

City Of Los Angeles Department Of Recreation & Parks
TARZANA RECREATION CENTER

5655 Vanalden Ave. Tarzana, CA 91356

Phone: (818) 343-5946

CAMP WINTER EDITION TARZANA 2024/25

Day Camp
5-12 Years Old

Sports Camp
9-13 Years Old



December 16 - January 3



Camp Information

Winter Camp Tarzana Fees

\$240 Per Week

Fees includes Extended Care & Trips

\$35 Nonrefundable Registration Fee

\$40 Nonrefundable Deposit Per Week

Dates & Times

Registration Begins on November 1, 2024

Camp Tarzana Dates: December 16 to January 3

Camp Hours: 9am to 4pm

Extended Care Hours: 8am-9am & 4pm-6pm

Field Trips

Week	Dates	Trips	Trip Day
Week 1	12/16 - 12/20	Science Center	Wednesday
Week 2	12/23 - 12/27	Six Flags	Thursday
Week 3	12/30 - 1/3	Arcadia Mall	Thursday

This trip schedule is subject to change. Check weekly newsletter for time changes and other information regarding camp and trip schedule.

New Years Eve Party - December 31st

Hats, Horns Blowers, Poppers, Party, Food, Music, and everyone's favorite, the count down to Bubble Wrap Stomp!

No Camp December 25th & January 1st

No PM Care on December 24th & 31st

Child's Name _____ Age _____ Group _____

Camp Tarzana 2024/25 Registration Worksheet

- The Camp fee is \$240.00 per week.
- There is a non-refundable one time registration fee of \$35.00
- A \$40.00 deposit is required for each week that you reserve.
- This \$40.00 deposit is Non-Refundable, Non-Transferable. This fee is deducted from the weekly tuition at time of payment.
- Make checks payable to "City of LA, Rec. & Parks".

Please mark an X in the box for the week/weeks your child will be attending.

INITIAL PAYMENT SCHEDULE – OFFICE USE ONLY

\$35.00	Registration Fee	\$35.00
\$40.00	X _____ Weeks Reserved =	\$
\$240.00	X _____ Weeks Paid in Full =	\$
\$10.00	X _____ Additional T-Shirt =	\$
	TOTAL RECEIVED	\$

T-Shirt (s) Received? (please check if yes) <input type="checkbox"/>	Please Check one of the following:
Date _____ Quantity _____	Day Camp _____ or Sports Camp _____

X	Week	Deposit	Receipt #	Balance Pd.	Receipt #	Date
	Week 1 Payment Due In Full At			Time Of Registration		
	1.12/16 - 12/20	\$		\$		
	Week 2 Payment Due In Full By			Thursday, December 19, 2024		
	2.12/23 - 12/27	\$		\$		
	Week 3 Payment Due In Full By			Thursday, December 26, 2024		
	3.12/30 - 1/3	\$		\$		

NOTES: _____

Camp Tarzana's Winter 2024/25 Registration Form

(Please Write All Information Correctly And Legibly)

Camper's Gender: (please circle) Male / Female Grade in Fall: _____ School: _____

Camper's Name: _____ Age: _____ Birthday: _____ / _____ / _____

Address _____ City _____ State _____ Zip Code _____

Home Phone: () _____ Cell Phone / Pager: () _____

E-Mail Address: (To Receive Payment Receipt) _____

Parent / Guardian(1) Name: _____ Business Phone:() _____

Parent / Guardian (2) Name: _____ Business Phone:() _____

Emergency Contact other than parent: Name: _____ Phone:() _____

I authorize ONLY these additional persons to pick up my child, include car pools:

Name _____ Relation _____

Name _____ Relation _____

Name _____ Relation _____

If you wish to allow your child to check him/herself out of camp unaccompanied, please sign _____

Note: Only campers 11 and older are allowed to sign themselves In & Out.

MEDICAL INFORMATION: Insurance Provider _____ Policy # _____

Physician _____ Phone() _____ Dentist _____ Phone() _____

Is child on medication? Yes No

If so, what kind: _____ Amount _____

Frequency _____ Signature _____ Date _____

Reason for limitations of physical activities, if any _____

List any major illness or medical conditions or behaviors that we should be aware of in case of a major emergency.

PLEASE READ THOROUGHLY AND SIGN IN THE PERTINENT PLACES. CAMPERS WILL NOT BE PERMITTED TO PARTICIPATE IN ANY CAMP TARZANA PROGRAMS UNLESS THIS FORM IS FILLED OUT CORRECTLY AND SIGNED.

AUTHORIZATION TO PARTICIPATE

My child, print name _____, a minor has my authorization to participate in Camp Tarzana's 2024/25 Winter Camp Program and all activities therein (including chartered bus trips). I further agree to relieve the City of Los Angeles, Department of Recreation and Parks, its officers, agents and employees from any liability for injury to my child resulting from and/or in connection with activities in this program. I, the undersigned, as parent/guardian of the above mentioned minor do hereby authorize the City of Los Angeles to act as agent for the undersigned; to consent for any X-Ray examination, anesthetic, medical or surgical diagnosis, treatment/hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medicine Practice Act and on the medical staff of a licensed hospital; whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. This authorization is given in advance of any specific diagnosis/treatment, etc., and is given to provide authority to aforesaid agents to give specific consent. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

GENERAL POLICIES

1) Neither the Department of Recreation and Parks nor the Camp carry insurance. 2) Refunds may be issued for long-term illnesses only 5 consecutive camp days or more, provided that we receive a signed note from a licensed physician within 3 days after illness. Allow 4 to 6 weeks for processing of refunds. 3) All camp deposits are absolutely nonrefundable, NO EXCEPTIONS. 4) The tuition money, paid in full (for all camps), is due before services rendered, or you may lose your space in the program and your deposit. 5) Staff reserves the right to require proof of age at any time. Campers must meet age requirements by the start of camp. 6) Written permission must be provided if you wish your child to be released to anyone other than those authorized on the registration form. 7) For safety purposes, camp t-shirts and closed toe tennis shoes must be worn daily. NO EXCEPTIONS. Children attending camp without t-shirts will be issued one by the staff and you will be billed appropriately. 8) Parents are welcome to drop in and observe the camp program at any time, but for the safety and happiness of the children, and staff, parents are not permitted to linger in or around the program for extended periods of time. 9) Parents are not permitted to accompany campers on any camp field trips. 10) Staff reserves the right to change or alter programming at any time without notice. 11) Staff is not responsible for lost or stolen articles. 12) Programmed activities occur from 9:00 AM to 4:00 PM. 13) All activities, other than field trips will occur at Tarzana Recreation Center. 14) By participating in our programs, patrons agree to allow the City of Los Angeles Department of Recreation and Parks, the Tarzana Rec. Center and Camp Tarzana to use photographs, video tapes, and testimonials of participants for use in publicity materials free of any fee or usage charge.

I have read and understand the AUTHORIZATION TO PARTICIPATE, GENERAL POLICIES and DISCIPLINE PROCEDURES/POLICY. I hereby agree to abide by all the above-mentioned policies and practices and further understand that transgression of any policy is cause for immediate expulsion from the program without refund.

PARENT/GUARDIAN SIGNATURE _____ DATE _____