



# Community Access Partners of San Buenaventura



## CAPS4Kids Summer Digital Storytelling Classes Registration Agreement (one registration per child)

Camper's Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Grade in Sept '10 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone (h) \_\_\_\_\_ (c) \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone (h) \_\_\_\_\_ (c) \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Child Lives with \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Email \_\_\_\_\_

T-Shirt Size: (circle one) Adult Small Adult Medium Adult Large Adult X-Large


Mark appropriate box(s):

- Session 1 - July 12-16 2010**
- Session 2 - July 19-23, 2010**
- Session 3 - July 26-30, 2010**

**Ages:** 10 yrs to 15 yrs

**Cost:** \$230 per week per camper (includes all materials & T-shirt)  
\$20.00 discount for sibling – 1 wk only  
10% discount for multi-week  
Additional T-shirts \$5.00

### Payment Policy

1. A \$20.00 non-refundable deposit per week, per camper is required. No deposit required if paid in full at the time of registration. Make checks payable to CAPS-TV.
2. A written notice must be received two weeks prior to 1<sup>st</sup> day of camp in order to receive a full refund minus deposit. Email notice is valid only after you receive CAPS confirmation.
3. Payments made by cash, check or credit card through  via [www.capstv.org](http://www.capstv.org) only

I agree to the above payment policies. (Please initial) \_\_\_\_\_

I have received a copy of the parent handbook and agree to the policies contained within.

Note: Printed copies will be available at start of camp. (Please initial) \_\_\_\_\_

No additional payments required for Before Care (8am to 9am) or After Care (4pm to 6pm)

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

PLEASE FAX, SNAIL MAIL OR DROP OFF ALL FORMS & REQUIRED PAYMENT TO:  
CAPS4Kids c/o Rich Burlingham, 65 Day Rd. Ventura, CA 93003 \* (805) 658-0505



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1. BASIC SERVICES:

- Class hours are 9:00am – 4:00pm
- Extended Care hours are 8:00am to 9:00am and 4.00pm to 6:00pm
- Snacks: Morning & Afternoon snacks provided for all children
- Video and editing equipment, video tape, and other materials provided

Intital: \_\_\_\_\_

2. PARENT/GUARDIAN RESPONSIBILITIES:

- Enrollment forms must be filled out completely prior to enrollment
- Daily lunches for all campers must be provided by parent/guardian
- Daily Rosters: Parents or authorized adults must sign child in and out each day
- Children must be picked up by parent or authorized adult within 45 minutes of receiving phone call from CAPS staff
- Emergency numbers must be kept up to date

Intital: \_\_\_\_\_

3. PAYMENT PROVISION:

- Tuition must be paid in full at the start of the week or camper will be dropped from the program
- No credits are given for missed days
- CAPS will provide at least 30 days written notice to customer of site closure or change in billing
- A minimum of 2-weeks written notice must be submitted to cancel enrollment in order to receive refund minus the applicable deposit
- A fee of \$80.00 will be charged for any cancellations 2-weeks or less prior to start of camp
- A late charge of \$10.00 for the first minute and \$1.00 per minute thereafter will be charged for children picked up after 6:15pm and is due at time of pick up
- A \$20 additional charge will apply for all returned checks or insufficient funds for credit drafts

Intital: \_\_\_\_\_

4. CONDITIONS UNDER WHICH AGREEMENT MAY BE TERMINATED:

- Failure to pay
- Excessive late pick ups
- Emergency names & telephone numbers incorrect
- Returned fund transfers
- Failure to sign in/out at drop off/pick up
- Failure to notify CAPS of absences
- Participants leaving CAPS without permission
- Behavior that is continually disruptive or dangerous to the child and others

Intital: \_\_\_\_\_

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

\_\_\_\_\_  
Date



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**EMERGENCY / HEALTH INFORMATION**

**Health Information**

Has child had any serious or sever illnesses or accidents in the past 3 years: YES NO

If yes, please explain \_\_\_\_\_

Does child take any medication during the day? YES NO

If yes, please list (Medication Release is required) \_\_\_\_\_

\_\_\_\_\_

Allergies: YES NO If, yes, please list \_\_\_\_\_

\_\_\_\_\_

Please circle all immunizations which are current: Polio Measles Rubella DPT Mumps Other

