

Name of Child:		Birth Date:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Home Phone Number:	
Address:			
City:	State	Zip Code:	

School Name:

Name of medical insurance carrier and identification #:

Father's Name:		Occupation:	
Father's Work Phone:		Cell Phone:	Email:
Mother's Name:		Occupation:	
Mother's Work Phone:		Cell Phone:	Email:
Child lives with <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Guardian			

Emergency Contact Name:

Relationship to Child:

Phone:

Family Doctor Name:

Phone:

Any medications to take at the Camp? Specify:

Anticipated Attendance Schedule:

Wks.	Dates	Mo	Tu	We	Th	Fr
1	Jun 14 - Jun 18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Jun 21 - Jun 25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Jun 28 - Jul 02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Jul 05 - Jul 09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Jul 12 - Jul 16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Jul 19 - Jul 23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Jul 26 - Jul 30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Aug 02 - Aug 06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEDICAL PERMIT: As the parent/legal guardian, I hereby give consent to ACF Mardirossian Burbank Youth Center (BYC) to provide all emergency dental or medical care prescribed by duly licensed physician (M.D.) or dentist (D.D.S.) for _____ in case of illness or accident when neither parent can be located.

The medical services are to be performed by State of California licensed medical doctor.

MEDICAL INFORMATION

Is your child...?

- 1. Allergic to medication? Yes No If Yes please specify _____
- 2. Allergic to anything else? Yes No If Yes please specify _____
- 3. Taking any medication? Yes No If Yes please specify _____
- 4. Ill? Yes No If Yes please specify _____

PICK UP: The following person(s) are authorize to pick up my child from Summer Day Camp:

1) Name: _____ Relationship: _____

Telephone #: _____

2) Name: _____ Relationship: _____

Telephone #: _____

SPORTS PLAY: I authorize my child to participate in supervised athletic activities. Yes No

Field Trip: I authorize my child to participate in supervised Educational field trips Yes No

PHOTOGRAPHS & VIDEOS: I authorize the BYC (Camp Aghbalian) to photograph and video tape my child during his/her camp activities and release these photos and videos to the organization’s website, Cable Channels or place the material on social media and YouTube for Summer Day Camp promotion and introduction purposes. Yes No

Billing Information			
First & Last Name on Credit Card:			
Credit Card Billing address:			
Zip Code:			
Phone #:			
E-mail:			
Credit Card Information			
Credit Card # :			
Expiration date:			
3 or 4 digits of CVV Code:		Amount to be Charged:	\$
I Authorize Camp Aghbalian To Charge \$300 + 3% Every Monday For The Duration Of The Summer Camp, Unless Advised Otherwise (there is additional 3% charge for credit card payment).			
Authorized Signature:		Date Signed:	

Checks and Cash: Checks and Cash are also accepted. Camp administration must have your payment every **MONDAY** payable to ACF CHAPTERS WUSA.

Receipts: Receipts from the ACF will be given for every payment made.

Payments: Payments must be collected every **MONDAY** and fees are not credited for camper's absence. In order for safer payment method, we advise that Camp Administration have your credit card on file, in order to charge the fee every Monday.

Signature of Parent or Guardian: _____

Date Signed _____

Day Camp Terms and Conditions

REGISTRATION: Camp registration is considered on an individual child basis only. Each child in the family must have his/her own separate registration form and each form is processed in the order in which it is received together with the appropriate payment or deposit. Incomplete forms will delay registration.

To reserve space: complete and sign one registration form for each child and submit the form along with the first week's payment.

Your child will not be allowed to attend the Day Camp if your fees have not been paid.

HOURS OF OPERATION: Summer Day Camp program hours are 8:00 a.m. to 4:00 p.m.

ACTIVITIES: Athletic and recreational activities are an important part of the day camp program and are included as part of the total camp fee. Any physical activity, of course, has risks, but the BYC (Camp Aghbalian) believes that with proper supervision, the benefits derived far outweigh these risks. If you do not wish your child to participate in any given activity, we need a written statement that you do not want your child to participate in that specific activity.

ACCIDENTS: In the event a child is hurt at the BYC (Camp Aghbalian) and needs emergency treatment, the staff will try to reach the child's parents, the emergency contact, or the family doctor. The BYC (Camp Aghbalian) accident insurance covers, up to our policy limits, any injuries received at camp to the extent that they are not covered by your health and/or accident insurance.

IMPORTANT NOTES: Individually packed breakfast, lunch and snacks will be provided by the BYC (Camp Aghbalian).

Please be sure to indicate if your child is allergic to any foods on the Camp application.

CAMPERS RULES & REGULATIONS

Dear Parents,

When the school year ends, many children of working moms head to day camp each weekday morning. Make sure your child has everything they need each day to make day camp a fun and enjoyable experience. Use the package list below to prepare for daily camp

MUST HAVE DAILY ITEMS

The Right Backpack - The list of things your child needs each day at camp is not long so choosing the right backpack to carry them in is important.

Make sure your child's backpack:

- Is durable - Select one made of sturdy fabric or nylon, make sure all of the zippers work properly.
- Has a compartment large enough - To hold the extra set of clothes.
- Has an outside mesh water bottle pocket. Easy accessibility to water will help your camper stay properly hydrated all day long.

