



2010 Registration Form and Waiver

More Fun = More Savings!
40 days at \$40 per day
20 days at \$45 per day

Adventure Camp Hours 8:00 AM – 3:00 PM

Registering for 40 days before June 1st.....\$40.00 per day
 Registering for 20 days before June 1st.....\$45.00 per day
 Registering for <20 days before June 1st. .\$.50.00 per day
 Registering After June 1st.....\$.55.00 per day
 Same Day Registration.....\$60.00 per day

After Care Hours for campers 3:00 – 6:00 PM

Registering Before June 1st.....\$10.00 per day
 Registering After June 1st.....\$12.00 per day
 Same Day Registration.....\$12.00 per day

Please circle all dates your child will attend Camp and highlight days you need After Care:

Example July 19 - July 23 **M** T W TH F

| | | | | | | |
|---------|-------------------|---|---|---|----|---|
| Week 1 | June 14 – June 18 | M | T | W | TH | F |
| Week 2 | June 21 – June 25 | M | T | W | TH | F |
| Week 3 | June 28 – July 2 | M | T | W | TH | F |
| Week 4 | July 6 – July 9 | | T | W | TH | F |
| Week 5 | July 12 – July 16 | M | T | W | TH | F |
| Week 6 | July 19 – July 23 | M | T | W | TH | F |
| Week 7 | July 26 – July 30 | M | T | W | TH | F |
| Week 8 | Aug. 2 – Aug. 6 | M | T | W | TH | F |
| Week 9 | Aug. 9 – Aug. 13 | M | T | W | TH | F |
| Week 10 | Aug. 16 – Aug. 20 | M | T | W | TH | F |
| Week 11 | Aug. 23 – Aug. 27 | M | T | W | TH | F |
| Week 12 | Aug. 30 – Sept. 3 | M | T | W | TH | F |

Total Days of Camp x \$ = \$

Total Days of After Care x \$ = \$

Sub Total = \$

Less Deposit of \$100 or more = \$

Balance Due By June 1st = \$

Payment due in full if registering after June 1st

PLEASE NOTE: All schedule changes must be submitted in writing to camp@rosebowlaquatics.org prior to the end of the day missed to receive a credit. Credits will not be given after that time. This includes switching dates for any reason and sick and make-up dates. Verbal changes of any kind will not be accepted. No changes are allowed or camp credits extended with our More Fun = More Savings promotion.

Prior to June 1st, to reserve a space, a non-refundable deposit of \$100.00 (applied toward tuition) must accompany this completed form.
Your balance is due by June 1st

After June 1st- ALL FEES ARE DUE IN FULL and must accompany this completed form.

Parent Authorization

My child has permission to engage in all camp activities except those noted below. I understand and acknowledge that Anderson Adventure Camp H2O at the Rose Bowl Aquatics Center activities have an increased risk of injury. I agree to assume full responsibility for my child's safety and well being while he/she is participating in Anderson Adventure Camp H2O at the Rose Bowl Aquatics Center. I therefore waive, release, hold harmless and discharge Anderson Adventure Camp H2O and the Rose Bowl Aquatics Center from any and all demands, liability, claims, causes of action for bodily injury, illness or property damage arising out of my child(ren)'s participation in Anderson Adventure Camp H2O at the Rose Bowl Aquatics Center. I understand that under this release I am financially responsible for any medical treatment and/or necessary emergency care for my child(ren) resulting from participation in Camp. Should it be necessary for my child to have medical treatment while participating at Anderson Adventure Camp H2O at the Rose Bowl Aquatics Center, I give my permission to Anderson Adventure Camp H2O at the Rose Bowl Aquatics Center personnel to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis, treatment, hospital care and transportation of my child(ren) to any hospital. I hereby indemnify Anderson Adventure Camp H2O and the Rose Bowl Aquatics Center and any representative thereof from any liability because of the exercise of such consent. I understand that in order for Anderson Adventure Camp H2O at the Rose Bowl Aquatics Center to provide for my child(ren)'s safety it is necessary for me to report any physical, mental, emotional or any other conditions or limitations of my child(ren) to the program. Anderson Adventure Camp H2O at the Rose Bowl Aquatics Center may use pictures of my child(ren) in its promotional material. This agreement is made in good faith and is signed by me freely and voluntarily without undue influence, duress, mistake, mental weakness or incapacity. It is further understood that this is my true intent and is not subject to subsequent oral modifications. This form may be photocopied for use out of Camp. Any dispute shall be submitted to binding arbitration using the rules of Judicial Arbitration Mediation Services in Los Angeles. I waive my right to a jury trial. By signing this agreement I understand that only credits will be given in lieu of refunds for days missed. All schedule changes must be submitted in writing prior to the end of the day missed to receive a credit. Credits will not be given after that time. This includes switching dates for any reason, sick and make-up dates. Verbal changes of any kind will not be accepted. I have read and understand the foregoing statements.

Signature of Parent or Guardian _____ Date _____

My Child should not engage in the following activities:

(Use separate sheet of paper if necessary.)

Make check payable to RBAC and mail to:



360 N Arroyo Blvd
 Pasadena, CA 91103
 (626) 564-0330 ext. 422 (Administration Year Round)
 (626) 524-2496 (Camp Staff During Camp)
 camp@rosebowlaquatics.org
 www.rosebowlaquatics.org



Camper and Emergency Contact Information

In order to be registered for Adventure Camp, it is necessary that this form be filled out.
ONE FORM TO BE COMPLETED PER CAMPER

Is this child a returning camper? YES NO How did you hear about Adventure Camp? _____

[] Male [] Female Grade for next school year _____ Age _____ D.O.B. _____

Camper's Name _____
Last First

Home Address _____
Number, Street City State Zip

School _____

Parent/Guardian _____ Additional Parent/Guardian _____

Home Phone () _____ Home Phone () _____

Work Phone () _____ Work Phone () _____

Cell Phone () _____ Cell Phone () _____

Email _____ Email _____

In case of emergency, you may contact or release my child(ren) to:

Name _____ Relationship _____
Home Phone () _____ Other Phone () _____

Name _____ Relationship _____
Home Phone () _____ Other Phone () _____

Child's Physician _____ Phone () _____

Child's Dentist _____ Phone () _____

Date of last tetanus shot _____

Please list any allergies or intolerance to food, medication, etc (Penicillin, bee stings, peanuts, dairy, etc.)

Special, physical, emotional or mental conditions or limitations