Physician \_\_\_\_\_ Dentist \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company Name \_\_\_\_\_ Policy # \_\_\_\_\_

**PERSONS ALLOWED TO CALL FOR YOUR CHILD OR TO BE CALLED IN AN EMERGENCY  
(in addition to Parents)**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**PERMISSION FOR WALKING EXCURSIONS FOR PURPOSES OF DIGITAL FILMMAKING**

I hereby give consent to CAPS and its designated leaders to take \_\_\_\_\_  
(Child's Name)

on walking trips in the neighborhood, special excursions to places of interest and public park facilities in order to video tape or engage in camp-related activities with the understanding that such trips are under the supervision of authorized CAPS personnel and that all possible precautions are taken to insure the health and safety of my child.

**Initial:** \_\_\_\_\_

**PERMISSION TO RELEASE HEALTH HISTORY INFORMATION**

I hereby give permission to CAPS and its employees and volunteers to release any and all of the above health history to any medical personnel rendering emergency medical aid or treatment to my child.

**Initial:** \_\_\_\_\_



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RELEASES & DISCLAIMERS

Student Name: \_\_\_\_\_ Age \_\_\_\_\_ Birth Date: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Daytime Phone \_\_\_\_\_

**Consent To Emergency Medical and Dental Treatment** (Please check appropriate box below.)

As the parent [ ], domestic partner defined by State of California [ ], or authorized representative or legal guardian [ ], I hereby give consent to CAPS and its employees and volunteers to obtain all emergency medical or dental care prescribed by a duly licensed physician (M.D.), Osteopath (D.O.) or Dentist (D.D.S.) for my child, \_\_\_\_\_ . This care may be given under whatever conditions are necessary to preserve the life, limb or well being of the child named above.

**Photographic and Video Release**

I hereby give CAPS, including its employees, volunteers and any other persons and entities acting with its permission, or upon its authority, the absolute right and permission to take, copyright, use and publish photographs or video of or concerning my child for the purpose of any CAPS4Kids or CAPS advertising, education, promotion or other purpose consistent with CAPS mission, including any productions created by my child or any other camper of which my child appears in during the course of the camp week. I understand that these videos will be aired on local public access cable under the complete discretion of CAPS, its employees and assigns.

**Insurance Disclaimer**

CAPS does not carry health or accident insurance on its members or participants. All expenses incurred in the treatment of illness, injuries or accidents will be the responsibility of the participant and his/her parents.

List all allergies including reactions to medications: \_\_\_\_\_

List any fears that your child has: \_\_\_\_\_

I have read, understand and accept the above conditions.

\_\_\_\_\_  
(print)

\_\_\_\_\_  
(sign)

Date: \_\_\_\_\_

**Community Access Partners of San Buenaventura  
Member/Children**

**RELEASE and WAIVER of LIABILITY and INDEMNITY AGREEMENT**

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of Community Access of San Buenaventura (herein referred to as CAPS) or for my children to so participate, for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with CAPS, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER CAPS MEDIA CENTER FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH CAPS, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED ON HIS OR HER BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE CAPS; its directors, officers, employees and agents (herein to be referred as "releasees) from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with CAPS.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARLESS the releasees and each of them from any, loss, liability, damage or cost they may, incur due to the presence of the undersigned or such children in, upon or about CAPS' premises or in any way observing or using any facilities or equipment of CAPS or participating in any program affiliated with CAPS whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releasees or otherwise while in, about or upon the premises of CAPS and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with CAPS.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE WAIVER AND INDEMNITY AGREEMENT is intended to be a broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ AND UNDERSTAND THIS DOCUMENT AND RELEASE

Date: \_\_\_\_\_ Signature of Applicant/Parent: \_\_\_\_\_  
Signature of other Adult: \_\_\_\_\_  
Name of Child in Program: \_\_\_\_\_  
Name of Child in Program: \_\_\_\_\_  
Name of Child in Program: \_\_\_\_\_  
Name of Child in Program: \_\_\_\_\_