



Beginner-Intermediate Mountain Bike

Dates Available: M-Th 6/11-6/14, 6/18-6/21

Camp Hours: 8:30 to 11:30 AM. Please pick your child up promptly, as we do charge \$1.00 for every minute you are late.

What to Bring to Camp:

Sturdy close toed shoes

Mountain Bike

Helmet

Other protective gear (optional)

Water

Lunch

Completed emergency form (available online at www.chicorec.com)

(Please do not send valuables with your child. CARD staff will not be responsible for lost or stolen items.)



Camp Address: Camp will meet each day in the 5-Mile Recreation Area parking lot. Please arrive on time as once they leave, late campers will not be able to meet up with the group. No refunds are available for missed days.

How to Contact Camp: The camp director will have a cell phone. This number will be available on the first day of camp.

How to Contact CARD: Questions or concerns about this camp, please call Melissa Pasquale at 895-4711 or mpasquale@chicorec.com

Refund/Drop Policy:

Requests for refunds and transfers must be received by Thursday at 10:00 AM prior to the camp start date. Please check dates closely. Should you request a refund or transfer after the deadline has passed, we will make every effort to fill your space. If we are able to fill your space, you will receive a full refund. Unfortunately, we are unable to make any exceptions unless valid emergency or medical documentation can be provided.

Sign In/Sign Out:

For the safety of your children, we ask you to sign your child in and out everyday; please expect to **show ID** when signing in/out.



Chico Area Recreation and Park District Summer Camp 2018

Emergency Contact and Authorization Form

Please bring this form with you the first day of camp!

PLEASE NOTE: It is CARD's policy that any parent or legal guardian of a child enrolled in a CARD program shall have full access to CARD's file and account information for such child unless otherwise directed in writing by the Parent or Legal Guardian enrolling the child. If you wish to restrict access to your child's file, please request and complete the Directive to Restrict Access form.

Program _____

Child's Name _____ DOB _____ Age _____

Child's Name _____ DOB _____ Age _____

	Parent/Guardian	Parent/Guardian
Name		
Address/City/Zip		
Cell Number		
Work Number		
Home Number		

Please describe the following for your child(ren)

- Behavioral/medical conditions: _____
- My child has allergic reactions to: _____
- My child is taking the following medication(s): _____

Please note: CARD is not permitted to store or dispense medication of any type. Please make alternate arrangements.

Authorization for Pickup and Additional Emergency Contacts:

Please list additional people who are authorized to pick up your child. Valid identification must be provided to staff upon request when picking up your child. **List in the order of who should be called in case of an emergency. Please Note: Only the Parent(s) or Legal Guardian(s) may designate and authorize others to pickup their child(ren) from camp.**

Name	Phone Number

I represent that I am the Parent or the Legal Guardian of the child(ren) and have full legal authority to register the child(ren) in the program and to determine and designate the emergency contact for the child(ren), as well as those persons authorized to pickup the child(ren) at the conclusion of camp.

Parent/Legal Guardian Signature: _____

Date: _____ Print: _____