SUMMER LEGENDS SPORTS CAMP
AGES 8-13

Rocklin Community Services is offering a weekly recreational summer sports camp for ages 8-13. This program will offer participants the opportunity to play a variety of sports such as: basketball, tennis, football, volleyball, hockey, lacrosse and more! The camp will be recreational in nature and emphasize basic fundamental skills, sportsmanship, teamwork and most importantly, FUN! The camp will be instructed by Recreation staff at the Granite Oaks Middle School Teen Center. The Teen Center has shelter, table and video games and will be the place to meet when camp starts and ends. The program also offers field trips, walking trips and weekly trips to the Whitney High pool. **SITE CLOSED ON FIELD TRIP DAYS!**

Participants must provide their own lunches Monday through Thursday. Lunch will be provided on Fridays. There will also be a snack bar open throughout the day for participants.

Camp Dates and Fees are listed below. **Please check the appropriate boxes on the back of this form.**

CODE:	**1806.100**
WEEK 1	6/12-6/16
WEEK 2	6/19-6/23
WEEK 3	6/26-6/30
WEEK 4	7/3-7/7 (No camp 7/3 and 7/4)
WEEK 5	7/10-7/14
WEEK 6	7/17-7/21
WEEK 7	7/24-7/28
WEEK 8	7/31-8/4 ($20 extra fee for 8/1 Sunsplash Trip)
WEEK 9	8/7-8/11

Fees:

Full Day: 8:00am-5:00pm
Weekly: $95/week
Daily: $25/day

Half Day: AM 8:00am-1:00pm
PM 12:00pm-5:00pm
Weekly: $60/week
Daily: $15/day

Name (Last/First):_____ Age:_____ Birth date:_____

Parents Name(s)_____

Address:_____ City:_____ Zip: _____

Phone (Home):_____ Work:_____ Cell:_____

School:_____ Grade entering:_____ T-Shirt Size:_____

Release & Indemnity

In consideration for being permitted by the City of Rocklin to participate in the above activity (ies), I hereby waive, release and discharge any and all claims for damages for personal injury, death, or property damage which I or my child may have, or which hereafter accrue to me, or my child, against the city as a result of my or my child's participation in the activity (ies). This release is intended to discharge the city, its officers, officials, employees and volunteers, and any other involved public agencies from and against any and all liability arising out of or connected in any way with my or my child's participation in the activity, even though that liability may arise out of negligence or carelessness on the part of the persons or public agencies mentioned above. I further understand that accidents and injuries can arise out of the activities; knowing the risks, nevertheless, I hereby agree to assume those risks and to release and hold harmless all of the persons or agencies mentioned above who (through negligence or carelessness) might otherwise be liable to me, or my child (or my or my child's heirs or assigns) for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my and my child's heirs and assigns. In addition, I agree to indemnify and hold harmless the city and its officers, officials, employees and volunteers from and against all claims, damages, losses and expenses including attorney fees arising out of my or my child's participation in the activity (ies) described above, caused in whole or in part by my and my child's negligent act, except where caused by the active negligence, sole negligence, or willful misconduct of the city.

I HAVE CAREFULLY READ THE ABOVE RELEASE & INDEMNITY AGREEMENT AND FULY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILTIY AND AGREEMENT TO INDEMNIFY THE CITY AND I SIGN IT OF MY OWN FREE WILL.

Signature of participant (if under 18, Parent or Guardian) _____Date_____

Photograph Release

I hereby grant to the City of Rocklin the absolute and irrevocable right and permission to use, reuse, and publish all pictures of me or my child taken in the course of City of Rocklin business. I fully understand that I hold no control over the use of the photograph (s) of which I or my child is a part. Further, I grant to the City of Rocklin, and those who the city may represent, the right to use my name or my child's name. I hereby release the City of Rocklin from any and all claims and demands arising out of, or in connection with, the City of Rocklin, as well as the person (s) who took the photograph (s). **I have fully read the foregoing and completely understand the contents.**

Signature of participant (if under 18, Parent or Guardian) _____Date_____

Week 1 (6/12-6/15)
☐ Full Week—Full Day $95 ☐ Full Week—Half Day $60
☐ AM ☐ PM

☐ Daily Full Day $25 ☐ Daily Half Day $15
☐ AM ☐ PM

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Office Use _____AMT _____CK# _____RECT _____DATE _____BY

Week 2 (6/19-6/23)
☐ Full Week—Full Day $95 ☐ Full Week—Half Day $60
☐ AM ☐ PM

☐ Daily Full Day $25 ☐ Daily Half Day $15
☐ AM ☐ PM

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Office Use _____AMT _____CK# _____RECT _____DATE _____BY

Week 3 (6/26-6/30)
☐ Full Week—Full Day $95 ☐ Full Week—Half Day $60
☐ AM ☐ PM

☐ Daily Full Day $25 ☐ Daily Half Day $15
☐ AM ☐ PM

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Office Use _____AMT _____CK# _____RECT _____DATE _____BY

Week 4 (7/3-7/7) **No camp 7/3-7/4**
☐ Full Week—Full Day $95 ☐ Full Week—Half Day $60
☐ AM ☐ PM

☐ Daily Full Day $25 ☐ Daily Half Day $15
☐ AM ☐ PM

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Office Use _____AMT _____CK# _____RECT _____DATE _____BY

Week 5 (7/10-7/14)
☐ Full Week—Full Day $95 ☐ Full Week—Half Day $60
☐ AM ☐ PM

☐ Daily Full Day $25 ☐ Daily Half Day $15
☐ AM ☐ PM

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Office Use _____AMT _____CK# _____RECT _____DATE _____BY

Week 6 (7/17-7/21)
☐ Full Week—Full Day $95 ☐ Full Week—Half Day $60
☐ AM ☐ PM

☐ Daily Full Day $25 ☐ Daily Half Day $15
☐ AM ☐ PM

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Office Use _____AMT _____CK# _____RECT _____DATE _____BY

Week 7 (7/24-7/28)
☐ Full Week—Full Day $95 ☐ Full Week—Half Day $60
☐ AM ☐ PM

☐ Daily Full Day $25 ☐ Daily Half Day $15
☐ AM ☐ PM

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Office Use _____AMT _____CK# _____RECT _____DATE _____BY

Week 8 (7/31-8/4)
☐ Full Week—Full Day $95 ☐ Full Week—Half Day $60
☐ AM ☐ PM

☐ Daily Full Day $25 ☐ Daily Half Day $15
☐ AM ☐ PM

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ Sunsplash-Tuesday-$20 fee

Office Use _____AMT _____CK# _____RECT _____DATE _____BY

Week 9 (8/7-8/11)
☐ Full Week—Full Day $95 ☐ Full Week—Half Day $60
☐ AM ☐ PM

☐ Daily Full Day $25 ☐ Daily Half Day $15
☐ AM ☐ PM

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Office Use _____AMT _____CK# _____RECT _____DATE _____BY

Child's Name:

_____