

SUMMER CAMP 2022



Participant's Name:		
Age:	Grade:	Birth date:

HELD AT THE RANCH - Open Daily 8:00 am to 5:00 pm

EVERY CHILD MUST COMPLETE A SUMMER PACKET.

Week 1: June 6 – June 10	\$100.00	Field Trip – GET AIR TRAMPOLINE	\$26
Week 2: June 13 – June 17	\$100.00	Field Trip – DISCOVERY CUBE O.C	\$20
Week 3: June 20 – June 24	\$100.00	Field Trip – ALPINE WATER SLIDE	\$15 cash
Week 4: June 27– July 1	\$100.00	Field Trip – YUCAIPA WATER PARK	TBD
Week 5: July 5 – July 8 (closed 4 th)	\$80.00	NO FIELDTRIPS THIS WEEK	
Week 6: July 11 – July 15	\$100.00	Field Trip – THE COVE WATER PARK	\$30
Week 7: July 18 – July 22	\$100.00	Field Trip – MEDIEVAL TIMES	\$40
Week 8: July 25 – July 29	\$100.00	NO FIELDTRIPS THIS WEEK	

Parent/Guardian Name		
Mailing Address:		
City:	State:	Zip:
Home #:	Cell #:	Work #:
Email Address:		

I have received and read the Beyond the Bell parents handbook and agree to the policies and procedures included in the handbook. I understand that this program may be canceled if sufficient registration is not received.

--	--

Parent/Guardian Signature

Date

NOTE: As registration numbers are limited, the Park District must be notified by the Wednesday prior to the first day of camp to refund or credit fees for camp. Thank you for your cooperation.

IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

Child's Name	Last	Middle	First	Sex	Telephone
					()
Address	Number	Street	City	State	Zip
					Birthdate
Father's Name	Last	Middle	First	Business Telephone	
					()
Home Address	Number	Street	City	State	Zip
					Home Telephone
					()
Mother's Name	Last	Middle	First	Business Telephone	
					()
Home Address	Number	Street	City	State	Zip
					Home Telephone
					()
Person responsible for child	Last Name	Middle	First	Home Telephone	Business Telephone
				()	()

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

Physician	Address	Medical Plan and Number	Telephone
			()
Dentist	Address	Medical Plan and Number	Telephone
			()

If physician cannot be reached, what action should be taken?

Call Emergency Hospital Other Explain:

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(Child will not be allowed to leave with any other person without written authorization from parent or authorized representative)

Name	Relationship

Time Child will be called for:

Signature of parent or authorized representative

Date

TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATION/FAMILY CHILD CARE HOME LICENSEE

Date of Admission:

Date left:



Big Bear Valley Recreation and Park District

Beyond the Bell – **CONSENT STATEMENT**

Consent for Medical Treatment

As the parent, legal guardian or agency representative, I hereby give consent to Big Bear Valley Recreation and Park District, The County of San Bernardino and Beyond the Bell to provide all emergency dental or medical care prescribed by a duly licensed physician (MD) osteopath (DO) or Dentist (DDS) for this child: _____

Child's Name

This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

This child has the following medical conditions: _____

This child has the following medication allergies: _____

Parent/Guardian Name

Parent /Guardian Signature

Photo Release

As part of our regular program, we take photos of Beyond the Bell participants doing daily activities. Occasionally some of these photos are submitted to the newspaper, posted on the BBVRPD website, posted on promotional material or sent to the media for publicity or other recognition purposes. Please sign below, allowing us to use your image and identify them by name by completing the form below. At no time will the address or phone number of the child be released.

Child's Name

I am the parent/guardian of the child listed above. I hereby allow the image of my child to be used for publicity purposes in various forms of media such as newspapers, Facebook, the Park District's website, magazines and television. I understand that I will not be compensated financially for any appearance of my child's image or name.

Parent/Guardian Name

Parent /Guardian Signature

OR

I DO NOT give my permission for my child's image to be used in any form of media.

Parent/Guardian Name

Parent /Guardian Signature



Big Bear Valley Recreation and Park District
Beyond the Bell
AGREEMENT, WAIVER AND RELEASE



Participating Child: Last Name: _____ First Name: _____

In consideration for being permitted by the Big Bear Valley Recreation and Park District/County of San Bernardino to participate in BEYOND THE BELL, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the Big Bear Valley Recreation and Park District/County of San Bernardino (its officers, employees and agents) from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as a result of my death or any injury or property damage that I may sustain while participating in said activity.

I hereby consent that my son/daughter, whose name appears above, participates in the above activity, and I hereby execute the above Agreement, Waiver and Release on his/her behalf. I state that said minor is physically able to participate in BEYOND THE BELL. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense which they may incur as a result of the death or any injury or property damage that said minor may sustain while participating in said activity.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE BIG BEAR VALLEY RECREATION AND PARK DISTRICT/COUNTY OF SAN BERNARDINO AND I SIGN IT OF MY OWN FREE WILL.

Print Name _____ Date _____

Signature _____



**RELEASE AND HOLD HARMLESS
AGREEMENT
FOR THE COUNTY OF SAN BERNARDINO
(Acknowledgement of Limited Insurance Coverage)**

San Bernardino
County

CHILDS NAME _____

I, _____
(Parent/Guardian Last Name) (Parent/Guardian First Name) (Middle Name)

fully understand that the County of San Bernardino is a self-insured public entity pursuant to Government Code section 990.4. I understand that the County's program of self insurance does not provide medical payments in the event that I or any member of my family is injured while a passenger in a County owned vehicle. I also understand that the County's program of self-insurance does not include any coverage of uninsured or underinsured motorist. In the event that I or the person enrolled in Beyond the Bell Child care, requiring this Release and Hold Harmless agreement is injured as a result of the act or omission of any party, other than the County, its officers or employees, my ability to recover special or general damages (as defined by the Civil Code) will be limited in that I or the person enrolled in this event will not be entitled to recover those damages from the County of San Bernardino.

Notwithstanding the above acknowledgment, I understand that my participation in the Beyond the Bell Child care event requiring this Release or Hold Harmless Agreement including transportation to and from said event exposes my child to the risk of personal injury, death or property damage. I hereby acknowledge that the person enrolled in the event requiring the agreement of this Release and Hold Harmless Agreement is voluntarily participating in this event and expressly agree to assume any such risks.

I, am the parent and/or Legal Guardian of the child listed above, who I have enrolled in this event. I fully understand that participation in the "event or field trip" exposes participants to the risk or personal injury, death or property damage. I hereby acknowledge that my child whom I voluntarily enrolled in the event is voluntarily participating in this Event with my express permission. As parent and/or Legal Guardian, I expressly agree to assume any such risks.

In consideration for being permitted to participate in the program, I hereby release and forever discharge the County of San Bernardino, it's officers, employees, agents and volunteers for any injury, death or damage to or loss of personal property arising out of or in connection with my child's participation in the event from whatever cause, including the active or passive negligence of the County of San Bernardino, its officers, employees, agents and volunteers or any other participants in the Event.

In further consideration for being allowed to participate in the Event, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I will indemnify and hold harmless the County of San Bernardino, its officers, employees, agents and volunteers from any and all claims; including claims for Workers' Compensation benefits, damages, demands, actions or suits arising out of or in connection with my participation in the Program brought by any third party.

I HAVE CAREFULLY READ THIS RELEASE AND HOLD HARMLESS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND I AGREE TO THIS RELEASE AND HOLD HARMLESS AGREEMENT OF MY OWN FREE WILL.

Dated

Signature of Parent/Guardian