Clothes - Complete extra set of clothing - Shorts, t-shirt, socks, and underwear.

-Extra pair of shoes

Water Bottle - Water is the best drink for your child. Not only is it the best at quenching thirst, it doesn't include the sugar and calories in many other drinks. Freeze two water bottles each night. Put one in the outside pocket of your child's backpack and the other inside the backpack. As the ice melts, your child will have a cold and refreshing drink.

It's the Little Things - Label everything - Use permanent markers to label backpacks, water bottles and label the clothes if necessary.

Blanket, Pillow & Sheet - If your child sleeps at noon, please make sure to bring blanket, pillow and sheet so your child feels comfortable while sleeping. It is your responsibility to take it on Friday to wash and bring it back on Monday.

Food - We are proud of the fresh food we serve each day at camp. Breakfast, Lunch and Snacks will be individually packed.

RULES & REGULATIONS

Use of Electronic Devices - Use of cellular phones, iPads, iPods and other small electronic devices are prohibited during camp hours. Campers can use their cell phones for half an hour after lunch **ONLY**.

Don't Pack Anything of Value - Things do get lost or damaged at the camp and **WE ARE NOT**

RESPONSIBLE for any lost, damaged, stolen valuables such as money, watches, jewelry, cell phones and any electronic devices.

Birthday Celebrations - If you wish to celebrate your Child's birthday at the camp, you are more than welcome to do so. However, **YOU** must provide the cake, birthday table cloth, plates, napkins and forks. Please let us know one day in advance.

Covid 19 Health & Safety Guidelines

To minimize the spread of Covid-19 at the summer camp, the following guidelines must be followed during the time when your child is at the camp.

- Masks are required at the camp and be worn at all times as defined by the CDC.
- Campers need to stay home if they show any symptoms of illness including cough, fever or similar flu-like symptoms.
- Once the camper is signed-in, they will be directed to their group. Parents may not enter the camp building.
- Wellness screening for all camp participants and staff upon arrival to camp.
- Hand sanitizer and frequent hand washing will be part of every day.
- Additional cleaning will take place throughout the camp day.

Guidelines

These guidelines are implemented to ensure the enjoyment and safety of camp participants. It is essential that parents/guardians and campers are aware of these guidelines and that the counselors & instructors implement them to ensure that all disciplinary measures are consistent and fair throughout the camp.

1. Respect your counselors & instructors at all times.
2. Listen carefully when they are giving instructions.
3. Obey all rules your counselors or instructor gives you.
4. Respect all other camp participants at all times.
5. Absolutely no fighting.
6. No arguing, name-calling, or swearing.
7. Participate in each session and help others do the same.
8. Respect the Property and Rules of the Burbank Youth Center.
9. It is prohibited any snap chats or photo posting on social media.
10. Most of all, HAVE FUN!!

Disciplinary Action

First warning is given along with an explanation as to why the behavior is inappropriate. If the behavior continues, it will be followed by the following disciplinary action:

1. If it occurs again, the participant will sit out of an activity for a period of time (i.e. Time Out).
2. If it occurs again they will sit out of a whole activity. The parents will be notified during afternoon pick-up of the inappropriate behavior.

OR

3. The camp director has the right to arrange with the parent for the child to leave the camp for the rest of the day.
4. If it continues, a phone call will be made to the parents to discuss the behavior and their attendance may be suspended for a whole day.
5. If the participant's behavior shows no improvement, ultimately he/she may be asked to withdraw from the camp.

*****For physical fighting*****

One warning will be given on the first day of camp when we are explaining the rules of the camp. Any physical fighting may warrant an instant dismissal from the camp.

RELEASE, WAIVER, AND ASSUMPTION OF RISK

I, the undersigned am fully aware and understand there are potential risks involved with the activities of any facility. Specific dangers include, but are not limited to, slip & falls, tripping, equipment failure or accidents, failure of any fixture, structure or structural member, burns, cuts, abrasions, severe injury, death or damage to personal property and Covid 19 related issues.

I acknowledge that I am voluntarily signing up my child at this facility for participating in the activities conducted therein. I hereby agree to assume all risk of injury, damage to persons and property, and/or death, as well as all issues related Covid 19 , and agree to indemnify, defend and hold harmless the ACF Burbank Youth Center (BYC), Armenian Cultural Foundation (ACF), its officers, agents, volunteers, and employees from any liability for injuries, claim for damage, damage to goods, or death that may arise in connection with the use of this facility and the parking lot. This Release, Waiver, and Assumption of Risk also pertains to any actions of the ACF, Burbank Youth Center, its officers, agents, volunteers and employees which may have caused or contributed to the injury, damage, or death.

This Release, Waiver, and Assumption of Risk shall be binding upon my/our heirs and dependents as well as myself/us.

By signing my name below, I certify that I have read the above information, rules and regulations and waivers. Any questions concerning the above have been discussed.

First and Last Name of the Child: -----

First and Last Name of the Parent/Guardian: -----

Signature: -----

Date: -----