

## **2024 Thanksgiving Break Camp**

Gobble Gobble! During Thanksgiving week we are the place for your kids to be! Join us for this 3-day camp where we will enjoy arts & crafts, movies and festive activities! This program is for students between the ages of 6 – 12 years old. Those students under age 6, but have completed a full year of kindergarten or TK and have siblings, may participate in this program.

### **Site Locations and Hours of Operation**

**Anderson Recreation Center                      11/25-11/27                      12:30pm–5:15 pm**

Registration for this program requires the following:

- Completion of Registration Card
- Waiver
- \$45.00 registration fee. NO REFUNDS.

This program is recreation based and is not a licensed childcare program. Children parents or guardians will be required to sign their child in and out daily. Once a child is signed out of the program, they will not be able to return until the following day. The only exception would be a note from a parent/guardian excusing them for an appointment with dates and times. We will be attending Recreation Swim one day at the Lompoc Aquatic Center, where your child will be dropped off at the pool and will be transported back to the Anderson Recreation Center. If your child uses a booster, please make sure you are leaving it with staff at drop off on this day.

As a courtesy to the other participants in the program and our staff, please DO NOT send your child to program if they are sick, have a fever, lice or an unexplained rash. All children are required to have **CLOSED TOE** shoes on their feet, while at program. Although not recommended, any cell phones, AirPods/iPads etc. must be left with the Lead Recreation Leader of the day or program supervisor.

Snack will be served daily at 3:30pm. If your child has dietary/allergy restrictions we request that you provide your child's snack. If you have any questions or concerns, please contact Johanna Kinard at 805-875-8089, or email at [j\\_kinard@ci.lompoc.ca.us](mailto:j_kinard@ci.lompoc.ca.us).

**Thanksgiving Break Day Camp ~ Registration Form**  
Lompoc Parks & Recreation Division

**Completed by Parent**

Child's name: \_\_\_\_\_ Child's Birthday: \_\_\_\_\_

Child's Age: \_\_\_\_\_ Child's Grade: \_\_\_\_\_ Name of Program: \_\_\_\_\_

Any Siblings in Program? \_\_\_\_\_ Siblings First and Last Names: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Any special circumstances the Recreation leader should know about: (i.e.: allergies, custody issues, behavior concerns, etc.)

\_\_\_\_\_

**Photographic & Liability Release**

I, the undersigned, parent, legal guardian do hereby authorize Lompoc Parks & Recreation to take photographs, videos, motion pictures and/or sound recordings of my child and/or any member of my family. I further grant Lompoc Parks & Recreation permission to use the photographs, videos, motion pictures and/or sound recordings in its general publicity and campaign materials.

I/we are the parent(s)/guardians of \_\_\_\_\_, a minor. We hereby consent to said minor participation in Lompoc Parks & Recreation. We hereby agree to indemnify and hold harmless the City of Lompoc from any claim for injuries or damages that said minor may have against the City by reason of his participation in said activity.

IN ADDITION, I/WE WAIVE ALL RIGHTS WE MAY HAVE UNDER CALIFORNIA CODE OF CIVIC PROCEDURE SECTION 376, WHICH PROVIDES FOR A PARENTS CAUSE OF ACTION FOR INJURY TO HIS/HER CHILD.

In the event of illness or injury, representatives from Lompoc Parks & Recreation are authorized to seek medical treatment and care for the named participant.

**CONSENT TO TREATMENT OF MINOR**

IN THE EVENT OF SUDDEN ILLNESS, ACCIDENT OR INJURY WHICH MAY OCCUR WHILE SAID MINOR IS ENGAGED IN AN ACTIVITY SUPERVISED BY THE CITY OF LOMPOC RECREATION DIVISION THEIR REPRESENTATIVES, AGENTS OR ASSIGNEES ARE AUTHORIZED, WHEN NEITHER PARENT, GUARDIAN OR DESIGNATED FAMILY PHYSICIAN CAN BE CONTACTED, TO SEEK MEDICAL TREATMENT AND CARE AS SHALL BE NECESSARY UNDER THE CIRCUMSTANCES BY ANY PHYSICIAN LICENSED UNDER THE LAWS OF THE STATE OF CALIFORNIA. I HEREBY GIVE MY CONSENT PURSUANT TO CALIFORNIA CIVIL CODE #25.8 FOR EMERGENCY TREATMENT AS SHALL BE NECESSARY UNDER THE CIRCUMSTANCES BY ANY PHYSICIAN LICENSED UNDER THE LAWS OF THE STATE OF CALIFORNIA.

