



# Fall AdventureCamp 2017

Day Camps: Sept. 4, 21 and Nov. 1 & 11  
 Thanksgiving Week Camp: Nov. 20-24

It's not your everyday camp. It's AdventureCamp.  
 Kids develop self-esteem and fitness skills while doing what they do best—having fun! Enjoy a day of exciting activities.

**CAMP ACTIVITIES**

- Rockwall
- Crafts
- Adventure Room play
- Sports Court games
- Ropes course



A Beach Cities Health District Program

**LOCATION**  
 1701 Marine Ave.  
 Manhattan Beach, CA 90266

**FACILITY HOURS**  
 Sun. – Thur. 10:00 a.m. – 6:00 p.m.  
 Fri. & Sat. 10:00 a.m. – 7:00 p.m.

[www.adventureplex.org](http://www.adventureplex.org)

**(310) 546-7708**  
**Fax: (310) 545-8809**

# DAY CAMPS: Sept. 4, 21 and Nov. 1 & 11

**Hours:** 9 a.m. - 4 p.m.

**Extended Care Hours:** 7 - 9 a.m. & 4 - 6 p.m.

**Cost:** \$60/day

**Lunch:** \$6.50/day

**Extended Care (a.m. or p.m.):** \$7.50/day

# THANKSGIVING WEEK CAMP: Nov. 20-24\*

**Hours:** 9 a.m. - 4 p.m.

**Extended Care Hours:** 7 - 9 a.m. & 4 - 6 p.m.

**Cost:** \$200/week or \$60/day

**Lunch:** \$25/week or \$6.50/day

**Extended Care (a.m. or p.m.):** \$25/week or \$7.50/day

\*Camp is not offered on Thursday, Nov. 23.

## Registration policies

1. All camps require advance registration.
2. Full payment is required at time of registration.
3. Registration is not guaranteed until confirmed by an AdventurePlex staff member.
4. No refunds will be granted after commencement of camp.
5. Returned checks subject to \$15 fee.
6. \$15 processing fee for all refunds.
7. Transfer fee is \$10 per child.

## Cancellations

AdventurePlex reserves the right to cancel this camp due to low enrollment or unforeseen circumstances.

Refunds will be issued in 4 - 6 weeks to all participants.

## Registration process

1. Complete this form and return, with payment, to AdventurePlex.
2. Registration is first come, first served basis.
3. Confirmation Letter and Parent Pack will be sent. Parent Pack also available online at [www.AdventurePlex.org](http://www.AdventurePlex.org).

## Registration types

We accept registration by mail, fax, online or by hand delivery to AdventurePlex. Telephone registration will not be accepted.

# FALL ADVENTURECAMP

Grade: \_\_\_\_\_

Participant's name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_

Home address: \_\_\_\_\_ Home phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Parent/guardian's name: \_\_\_\_\_ Work phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Please check which phone number to call first. \_\_\_Cell \_\_\_Work \_\_\_Home

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about AdventureCamp? \_\_\_\_\_

Campers/friends my child would like to be with: \_\_\_\_\_

Please check the box if you DO NOT want your child's photo published in BCHD or AdventurePlex publications.

The following people are authorized to pick up my child from AdventureCamp program. I understand that my child will be allowed to leave with these individuals only.

Authorized person's name	Relationship to child	Phone number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of persons NOT allowed to pick up my child (appropriate custody papers shall be attached if a parent is not allowed to pick up a child): \_\_\_\_\_

CAMP	FEE	EXT. CARE	LUNCH	SUB-TOTAL
Sept. 4	<input type="checkbox"/> \$60	<input type="checkbox"/> AM-\$7.50 <input type="checkbox"/> PM-\$7.50	<input type="checkbox"/> \$6.50	
Sept. 21	<input type="checkbox"/> \$60	<input type="checkbox"/> AM-\$7.50 <input type="checkbox"/> PM-\$7.50	<input type="checkbox"/> \$6.50	
Nov. 1	<input type="checkbox"/> \$60	<input type="checkbox"/> AM-\$7.50 <input type="checkbox"/> PM-\$7.50	<input type="checkbox"/> \$6.50	
Nov. 11	<input type="checkbox"/> \$60	<input type="checkbox"/> AM-\$7.50 <input type="checkbox"/> PM-\$7.50	<input type="checkbox"/> \$6.50	
Nov. 20-24 *No Camp 23	<input type="checkbox"/> \$200	<input type="checkbox"/> AM-\$25 <input type="checkbox"/> PM-\$25	<input type="checkbox"/> \$25	
Nov. 20	<input type="checkbox"/> \$60	<input type="checkbox"/> AM-\$7.50 <input type="checkbox"/> PM-\$7.50	<input type="checkbox"/> \$6.50	
Nov. 21	<input type="checkbox"/> \$60	<input type="checkbox"/> AM-\$7.50 <input type="checkbox"/> PM-\$7.50	<input type="checkbox"/> \$6.50	
Nov. 22	<input type="checkbox"/> \$60	<input type="checkbox"/> AM-\$7.50 <input type="checkbox"/> PM-\$7.50	<input type="checkbox"/> \$6.50	
Nov. 24	<input type="checkbox"/> \$60	<input type="checkbox"/> AM-\$7.50 <input type="checkbox"/> PM-\$7.50	<input type="checkbox"/> \$6.50	
			Total	

### Form of Payment:

\_\_\_ Cash \_\_\_ Check \_\_\_ Visa \_\_\_ Discover \_\_\_ American Express  
\_\_\_ MasterCard \_\_\_ Gift Certificate

### Credit Card Number:

\_\_\_\_\_

Expiration Date: \_\_\_ / \_\_\_

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

All camp participants will need a Health History Form with current immunization dates completed prior to the start of camp. Health History Forms are available online at [www.AdventurePlex.org](http://www.AdventurePlex.org).

**AGREEMENT AND RELEASE FROM LIABILITY**  
**(To be completed by all parents)**

I am voluntarily enrolling my child to participate in AdventurePlex, a youth health and fitness center ("Program"). I am aware that AdventurePlex programs and activities, including rock climbing, rope course activities, strength training, stretching, aerobic exercise and the use of equipment, are potentially hazardous. I hereby agree to fully accept any and all risks of injury, illness and death that may occur as a result of my child's participation in the Program. In consideration of my child being allowed to participate in the Program, I hereby agree that both my child and I (and our respective assignees, heirs, distributees, guardians or legal representatives), will not make a claim against, sue, or attach the property of, and hereby fully release from any and all liability, AdventurePlex, any of its employees and agents for any injury (including death), illness, damage or loss to me, my child, or my property, including any loss or theft of personal property, howsoever caused (including but not limited to, whether caused by AdventurePlex, its employees or agents alleged negligence) and wherever occurring, (including but not limited to, in the classroom or building, parking areas, or sidewalks) that may occur as a result of my child's participation in the Program. I understand that I should consult with a physician about my child's ability to engage in physical activity, exercise, and use of exercise training equipment before my child participates in the Program. I declare my child to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my child's participation in the Program. If there is a change in my child's health status, I am obligated to inform AdventurePlex and provide a medical release from his/her physician before returning to AdventurePlex.

Name of Parent or Guardian \_\_\_\_\_

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**RELEASE FROM LIABILITY AND INDEMNIFICATION - MEDICINE WAIVER**  
**(To be completed by all parents)**

My child will be a participant of an AdventurePlex program. In the event of sudden illness, accident or injury which may occur while said minor is engaged in an activity supervised by the representatives, agents or assignees of AdventurePlex, when neither the parents, guardian or designated family physician can be contacted, I hereby give my consent pursuant to California Family Code Section 6901-6903 and Section 6910 for emergency treatment as shall be necessary under the circumstances by any physician licensed under the Laws of the State of California. The codes state as follows:

6910. The parent, guardian, or caregiver of a minor who is a relative of the minor and who may authorize medical care and dental care under Section 6550, may authorize in writing an adult into whose care a minor has been entrusted to consent to medical care or dental care, or both, for the minor.

6901. "Dental care" means X-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care by the dentist licensed under the Dental Practice Act.

6902. "Medical care" means X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act.

6903. "Parent or guardian" means either parent if both parents have legal custody, or the parent or person having legal custody, or the guardian, of a minor.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**RELEASE FROM LIABILITY AND INDEMNIFICATION - MEDICINE WAIVER**  
**(To be completed by parents with children taking medication at camp only)**

My child, \_\_\_\_\_ is required to take medicine during the hours of program operation.  
(Name of Child)

It is my understanding that staff will hold my child's medicine in a safe location. I agree to provide a container for the medicine, clearly labeled with my child's name on the outside. I understand that staff will not be obligated to remind my child when to take the medicine, nor are they responsible for administering the medicine. I take full responsibility for informing my child what the proper dosage is and do not hold AdventurePlex, its agents, employees and officers liable for any and all injuries, damages and claims. I, the undersigned, on behalf of myself, and my child agree to waive and release AdventurePlex, and its officers, agents and employees, from and against all claims resulting from my child bringing medicine to a program.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_