage as a result thereof. Knowing the risks of said activity, nevertheless, on behalf of said minor child, I hereby agree to assume those risks and to release and hold harmless all of the persons and entities mentioned above who, through negligence or carelessness might, otherwise be liable to me, or my heirs or assigns for damages.

It is further understood and agreed that this waiver, release and assumption of risk to be binding on my heirs and assignees.

I also agree that photographs, pictures, slides, movies, & videos of the minor may be taken in connection with the minor’s participation in this activity or event without compensation from the City of Oxnard, California, permittee/sponsor and consent to the use of these photographs, pictures, slides, movies, & videos for any legal purpose.

I agree to accept and abide by the rules and regulations of the City of Oxnard Recreation and Community Services Department.

_____________________________ ________________________________
DATE SIGNATURE OF PARENT OR GUARDIAN

CONSENT TO TREATMENT OF MINOR

In the event of sudden illness, accident or injury which may occur while said minor is engaged in activity supervised by the City of Oxnard Recreation and Community Services Department and their representatives, agents or assignees, when neither the parents, guardian or designated family physician can be contacted, I hereby give my consent pursuant to California Civil Code Number 25.8 for emergency treatment as shall be necessary under the circumstances by any physician licensed under the laws of the State of California

_____________________________ ________________________________
DATE SIGNATURE OF PARENT OR GUARDIAN

Family Physician: ______________________________________________________________
Telephone: ___________________________________________________________________

Insurance Co.: __________________________ Type of Coverage: ______________________

Pertinent Medical History Information (EPILEPSY, DIABETES, ALLERGIES, ETC.)

____________________________________________________

EMERGENCY NUMBERS: NAME: __________________________ PHONE: __________________
(Other than parents) NAME: __________________________ PHONE: __________________
PARTICIPANT INFORMATION RECORD

NAME ___________________________________ NICKNAME ________________________________________

ADDRESS __________________________________________________________________________________
Street  City  State  Zip

DATE OF BIRTH ______________  AGE ___________  SEX __________

LIST OF PERSONS AUTHORIZED TO PICK UP CHILD:

_________________________________________________________________________________________

_________________________________________________________________________________________

PERSONS SPECIFICALLY NOT AUTHORIZED TO PICK UP CHILD:
(A person that the child might freely go with, but is not permitted to do so)
If there are any custody issues, the camp staff must have a copy of papers filed with the court.

_________________________________________________________________________________________

_________________________________________________________________________________________

IN CASE OF EMERGENCY

MOTHER/GUARDIAN _________________________________________________________________
PHONE ____________________  CELL PHONE ________________________

FATHER/GUARDIAN _________________________________________________________________
PHONE ____________________  CELL PHONE ________________________

EMERGENCY CONTACT _____________________________________________________________
PHONE ____________________  CELL PHONE ________________________

SOCIAL CHARACTERISTICS

UNUSUAL FEARS  _____YES _____NO  ______________________________________________________
EASILY UPSET  _____YES _____NO  ______________________________________________________
PHYSICALLY AGGRESSIVE  _____YES _____NO  ____________________________
(Bad Temper)

SHY / WITHDRAWN  _____YES _____NO  ______________________________________________________
HYPERACTIVE  _____YES _____NO  ______________________________________________________

ANY OTHER INFORMATION YOU WOULD LIKE US TO KNOW ABOUT YOUR CHILD: __________
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<td>Welcome Week</td>
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<td>Show us your talent</td>
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<td>Welcome BBQ &amp; Movie</td>
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<td>Sky Zone</td>
<td>Crazy Hair / Socks &amp; Neon Shirt</td>
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<td>Beach Trip</td>
<td>Red,White &amp; Blue Shirt / Movie Day</td>
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