

Winter Camp 2016 Winter Wonderland Terrabay Gymnasium

(1121 South San Francisco Drive)

Important reminders:

- * Anyone picking up your child must show a valid photo ID
- * We are offering a free lunch every day; if your child does not like the menu please be sure they bring a bag lunch
 - * We are a **NO NUT ZONE!**
- * If you pick up your child after 6:00 pm there is a \$5.00 per minute late fee (we go by the clock in the room).
 - * All plans are subject to change due to weather
 - * Come ready to have fun

**Tuesday,
December 27th**

Let It Snow

- * Alpine Trees
- * Popcorn
- Snowballs
- * Snow Slime
- * Snowball Baseball



LUNCH:
Lasagna Soup/ Garlic
Bread/ Carrots

**Wednesday,
December 28th**

Frosty Fun

- * Basketball
- * Egg Carton
Snowmen
- * Sock Snowmen
- * Magic Foaming
Snowmen



LUNCH:
Chicken Pot Pie
Casserole/Side Salad

**Thursday,
December 29th**

Ring in the New Year

- * Carnival
- * Dance Party
- * Confetti Poppers
- * "Noon-Year's
Countdown"



LUNCH:
Meatball Skewer
Sub/Steamed
Veggies

**Tuesday,
January 3rd**

March of the Penguins

- * Penguins in the
Dark
- * Skeleton (please bring
a bike helmet labeled with
your child's name)
- * Cotton Ball
Penguin
- * How Do Penguin's
Stay Dry



LUNCH:
Chili-mac/Corn
Bread/Fruit

**Wednesday,
January 4th**

Ice is Nice

- * Northern Lights
- * Sugar Cube Igloos
- * Snowflake Crayon
Resists
- * Curling



LUNCH:
Grilled Cheese
Sandwiches/Soup

**Thursday,
January 5th**

Winter Olympics

- * Cross Country
Skiing
- * Speed Skating
- * Hockey
- * Medal Ceremony



LUNCH:
Veggie Lo Mein/
Fruit Salad

2016 Winter Camp Application



This is the only document we have to get a hold of you in an emergency, please write legibly and print two-sided!

CHILD INFORMATION

Child's Name		Age:	D.O.B
Address		City	Zip
2016-17 Grade:			
Primary email			

PARENT GUARDIAN

Name:	Cell Phone	Work Phone	Home Phone
Name:	Cell Phone	Work Phone	Home Phone

PERSONS AUTHORIZED TO PICK UP CHILD (2 Required)

Please provide the names and contact information for all persons you are authorizing to pick-up your child from camp. All persons authorized to pick up your child must be 18 years or older and must be prepared to show a valid picture ID. If we cannot contact a parent we will use this list to contact in case of emergency, illness or late pick-up. With this in mind, please list in order of contact for emergency. Remember if a child is being sent home for any reason, they must be picked up within 1 hour and we will use this list if a parent cannot be contacted.

Name:	Cell Phone	Work Phone	Home Phone
Name:	Cell Phone	Work Phone	Home Phone
Name:	Cell Phone	Work Phone	Home Phone

MEDICAL INFORMATION

Preferred hospital	Doctor/Phone	Medical card/Policy #
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CAMP DATES – PLEASE CHECK THE DATES YOU ARE ENROLLING IN AND IF YOUR CHILD WILL BE PARTICIPATING IN OUR FREE LUNCH PROGRAM THAT DAY

<input type="checkbox"/> Tuesday, December 27th <input type="checkbox"/> Lunch Lasagna Soup/Garlic Bread/Carrots	<input type="checkbox"/> Tuesday, January 3^d <input type="checkbox"/> Lunch Chili-Mac/Corn Bread/Fruit
<input type="checkbox"/> Wednesday, December 28th <input type="checkbox"/> Lunch Chicken Pot Pie Casserole/Side Salad	<input type="checkbox"/> Wednesday, January 4th <input type="checkbox"/> Lunch Grilled Cheese/Soup
<input type="checkbox"/> Thursday, December 29th <input type="checkbox"/> Lunch Meatball Skewer Sub/Steamed Veggies	<input type="checkbox"/> Thursday, January 5th <input type="checkbox"/> Lunch Veggie Lo Mein/Fruit Salad

Winter Camp 2016 will offer a free lunch to all campers. Please be sure to check the lunch box above if your child would like lunch on that day. Menu items are listed for each date. Your child is welcome to bring their own lunch if they do not like the lunch menu or if they prefer a lunch from home.

