



Kid's Hangout Registration Form: May & June 2024

Please complete the following form (one per child) and return it to the La Sierra Community Center Recreation Office, 5325 Engle Rd, Suite 100, Carmichael, CA 95608, Phone: (916) 483-7826, Fax: (916) 483-7861.

Child's Name: _____ Age: _____ Date of Birth: ____/____/____

Address: _____ Grade: _____ Gender: _____ Receipt Copy: Y or N

City/Zip: _____

Parent's Name: _____ Email: _____

☐ Yes, I want to receive the monthly email newsletter from Carmichael Recreation & Park District with information on upcoming community events, programs and classes.

Home Phone: _____ Work Phone: _____ Cell Phone: _____

School: _____ End Time M-W & F: _____ Th: _____

Office Use Only: R or NR Receipt # _____

This form is a record of PAYMENT for what is marked on this form only. **You will be charged for the dates you mark on this form. You must fill out this form each time you register for more dates.** After your initial registration, you can simply phone in, fax, or email your registration. Call 483-7826 for more details on all of our convenient registration options.

Week	DATES	Mark Days Attending				
		M	T	W	Th	F
40	5/6—5/10					
41	5/13—5/17					
42	5/20—5/24					
*43	5/27—5/31					
**44	6/3—6/7					

PROGRAM FEES:

Fees below are per child and include: CMP Early Dismissal (Wednesdays), SJUSD Early Dismissal (Thursdays), and transportation from school sites to La Sierra CC KHO room.

Please select from following options:

Full Time: 4 - 5 Days per Week

☐ \$103 (R) ☐ \$108 (NR)

Part Time: 3 Days per Week

☐ \$83 (R) ☐ \$88 (NR)

(R) Resident (NR) Non-Resident

***Week 43:** 5/27 - Closed

****Week 44:**

M/Tu Afterschool, W/Th/F 7:30am - 6pm: \$140(R) \$150(NR)
Monday & Tuesday Afterschool ONLY: \$60(R) \$65(NR)
Wed/Thurs/Fri 7:30am - 6pm ONLY: \$110(R) \$120(NR)

Additional Transportation:

Additional transportation is available between 3:45pm—5:30pm
Please complete the following information:

Picked Up: ☐ OR Dropped Off: ☐

Location(s): _____

Time(s): _____

*May be a delay on transportation for any times before 3:45pm

Day(s): Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐

Week Number(s): 39 ☐ 40 ☐ 41 ☐ 42 ☐ 43 ☐ 44 ☐

ADDITIONAL FEES:

Additional Transportation Fees: To and from extra curricular activities (sports, music, reading, etc.) within a 5 mile radius of La Sierra Community Center

☐ \$13/wk for 1-2 days ☐ \$18/wk for 3-5 days

Late Fee: Registration must be received by our office by Friday at 4:30pm. All registration received after 4:30pm on Friday will be charged a \$15 Late Fee.

☐ Late Fee

Refunds will be granted in accordance to the CRPD Refund Policy, for refund information please contact our La Sierra Office at (916) 483-7826 or online at carmichaelpark.com.

PAYMENT: Payment must accompany registration.

We accept checks, credit cards (Visa or MC), cash, and money orders. **Make Checks payable to C.R.P.D.** (Visa or Mastercard)

Total Amount Due: _____ Total Amount Paid: _____ Payment Type: ☐ Check # _____ ☐ Cash ☐ Credit ☐ M/O

CREDIT: Card Number: _____ Exp Date: _____ Signature: _____ CVV: _____

Carmichael



Kids Hangout After School Program 2023/2024

Carmichael Recreation & Park District

5325 Engle Rd, Carmichael, CA 95608 • (916) 483-7826 • FAX: (916) 483-7861

Kids Hangout After School Program

August 7, 2023 — June 7, 2024

AGREEMENT, WAIVER, AND RELEASE

In consideration for being permitted by the above district to participate in the above activity, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the above district (its officers, officials, employees, and agents) from any and all liability arising out of, or connected in any way, with my participation in said activity even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my death or injury or property damage that I may sustain while participating in said activity.

PARENTAL CONSENT: (To be completed and signed by parent/guardian if applicant is under 18 years of age).

I hereby consent that my child _____ participate in the above activity, and I hereby execute the above Agreement, Waiver, and Release on their behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense which may incur as a result of the death or injury or property damage that said minor may sustain while participating in said activity.

PHOTO and LIABILITY RELEASE: By signing this agreement, you are agreeing to release photo rights, including waiving any right of compensation, to Carmichael Recreation & Park District (CRPD). CRPD reserves the right to photograph facilities, activities, and program participants for potential future use, which may include sharing the photos with the Carmichael Recreation and Park District Foundation dba Carmichael Parks Foundation to use the photos to inform and promote the CRPD. **You further hereby release CPRD and Carmichael Parks Foundation from and against any injury or damage arising out of or related to the aforementioned activities.** All photos will remain the property of Carmichael Recreation & Park District.

I have carefully read this Agreement, Waiver, and Release and fully understand its content. I am aware that this is a release of liability and a contract between myself and Carmichael Recreation & Park District and I sign it of my own free will.

Signature: _____

Date: _____

Name (Printed): _____

☐ Parent

☐ Guardian