



School's Out

**Day Camps 2010
Explore! Discover! Dream!**

At Parks and Recreation camps, parents and participants can expect:

- A focus on large group games and activities
- Skill building with challenging activity levels
- Site-based activities and city wide field trips
- Individual exploration of interests through a wide range of activities offered

Registration begins
Monday, January 25, 8 a.m.
Weekly Fee: \$100
Sliding Fee/Scholarships Available

Camp Location	Grade	Theme	Send Payment To	Phone
Air Park*	K-5	Camp Titan	3720 NW 46th St., 68524	441-7876
Belmont*	K-1	Dinotopia - Jurassic Park	1234 Judson St., 68521	441-6789
Belmont*	2-3	Ocean Voyages - Under the Sea	1234 Judson St., 68521	441-6789
Belmont*	4-6	Club Rec - Olympic Village	1234 Judson St., 68521	441-6789
Bethany Park	K-7	Outdoor Adventures	1225 F St., 68508	441-7952
Calvert*	K-4	Adventures in Play	4500 Stockwell, 68506	441-8480
Calvert*	5-7	Teen Adventures	4500 Stockwell, 68506	441-8480
Irving*	K-4	Camp Character	2010 Van Dorn St., 68502	441-7954
Irving*	5-7	Camp Challenge	2010 Van Dorn St., 68502	441-7954
McPhee*	K-5	S.O.D.A (ends Aug. 6) (Summer Outdoors - Doing It All)	1225 F St., 68508	441-7952

*Title XX Eligible

(keep top portion for your reference)
(complete and return bottom portion)

Participant's Name _____

Camp Choice _____

Birth Date _____ Gender (please circle): M F

Street Address _____

City _____ State _____ Zip _____

Parent's Name(s) _____

Day Phone _____ Home Phone _____

Cell Phone _____

Email Address _____

Name of Parent at Day Phone _____

Emergency Contact Name _____

Day Phone _____ Cell Phone _____

School Attended _____ Grade Level in 09-10 _____

Please indicate the number of sessions your child will attend.

- #1 June 7-11 _____
- #2 June 14-18 _____
- #3 June 21-25 _____
- #4 June 28-July 2 _____
- #5 July 6-9 _____
- #6 July 12-16 _____
- #7 July 19-23 _____
- #8 July 26-30 _____
- #9 August 2-6 _____
- #10 August 9-13 _____

Include deposit of \$10 per child

Amount Enclosed: _____

Check # _____

T-Shirt Size (please circle)
Youth Medium Youth Large Adult Medium Adult Large Adult XL

See reverse for waiver and payment information



Registration Procedure:

- 1. Send/take the completed form with \$10 (first week's deposit) to hold your child's registration.
- 2. The remaining deposit balance for all additional weeks is due March 1 in order to continue your registration process.

Payment Information:

A \$10 per child per week non-refundable deposit is required. Deposit is applied to \$100 weekly fee and covers field trips and daily snacks.

Multiple Child Discount:

Weekly fee applies to the first child. Each additional child from the same family saves \$5 per week. Sliding Fee rates and scholarships are available. Please contact your choice of day camp location for more information.

Your balance is due according to the following schedule:

- Weeks 1-4 due June 1
- Weeks 5-8 due July 1
- Weeks 9-10 due August 1

We accept:

Cash, Check, Discover, Mastercard and Visa
Please make checks payable to Lincoln Parks & Recreation
Return payment to Day Camp Location Choice

Camp Hours:

7 a.m. - 6 p.m., Monday through Friday.
*No camp on Monday, July 5.



(keep top portion for your reference)

(complete and return bottom portion)

Your child's placement in camp will not be secured until all paperwork and required payments are current.

We want each child to be successful in our programs. Is there any information we need to know about your child to help them be successful? (If yes, we will contact you.)

Yes___ No___

Waiver and Release of All Claims: For and in consideration, the undersigned parent(s) or guardian(s) of the participant in the Recreation Day Camp Program, I/we recognize and acknowledge that there are certain risks of physical injury and I/we agree to assume the full risk of any injuries, including death, or loss which the undersigned or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program. I/we do hereby declare that I/we waive all claims of whatsoever kind or nature against the City of Lincoln and the Parks and Recreation Department, its officials, officers, agents, employees and volunteers from any and all claims arising from injuries, including death, damage or loss which I/we or my minor child/ward may incur or may accrue to me or my minor child/ward on account of participation in the activities of this program. I/we further agree to indemnify and hold harmless and defend the City of Lincoln and the Parks and Recreation Department, its officials, officers, agents, employees and volunteers from any and all claims resulting from injuries, including death, damages and losses sustained by the undersigned or my minor child/ward or arising out of this program. I/we have read and understand the above Waiver and Release of All Claims and understand the effect of the relinquishment.

Name(Please Print)_____ Relationship_____

Signature_____ Date_____