

City of Los Angeles Department of Recreation & Parks  
**TARZANA RECREATION CENTER**  
5655 Vanalden Ave Tarzana, CA 91356 (818) 343-5946

# CAMP TARZANA 2025/26

## WINTER EDITION



December 22 - January 9





# Camp Information

## Winter Camp @ Camp Tarzana Fees

\$260 Per Week

(\$40 Extra Week 3 - Disneyland)

Fees include Extended Care & Trips

\$35 Nonrefundable Registration Fee

\$40 Nonrefundable Deposit per Week

## Dates & Times

Registration Begins on November 3, 2025

Camp Dates: December 22nd - January 9th

Camp Hours: 9am-4pm

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

## Field Trips

Week	Dates	Trips	Trip Day
Week 1	12/22 - 12/26	Jumper/Bowl	Wednesday
Week 2	12/29 - 1/2	Pacific Park	Wednesday
Week 3	1/5 - 1/9	Disneyland	Wednesday

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

## New Year's Eve Party - December 31st

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

**No Camp December 25th & January 1st**



Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Group \_\_\_\_\_

**Camp Tarzana Winter Camp 2025/26 Registration Worksheet**

- The Camp Fee is \$260 per week (3rd Week \$300 due to Disneyland)
- There is a non-refundable one time registration fee of \$35.00
- A \$40.00 deposit is required for each week that you reserve (non-refundable, non-transferable)

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 =	\$
\$260.00	X _____ Weeks Paid In Full =	\$
\$40.00	Extra Fee - Week 3 Disneyland =	\$
\$10.00	X _____ Additional T-Shirts =	\$
	<b>TOTAL RECEIVED</b>	\$
T-Shirt (s) Recieved? (please check if yes) _____ Date _____ Quantity _____		Please check one of the following: Day Camp _____ Sports Camp _____

X	Week	Deposit	Receipt #	Balance Pd.	Receipt #	Date
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Week 1 Payment Due In Full At

Time Of Registration

(1)	12/22-12/26 Jumper & Bowl	\$ 40		\$ 220		
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Week 2 Payment Due In Full By

Wednesday, December 24

(2)	12/29-1/2 Pacific Park	\$ 40		\$ 220		
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Week 3 Payment Due In Full By

Wednesday, December 31

(3)	1/5-1/9 Disneyland	\$ 40		\$ 260		
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Notes \_\_\_\_\_

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If you are a person with a disability and require accommodation to participate in a City of Los Angeles Department of Recreation and Parks program, service, or activity, requests may be made by calling the facility or 711 for CA Relay, ten days in advance of the event. We will do our best to fulfill requests with less than ten business days' notice. If a participant requires a one to one aide, requests will be fulfilled within seven business days of receiving required paperwork and documentation needed to issue a Right of Entry Permit to the agency providing the aide.



# Camp Tarzana's Winter 2025/26 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: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent/Guardian(1) Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Parent/Guardian(2) Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Emergency Contact other than parent: \_\_\_\_\_ 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 12 and older are allowed to sign themselves In & Out

MEDICAL INFORMATION: Insurance Provider \_\_\_\_\_ Policy Number \_\_\_\_\_

Physician \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Dentist \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Is your child on medication? Yes \_\_\_\_ No \_\_\_\_

If so, what kind: \_\_\_\_\_ Amount: \_\_\_\_\_

Frequency: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for limitation 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 2025/26 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

Neither the Department of Recreation and Parks nor the Camp carry insurance. 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. All camp deposits are absolutely nonrefundable, NO EXCEPTIONS. 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. Staff reserves the right to require proof of age at any time. Campers must meet age requirements by the start of camp. Written permission must be provided if you wish your child to be released to anyone other than those authorized on the registration form. For safety purposes, camp t-shirts and close 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. 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. Parents are not permitted to accompany campers on any camp field trips. Staff reserves the right to change or alter programming at any time without notice. Staff is not responsible for lost or stolen articles. Programmed activities occur from 9:00 AM to 4:00 PM. All activities, other than field trips, will occur at Tarzana Recreation Center. By participating in our programs, patrons agree to allow the City of Los Angeles Department of Recreation and Parks, the Tarzana Recreation 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: \_\_\_\_\_