

CAMP ROCKIN' U



P.O. BOX 39
 DOBBINS, CA 95935
 530-300-8261 – Phone
 530- 692-1708 - Fax
www.camrockingu.com



Registration 2010

CAMPER INFORMATION (Please print clearly)

Camper's Full Name:(Last)_____ (First)_____ Girl Boy

Address: (Street)_____ (City)_____ (State)_____ (Zip)_____

Date of Birth ___/___/___ Age at camp:_____ Grade (in Sept):_____

PARENT / GUARDIAN INFORMATION

Camper lives with: Both parents Father Mother Guardian Other_____

Mother's/ Guardian's Name: (Last)_____ (First)_____

Business Address: (Street)_____ (City)_____ (State)_____ (Zip)_____

Occupation:_____ Employer /Firm_____

Home Phone: (_____)_____ - _____ Business Phone:(_____)_____ - _____

Cell Phone : (_____)_____ - _____ Email:_____

Father's / Guardian's Name: (Last)_____ (First)_____

Business Address: (Street)_____ (City)_____ (State)_____ (Zip)_____

Occupation:_____ Employer /Firm_____

Home Phone: (_____)_____ - _____ Business Phone:(_____)_____ - _____

Cell Phone : (_____)_____ - _____ Email:_____

SESSIONS

Please check one

*Tuition includes everything except travel, medical expenses and spending money. The average child will spend about \$35.00 per week in the trading post for souvenirs and extras.

<u>Week 1</u>	<u>Week 2</u>	<u>Week 3</u>	<u>Counselor in Training</u>
(General Session) Ages 7-14 July 11th-16th 2010 \$350 \$325-V.I.C.*	SOLD OUT	(General Session) Ages 7-14 July 25th-30th 2010 \$350 \$325 – V.I.C.*	Ages 14-17 July 11th-16th 2010 July 25th-30th 2010 \$375

PLEASE FAX OR MAIL IN YOUR RESISTRATION FORM WITH YOUR \$100.00 DEPOSIT. THE REMAINING BALANCE IS DUE 30 DAYS PRIOR TO CAMP!

* Very Important Campers – return campers, or members of the Lake Francis Resort V.I.C. Program. Please call for more information!! Also call about our family & group rates as well as our “Bring a Buddy Program”!!!

THE FOLLOWING INFORMATION IS NECESSARY TO COMPLETE REGISTRATION

Health and Accident Insurance? Yes – No Name of policy holder _____
(Circle one)

Insurance Company _____ Phone () _____

Policy or group number _____

Insurance company address _____
(Street) (City) (State) (Zip)

CONDITIONS OF ENROLLMENT

I agree and/or acknowledge that:

1. My child will abide by the rules and regulations set forth by Rockin’ U for the health, safety, and welfare of the campers. Rockin’ U reserves the right to dismiss a camper whose conduct or influence is unsatisfactory or in the opinion of Rockin’ U is not in the best interest of the camp. In such event, there shall be no refund of any part of the camp fee.
2. All camping programs are planned in advance of opening day (including purchase of supplies, equipment, and hiring staff based on confirmed campers reservations), therefore, no allowance, refunds or rebates will be made if cancellations occur after May 1st. A \$50.00 service charge will be deducted for all cancellations before June 1st.
3. Rockin’ U is not responsible for articles of clothing or personal belongings lost or damaged by fire, theft, laundry, etc. (No valuable jewelry or Walkmans at camp, please.)
4. Any pictures, video footage and/or writings regarding my child may be used for advertising and promotion.
5. If any action is brought based upon this agreement, the prevailing party shall be entitled to reasonable attorney’s fees.

PLEASE NOTE: The management of Rockin’ U will always conduct their camp program with the highest level of supervision and trained personnel. However, camp activities involve a certain amount of risk and parents need to be aware of this kind of exposure. We ask our parents to read the following statement carefully and initial. Please call if you have any questions.

ASSUMPTION OF RISK AND RELEASE OF LIABILITY...I AM AWARE THAT CERTAIN CAMP ACTIVITIES (SUCH AS BUT NOT LIMITED TO, WATERSPORTS, SCUBA DIVING, WATER-SKIING, BIKING, ETC) ARE INHERENTLY DANGEROUS. I VOLUNTARILY CONSENT TO MY CHILD’S PARTICIPATION IN THESE ACTIVITIES WITH FULL KNOWLEDGE OF THE DANGERS INVOLVED AND I ACCEPT ALL RISKS OF INJURY TO MY CHILD. FURTHER, I HEREBY RELEASE AND AGREE TO INDEMNIFY ROCKIN’ U, ITS PRINCIPALS, AGENTS AND EMPLOYEES FROM ALL LIABILITY THAT I OR MY CHILD MAY HAVE FOR INJURY RESULTING FROM MY CHILD’S PARTICIPATION IN SUCH ACTIVITIES.

Please Initial _____

IN CASE OF EMERGENCY, I HEREBY GIVE PERMISSION TO ROCKIN’ U TO HOSPITALIZE AND TREAT MY CHILD AS NECESSARY. I UNDERSTAND THAT ALL EXPENSES NOT COVERED BY MY HEALTH INSURANCE ARE MY SOLE RESPONSIBILITY.

Please initial _____

A COPY OF MY INSURANCE CLAIM FORM AND THE ROCKIN’ U HEALTH FORM SIGNED BY MY CHILD’S PHYSICIAN MUST BE SUBMITTED TO ROCKIN U AT LEAST TWO WEEKS PRIOR TO CAMP ARRIVAL. (THIS HEALTH FORM AND ADDITIONAL INFORMATION FOR CAMP PREPARATION WILL BE SENT TO THE CAMPER IN THE CONFORMATION PACKET.)

Please initial _____

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS IN GENERAL AND SPECIFICALLY, THAT IT IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND CAMP ROCKIN’ U, AND I SIGN IT OF MY OWN FREE WILL.

X _____
PARENT OR LEGAL GUARDIAN DATE

X _____
PARENT OR LEGAL GUARDIAN DATE

***Please make a copy for your records**