\_\_\_\_\_  
PARTICIPANTS NAME

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATED

**Treatment Information**

Family Physician: \_\_\_\_\_

Telephone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Type of Coverage: \_\_\_\_\_

# LOMPOC PARKS & RECREATION WAIVER, RELEASE AND INDEMNITY AGREEMENT

For, and in consideration of permitting \_\_\_\_\_ to enroll in, and

(Participant's Name)

participate in the Thanksgiving Break Camp, sponsored by the City of Lompoc Parks & Recreation undersigned hereby voluntarily releases, discharges, waives, and relinquishes any and all actions or courses of action for personal injury, property damage, or wrongful death occurring to himself arising as a result of engaging in, or receiving instructions in, said activity or any activities incidental thereto wherever or however the same may occur and for whatever periods that activities or instruction may continue, and the Undersigned does for himself, his heirs, executors, administrators, and assigns hereby release, waive, discharge and relinquish any action or course of action, aforesaid, which may hereafter arise for himself and for his estate, and agrees that under no circumstances will he or his heirs, executors, administration administrators, and assigns prosecute, present any claim for personal injury, property damage, or wrongful death against the City of Lompoc or any of its officers, agents, servants, or employees for any of said causes of action, whether the same shall arise by the negligence of said persons or otherwise.

IT IS THE INTENTION OF \_\_\_\_\_, BY THIS INSTRUMENT, TO EXPRESSLY

(Adult participant's name, OR Parent/Guardian)

ASSUME ALL RISKS OF THIS ACTIVITY, AND TO EXEMPT AND RELIEVE THE CITY OF LOMPOC FROM LIABILITY FOR PERSONAL INJURY PROPERTY DAMAGE, OR WRONGFUL DEATH CAUSED BY NEGLIGENCE.

The Undersigned for himself, his heirs, executors, administrators, or assigns agrees that in the event any claim for personal injury, property damage, or wrongful death shall be prosecuted against the City of Lompoc, he shall indemnify and hold harmless the same City of Lompoc from any and all claims or causes of action by whomever or wherever made or presented for personal injury, property damage, or wrongful death. In the event of illness or injury, the Lompoc Recreation Division is authorized to seek medical treatment and care for the named participant.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, AND FURTHER AGREES THAT NO ORAL REPRESENTATIONS, STATEMENTS, OR INDUCEMENTS APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE. THE UNDERSIGNED EXPRESSLY ACKNOWLEDGES THAT THE FOREGOING WAIVER, RELEASE AND INDEMNITY AGREEMENT IS INTENDED TO BE AS BROAD AND INCLUSIVE AS IS PERMITTED AND IF ANY PORTION IS HELD INVALID, IT IS AGREED THAT THE BALANCE SHALL, NOTWITHSTANDING, CONTINUE IN FULL LEGAL FORCE AND EFFECT.

The Undersigned acknowledges that he has read the foregoing paragraphs, has been fully and completely advised of the potential dangers incidental to engaging in the activity and the instructing in said activity and is fully aware of the legal consequences of signing this document.

I/we are the parent(s)/guardian(s) of \_\_\_\_\_, a minor. We hereby consent to said minor's participation in the above described Lompoc Parks & Recreation activity program. We hereby agree to indemnify and hold harmless the City of Lompoc from any claim for injuries or damages that said minor may have against the City by reason of his participation in said activity.

IN ADDITION, I/WE WAIVE ALL RIGHTS WE MAY HAVE UNDER CALIFORNIA CODE OF CIVIC PROCEDURE SECTION 376, WHICH PROVIDES FOR A PARENT'S CAUSE OF ACTION FOR INJURY TO THIS CHILD.

Signature of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_

Relationship/Phone Number: \_\_\_\_\_

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CONSENT TO TREATMENT OF MINOR

"IN THE EVENT OF SUDDEN ILLNESS, ACCIDENT OR INJURY WHICH MAY OCCUR WHILE SAID MINOR IS ENGAGED IN AN ACTIVITY SUPERVISED BY THE CITY OF LOMPOC RECREATION DIVISION, THEIR REPRESENTATIVES, AGENTS OR ASSIGNEES ARE AUTHORIZED, WHEN NEITHER PARENT, GUARDIAN OR DESIGNATED FAMILY PHYSICIAN CAN BE CONTACTED, TO SEEK MEDICAL TREATMENT AND CARE AS SHALL BE NECESSARY UNDER THE CIRCUMSTANCES BY ANY PHYSICIAN LICENSED UNDER THE LAWS OF THE STATE OF CALIFORNIA. I HEREBY GIVE MY CONSENT PURSUANT TO CALIFORNIA CIVIL CODE #25.8 FOR EMERGENCY TREATMENT AS SHALL BE NECESSARY UNDER THE CIRCUMSTANCES BY ANY PHYSICIAN LICENSED UNDER THE LAWS OF THE STATE OF CALIFORNIA."

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Dated

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TREATMENT INFORMATION

Family Physician: \_\_\_\_\_

Telephone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Type of Coverage: \_\_\_\_\_

Pertinent Medical History Information: (Epilepsy, Diabetes, Allergies, Etc.)

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