

City of Los Angeles Department of Recreation and Parks



## Griffith Park Boys Camp

4730 Crystal Springs Drive

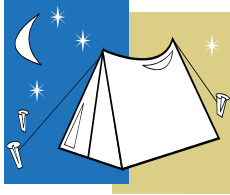
Los Angeles, CA 90027

(323) 664-0571

gp.boyscamp@lacity.org



# Father/Son Outdoor Adventure



Ages 6-14 years

October 17-19, 2008

Cost: \$95 per person



Registration closes 12 noon Thursday, Oct. 9, 2008

Join us for this weekend outdoor adventure offering, Saturday night, outdoor camping (we will supply the tents), outdoor cooking, astronomy, orienteering, archery, hiking, climbing wall and ropes course. This is the perfect opportunity for a father/son to bond together during this outdoor adventure..

Just a few days at camp will give you a lifetime of memories. Throughout the weekend, you will participate in a variety of activities, individually and with their cabins. We offer archery, nature, crafts, hiking, outdoor cooking, challenge course, and special events. Parent/Guardian must be at least 18 years old.

<b>CHECK-IN:</b>	<b>Friday Evening: 5:00</b>	<b>Dinner will be served at 6 pm</b>
<b>CHECK-OUT:</b>	<b>Sunday Afternoon: 12:30 p.m.</b>	<b>Lunch will be served 12 noon</b>

### Registration Procedures

Mail completed application and registration fees to:

**Griffith Park Boys Camp • 4730 Crystal Springs Drive • Los Angeles, CA 90027.**

No telephone or fax registration. Applications will be received on a first-come, first serve basis. The rules of acceptance and participation in the program are the same for all, without regard to race, color, religion or national origin. Persons with disabilities are welcome to participate in our programs, reasonable accommodations will be made with prior arrangements.

**Camp registration and fees are due 12 noon, Thursday, Oct. 7, 2008.** If registration is received less than one week prior and there is still room in the session, there will be a \$20.00 late charge. It is understood and agreed that no refund or reduction in fees are made for withdrawal, late arrival, early departure, or request to leave due to misconduct. A waiting list will be started after all spaces are filled. Names will be added in the order in which applications are received.

**Cancellation and Refund Requests:** All telephone cancellations must be followed with a written request for a refund with a photocopy of the original registration receipt. Refunds will take at least 4-6 weeks, once the written request has been received. The registration fee will be refunded as follows: Less \$20.00 with more than one weeks notice; less \$25.00 with less than one week's notice. (12 noon Thursday determines "Notice" given for refunds). There will be no refunds for a NO SHOW. The camp reserves the right to cancel any program if minimum registration requirements are not met. Program subject to change without prior notice.

"Million Trees Los Angeles"

# GRIFFITH PARK BOYS CAMP

## FATHER/SON FALL RETREAT REGISTRATION FORM

Please mail completed application and full registration fee to:

Griffith Park Boys Camp • 4730 Crystal Springs Drive • Los Angeles, CA 90027  
[gp.boyscamp@lacity.org](mailto:gp.boyscamp@lacity.org)

Registration closes 12 Noon Thursday, October 9, 2008

Father/Son October 17-19, 2008 Cost: \$95 per person

Attending Parent/Guardian Name: \_\_\_\_\_ Legal Custody  Yes  No

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Phone \_\_\_\_\_

1. Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_

2. Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_

In case of emergency contact: Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Are you on our mailing list?  Yes  No Email Address: \_\_\_\_\_

In consideration of the City of Los Angeles acting through its Department of Recreation and Parks granting the above-name child(ren) ("minor") and myself the opportunity to participate in the camp program described in the brochure, ("program") I, (Print Name) \_\_\_\_\_ the undersigned, as parent or legal guardian of the Minor do hereby agree as follows:

**I am aware that there are certain risks of injury and/or damage inherent in the program activities:**

**I will follow and instruct minor to abide by all safety regulations** and to take reasonable precautions to minimize risks of injury or damage arising from participation in the program;

**I give my consent and to my minor to participate in all aspect of the program** and I knowingly assume full responsibility for all risks of bodily injury, death or property;

**I understand that the City has no obligation to obtain medical treatment** for myself and the minor. Should it be necessary to have emergency medical care while participating in the program. I hereby give the City permission to use their judgment in obtaining medical care and I give permission to the medical care provider selected by the City personnel to render medical care deemed necessary and appropriate;

**I understand that the City at its sole option but without obligation may procure insurance** to cover all or part of such medical expense incurred by myself or minor. Accordingly, I understand and agree that any cost incurred for such treatment which is not covered by insurance shall be my sole responsibility;

**I also authorize the City to make, procure to use photographs;** film, tapes or other likeness of myself and the minor's physical image and/or voice as may be needed for us with the program's publicity materials;

**Except for the gross negligence or willful misconduct of the City,** I waive all rights of recovery, which Minor or I may have now or in the future, whether known or unknown, against the City of Los Angeles or its officers, agencies or employees, and I release, acquit and forever discharge the City from any and all liability for any bodily injury or other personal injury, damage, loss or expense, claims, demands causes of action, money damages, costs, loss of services or use, compensation, debts, including attorney fees, which result from or are in any way connected with myself or minor's participation in the program or any related activities.

**I have carefully read this agreement.** I understand what it means and my signature below is my own free act. I intend it to be legally binding on minor and myself. I also acknowledge that I have read and understand the payment, refund and condition of enrollment policies found in this brochure/flyer.

**Important:** Parent's Signature is Required:

Parent/Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

<b>FOR OFFICE USE ONLY:</b>	<b>Amt Pd.</b> _____	<b>Rw #</b> _____	<b>Initial</b> _____
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