

SPRING 2019

Day Camp

April 22 – 26, 2019 • 8 am – 6 pm

Signal Hill Youth Center, 1780 E. Hill Street, Signal Hill

Spring Day Camp is an exciting program for school age kids that encourages health and wellness through physical activity and nutrition while making lifelong friends. Friendly staff members organize activities for kids including games, sports, arts and crafts.

Residents: \$50 per week

Non-Residents: \$70 per week

Register in person or online on Civic Rec <https://secure.rec1.com/catalog>

Return form on the back to Signal Hill Youth Center, 1780 E. Hill Street, Signal Hill

Full payment including excursion fee is due upon registration.

Space is limited. Afternoon snack is provided and there will be no lunch.



REGISTRATION DATES

Monday, March 11, 2019

Residents & ARC participants

Monday, April 1, 2019

Non-Residents

Field Trip on Thursday, April 25, 2019

Visit Discovery Cube in Santa Ana, CA

Additional Excursion Fee:

Resident: \$14 • Non-Resident: \$19



*City of
SIGNAL HILL*



CITY OF SIGNAL HILL
ARC
AFTER SCHOOL
RECREATION CLUB



Please call 562-989-7329 for more information

Proudly Sponsored By

LA COUNTY SUPERVISOR
JANICE HAHN
representing the 4th district

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SIGNAL HILL PETROLEUM
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SIGNAL TRIBUNE

We'll pick you up.

ARC Spring Day Camp 2019 Registration Form

| | | |
|---|-----------------------------|--|
| Child's Name: | Age: | Child will attend the following: <input type="checkbox"/> Spring Day Camp: 4/22 - 4/26 <input type="checkbox"/> Field Trip to Discovery Cube on 4/25 |
| School: | Grade: | |
| Child's Name: | Age: | Child will attend the following: <input type="checkbox"/> Spring Day Camp: 4/22 - 4/26 <input type="checkbox"/> Field Trip to Discovery Cube on 4/25 |
| School: | Grade: | |
| Parent/Guardian Name: | Emergency Phone: (M) (W) | |
| Parent/Guardian Name: | Emergency Phone: (M) (W) | |
| Home Address: | City: | Zip: |
| Does your child have any physical, medical, food allergies, dietary restrictions or other special need? | | |
| 1 st Child's Name: | Need: | |
| 2 nd Child's Name: | Need: | |
| HEALTH INFORMATION | | |
| Child's physician: | Child's dentist: | |
| Hospital preference: | Child's insurance carrier: | |
| Is child under regular supervision of a physician? No Yes If yes, indicate last exam date: | | |

CONSENT FOR PARTICIPATION AND MEDICAL RELEASE

In consideration for my child's participation in the program offered above which is under the supervision of the City of Signal Hill, I the undersigned, hereby agree to indemnify and hold harmless the City of Signal Hill, its officers, agents, representatives and / or employees, from any loss and/or liability including expenses and costs, that may result from any death or injuries or damage to property that I or my child may sustain while participating in any activity connected with said program, including but not limited to travel to and from an activity, whether such death or injury or damage to property is caused by the passive or active negligent act or omission of the City of Signal Hill, its officers, agents, representatives and/or employees, or any other cause except intentional torts, fraud, or violation of law. I agree that I will make no claim against the City of Signal Hill, its officers, agents, or employees for any injury or liability for which I have hereby indemnified the City. I further agree to assume responsibility for reasonable safety inspection of any grounds or structure for facilities at any location where my child or I participate in the above program. The undersigned hereby permits the taking of photographs or videos of themselves and/or minor participants by the City of Signal Hill during city sponsored events, activities and/or programs to be used at the City's discretion, without further compensation to the participant. I further agree that use of such photos or videos may include public display or advertisement. I hereby represent that the participant is physically able to participate in the above program. I do hereby give permission for any certified emergency professional or health care professional to administer any type of medical treatment they deem necessary to the above participant in case of an emergency and in the event I cannot be contacted. I have received, read, and understand the Parent's Handbook and agree to and will abide by its contents. I understand that if my child vandalizes and/or destroys City property, fees will be assessed. I request that he/she be permitted to travel under the supervision of the City of Signal Hill between Alvarado and Signal Hill Elementary schools and Calbrisas, Discovery Well, Hillbrook, Hilltop, Reservoir, and Signal Hill Parks, as well as on regularly scheduled excursions.

I HAVE READ AND AGREE TO THIS RELEASE AS LEGAL PARENT OR GUARDIAN:

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____