CITY OF CHULA VISTA

RECREATION DEPARTMENT

The Heart of the Neighborhood

HERITAGE

Heritage Community Day Camp

FALL 2006

Session 1 (September 18 - 22) *no camp March 31	FABULOUS FALL	El Cajon Boardwalk $130 Resident / $163 Nonresident
Session 2 (September 25 - 29)	FALL ADVENTURE	Knott's Berry Farm $130 Resident / $163 Nonresident
Session 3 (October 2 - 6)	FANATIC FOR FALL	San Diego Zoo $130 Resident / $163 Nonresident

Morning extended care is available from 7:30 - 8:30 am for an additional $10 a week.

HERITAGE COMMUNITY CENTER

1381 East Palomar, Chula Vista • (619) 421 - 7032

Ages 6 - 12 • Camp hours: 8:30 - 4:30 pm

Field trips, arts & crafts, games, movies, guest speakers, & special events will be offered to those participating in this exciting program.

Please bring a sack lunch every day. Snacks will be provided.

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Please bring signed registration form to: | **Heritage Community Center**
1381 East Palomar, Chula Vista, CA 91913

REGISTRATION FORM

CAMP SESSION: (Circle camps you wish to enroll in) 1 (Sept. 18-22) | 2 (Sept. 25-29) | 3 (Oct. 2-6) |

Participant: _____ Age: _____ Birth Date: _____

Parent/Guardian: _____ Phone: ( )

Work Phone ( ) _____ Cell / Pager ( ) _____

Address: _____ City: _____ Zip: _____

Person authorized for pickup: _____ Password: _____

Emergency Contact: _____ Day Phone: _____

ACCIDENT WAIVER & RELEASE OF LIABILITY

I _____ (REGISTRANT), and I _____ *(parent/guardian), hereby assume all risks of REGISTRANT's involvement in this activity. I certify that REGISTRANT is physically fit, and has not been advised otherwise by a qualified medical person. I acknowledge that this AWRL form will be used by The City of Chula Vista and the activity organizers, in which REGISTRANT may participate and that it will govern REGISTRANT's actions and responsibilities at said activity. In consideration of REGISTRANT being permitted to participate in this activity, and on behalf of myself, my executors, administrators, heirs, successors and assigns, I hereby (A) WAIVE, RELEASE AND DISCHARGE FROM LIABILITY The City of Chula Vista and its directors, officers, employees, volunteers, representatives and agents, for the death, injury or property loss or damage of REGISTRANT or actions of any kind which may accrue to me as a result of REGISTRANT's participation in this activity; and (B) agree to INDEMNIFY AND HOLD HARMLESS the above-mentioned entities or persons from any and all liabilities or claims made by other individuals or entities as a result of any of REGISTRANT's actions during this activity except for those claims arising from the sole negligent or willful conduct of The City of Chula Vista or its agents. I hereby consent to the administering of medical treatment to REGISTRANT if deemed advisable in the event of injury, accident and/or illness during this activity. I understand that at this activity or related activities, REGISTRANT may be photographed. I agree to allow REGISTRANT's photo, video or film likeness to be used for any legitimate purpose by the City. This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I hereby certify that I have read this document and understand its content. I further certify that I am the parent or guardian of the above-named participant and that I will hold each of the above-named individuals and entities harmless and indemnify each in the event of any loss whatsoever due to a defect in my legal capacity.

REGISTRANT's Parent or Guardian's Signature: _____ Date: _____
*If the participant is under 18 years of age or legally incapacitated, the parent or guardian must also sign.

WE ENRICH OUR COMMUNITY THROUGH RECREATIONAL OPPORTUNITIES AND SERVICES.

Persons with special needs or accommodations are encouraged to participate in all programs. For assistance, please contact Carmel Wilson at (619) 409-5800 two weeks in advance of the program.

The Chula Vista Elementary School District neither sponsors nor endorses this information, activity, or organization. Distribution of this material is provided by the District as a community service. Any questions or comments should be directed to the sponsoring agency.

OFFICE USE ONLY:

Amount enclosed: $ Check #: Bank #: Receipt #: