

CAMP JAMOA 2020 REGISTRATION FORM

Community: Chico Paradise Hamilton City
Magalia



Camper Name _____

Age _____ Grade Completed _____

Guardian Name (s) _____

Address _____

Phone # _____

Alt. Phone # _____

E-Mail _____

T-Shirt Size:

- Youth S Adult S
 Youth M Adult M
 Youth L Adult L
 Adult XL



T-Shirt Quantity: _____

T-Shirt PAID date: _____

T-Shirt Rec'd on: _____

Staff Initial: _____

- PAYMENT & SHIRT AGREEMENT -
Please read & initial each statement

_____ \$25.00 deposit for each week due upon registration

_____ Deposits are non-refundable

_____ Weekly payments via cash or credit card are due by the Thurs day of the previous week.

_____ All cancellations MUST be made two weeks prior to each reserved week and MUST be made the Camp Coordinator by email.

_____ Refunds issued for approved cancellations (*made two weeks in advance and will not include deposits*) issued by mail within five to seven (5-7) business days.

_____ BGCNV 2020 Camp Shirts are to be worn to all off site field trips.

_____ If my child does not bring a BGCNV 2020 Camp Shirt on a field trip; a shirt rental fee of \$2.00 per trip day will be added to Camp Fees to be paid by Friday of that week.

WEEK	THEME	AMOUNT DUE
<input type="checkbox"/> Week 1	June 8-12: Summer Kick Off	
<input type="checkbox"/> Week 2	June 15-19: Amazing Animals Week	
<input type="checkbox"/> Week 3	June 22-26: Super Sports Week	
<input type="checkbox"/> Week 4	June 29- July 3: Red, White, & Blue Week	
<input type="checkbox"/> Week 5	July 6-10: Craft & Create Week	
<input type="checkbox"/> Week 6	July 13-17: Wacky Water Week	
<input type="checkbox"/> Week 7	July 20-24: Food Frenzy Week	
<input type="checkbox"/> Week 8	July 27-31: Mad Science Week (Chico) July 27-31: Farewell Festival Week (Paradise/Hamilton City)	
<input type="checkbox"/> Week 9	Aug 3-7: Farewell Festival Week (Chico Only)	

SUMMER CAMP FIELD TRIP WAIVER

I give my child, _____, permission to attend the Boys & Girls Clubs of the North Valley (BGCNV) summer field trips between the dates of June 6 through August 7, 2020; as outlined on Camp weekly schedules. I understand that my child may be transported by BGCNV operated vans or bus, chartered bus and vans, Yuba City/Paradise/Hamilton City/Chico Unified School District, Bidwell Cabs for Kids buses or led by BGCNV staff on a walking trip. These trips will include, but are not limited to:

- Swimming at Local Pools including but not limited to: Pleasant Valley Pool, Durham Pool, Paradise Pool, Orland Pool, One Mile Recreation Area, Five Mile Recreation Area
- Field Trips to parks, museums, theaters, gyms, and businesses
- Field trips to Chico, Hamilton City, Oroville, Paradise/Magalia, Redding, and/or Sacramento

I understand that the BGCNV is not responsible for personal injury or loss of property. I give authorization to a Medical Professional, in the event of an emergency, to provide emergency medical treatment for my child.

Parent/Guardian Signature _____

Insurance Carrier & Group Number _____

Allergies/Medical Information: _____

CAMP JAMOA 2020 REGISTRACIÓN

Community: Chico Paradise Hamilton City



Camper Nombre _____
 Años _____ Grado completado _____
 Guardian Name (s) _____
 Dirección _____
 Teléfono # _____
 Alt. Teléfono # _____
 E-Mail _____

T-Shirt Size:

- Youth S Adult S
 Youth M Adult M
 Youth L Adult L
 Adult XL



- T-Shirt Quantity:** _____
 T-Shirt PAID date: _____
 T-Shirt Rec'd on: _____

Staff Initial: _____

PAGOS & ACUERDO DE CAMISETA -
Por favor lea e inicie cada declaración a continuación

- _____ \$25.00 de deposito por cada semana (se debe pagar al tiempo de registraci3n)
 _____ Los dep3sitos no son reembolsables.
 _____ Pagos semanales en efectivo o por tarjeta deben ser pagados a mas tardar el jueves de la semana anterior.
 _____ Todas las cancelaciones deben ser solicitadas dos semanas antes al coordinador del campamento por correo electr3nico. Si no se cancela dos semanas antes el pago completo deber3 ser pagado.
 _____ Rembolsos para cancelaciones aprobadas (solicitadas dos semanas antes sin incluir el deposito) ser3n enviados por correo dentro cinco a siete (5-7) d3as de negoci3.
 _____ Las camisetas del campamento de BGCNV 2020 deben ser usadas a cada pase3.
 _____ Si mi hijo/a no trae su camiseta del campamento de BGCNV 2020 los d3as de pase3; una tarifa de \$2.00 por d3 (tarifa para rentar una camiseta) ser3 agregada a la tarifa del campamento que deber3 ser pagada a mas tardar el Viernes de esa semana.

SEMANA	TEMA	CANTIDAD
<input type="checkbox"/> Semana 1	8-12 Junio: Summer Kick Off	
<input type="checkbox"/> Semana 2	15-19 Junio: Animales Sorprendentes Semana	
<input type="checkbox"/> Semana 3	22-26 Junio : S3per Deportes Semana	
<input type="checkbox"/> Semana 4	29 Junio - 3 Julio: Rojo, Blanco y Azul Semana	
<input type="checkbox"/> Semana 5	6-10Julio: Artesan3a y Crear Semana	
<input type="checkbox"/> Semana 6	13-17 Julio: Agua Loca Semana	
<input type="checkbox"/> Semana 7	20-24 Julio: Frenes3 de Alimentos Semana	
<input type="checkbox"/> Semana 8	27-31 Julio : Ciencia Loca Semana(Chico) 27-31 Julio: Festival de Despedida Semana (Paradise & Hamilton City)	
<input type="checkbox"/> Semana 9	3-7 Agosto: Festival de Despedida Semana (Chico Only)	

-EXCURSIONES DEL CAMPAMENTO DE VERANO DEL-

Le doy permiso a mi hijo/a, _____, de asistir a las excursiones del campamento de verano del Boys & Grils Club of the North Valley (BGCNV) que se llevar3n acabo entre las fechas del 8 de Junio al 2 de Agosto. Entiendo que mi hijo/a puede ser transportado en camionetas operadas por BGCNV o autobuses, Yuba City/Paradise/Hamilton/ Distrito Escolar Unificado de Chico, Bidwell Cabs for Kids o acompa3ados por el personal de BGCNV en un viaje a pie. Estos viajes incluir3n pero no se limitaran a:

- Nataci3n en las piscinas locales, incluyendo pero no limitado a: Pleasant Valley Pool, Durham Pool, Paradise Pool, Orland Pool, One Mile Recreation Area
- Paseos a parques, museos, teatros, gimnasios y negocios
- Excursiones a Chico, Hamilton City, Orland, Oroville, Paradise, Redding, y/o Sacramento

Yo entiendo que el BGCNV no es responsable por las lesiones personales o perdida de propiedad. Doy mi autorizaci3n a que un profesional medico le de tratamiento medicado a mi hijo/a en caso de emergencia.

Firma de padre/ Guardi3n

Aseguranza medica y numero

Importante Informaci3n Medica (Alegr3as): _____