CONSENT FOR MEDICAL TREATMENT

I do hereby authorize that all of the above information is correct and that my child is fully able to participate in all Summer Camp activities without need of individual or specialized attention or medical regimen. I agree to notify Winter Camp of any changes in my child's physical or mental health between the dates of enrollment and the start of the camp as well as during camp. I hereby consent and authorize the administration of all medical treatments advisable or necessary under the judgment of the camp staff, emergency room physicians or any other clinical physicians with the understanding that I will be notified as soon as possible.

Name	Signature	Date	Relationship
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MEDICAL/BEHAVIOR INFORMATION

Remember we are a NUT FREE ZONE!!!!

Any medical concerns, asthma, dietary needs, limitations or medications. Please give specific information as well as any information that you believe will help us meet all the needs of your child. This may include fears, likes, dislike, discipline strategies, any changes in the home etc.

ALLERGIES OR REACTIONS TO MEDICINES/FOODS/OTHER AGENTS

Medication/Food/Environmental Allergy	Reaction or Side Effect	Medication Needed or Special Instructions

WAIVER AND RELEASE OF LIABILITY

DO NOT SIGN THIS DOCUMENT BEFORE YOU READ IT AS IT CONTAINS A WAIVER AND RELEASE OF LIABILITY TO WHICH YOU WILL BE BOUND

I agree that my participation in the **City of South San Francisco's Winter Camp Program** is voluntary and that I assume all risk of injury, illness, damage or loss to me or to my property that might result from my participation. I further agree (on behalf of myself and my family members, personal representatives, heirs, executors, administrators, agents and assigns) to release and discharge the City of South San Francisco and its officers, employees, and agents, from any and all claims, liability, loss, penalties, expenses and costs (including attorney's fees), or causes of action (known or unknown) (collectively, "Liability") arising out of my participation, except to the extent that such Liability is caused by the gross negligence or willful misconduct of the City. I give the City of South San Francisco permission to use any photos of my child for promotional purposes. **I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND I FULLY UNDERSTAND THAT, BY SIGNING BELOW, I AM WAIVING ANY RIGHT THAT I MAY HAVE TO BRING A LEGAL ACTION OR TO ASSERT A CLAIM AGAINST THE CITY FOR NEGLIGENCE.**

Child's Name	Address
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Parent/Guardian Signature	Date
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Check & Initial <input type="checkbox"/>	I agree to follow the policies and procedures in the 2016 SSF Winter Camp. I understand my child's placement in camp is dependent on following policies and procedures of SSF Winter Camp.
<input type="checkbox"/>	I give permission for my child to view PG rated movies.

ETHNICITY

For statistical purposes only please circle any and all that apply. This helps us in acquiring grants and applying for funding for our programs.

Native American/ Alaskan Native	Asian	Hispanic/ Latina	White	Native Hawaiian/ Pacific Islander	Other:
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Winter Camp Payment Sheet 2016

Child(s) Name: _____

Parent Name: _____

\$33.00 Resident/\$38.00 Non-Resident Per child per day

Tuesday, December 27th Wednesday, December 28th Thursday, December 29th

Tuesday, January 3rd Wednesday, January 4th Thursday, January 5th

Check # _____

Visa Discover MasterCard

Card # _____ Exp. Date: _____

Cardholder's Name (Print): _____ Cardholder's Signature: _____

Applications and payments can be mailed to: City of SSF Parks & Recreation c/o Kelli Jo Cullinan
33 Arroyo Drive, SSF CA 94080