



261 West Dana St.  
PO Box 346  
Nipomo CA  
93444

# Spring Camp TK – 6<sup>th</sup> Grade Registration Form 2025

**Sponsored By: LMUSD**

Send to:  
[Geneva.NipomoRecreation@gmail.com](mailto:Geneva.NipomoRecreation@gmail.com)  
Office 805.929.5437  
[www.NipomoRecreation.com](http://www.NipomoRecreation.com)

CHILDS LEGAL NAME (One Form Per Child)	DOB	AGE	GRADE	SCHOOL

**Insurance Co.** \_\_\_\_\_ **Policy #** \_\_\_\_\_

FATHER/GUARDIAN NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/ZIP: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

MOTHER/GUARDIAN NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY /ZIP: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

Person Responsible for Payment:  Father  Mother  CAPSLO  CRR  Other \_\_\_\_\_

**EMERGENCY CONTACTS** *(People who may be contacted in case of an emergency)*

ADULT NAME:	RELATIONSHIP :	CELL PHONE:

**AUTHORIZED ADULTS** *(People who are authorized to pick-up your child)*

AUTHORIZED ADULT NAME:	RELATIONSHIP :	CELL PHONE:

Any specific activities to avoid?  Yes  No If YES, what and why \_\_\_\_\_

Are there any behaviors/concerns/Special Needs the staff should be aware of? \_\_\_\_\_

Does your child have any allergies which the staff should be aware of?  Yes  No

If YES, please describe \_\_\_\_\_

Other significant information about your child that would be helpful to know? \_\_\_\_\_

**Parent/Guardian STATEMENT OF UNDERSTANDING \*I understand and agree to the following: (please initial all items)**

- Camp is for currently enrolled LMUSD TK – 6<sup>th</sup> Graders
- Your child must be present the first day, attend 4.5 hours each day, and have only 1 unexcused absence.
- Spring Camp** hours are: 9:00am-6:00pm. **Pick-ups after 6:00pm will be charged \$15 per day.**
- It is my responsibility to make sure my child has the appropriate shoes, jacket/sweatshirt every day. If not, recreation staff will call me, and I will bring the necessary items to camp within one hour.
- There are NO toys, electronic games, etc. allowed at camp at any time.
- Spring Camp** is a Soda, Cell Phone and Candy free zone. If any such items are brought, staff will hold until pick-up time.
- Breakfast, lunch, and supper will be provided by LMUSD to campers. If your child chooses to bring these meals, **THERE ARE NO FOOD HEAT UPS PERMITTED AT CAMP. COLD FOOD ONLY.**
- Nipomo Recreation or LMUSD assumes no liability for children who are not signed into the program.
- My child will be signed in and out daily by an **AUTHORIZED ADULT.**
- Only I or the Authorized Adults I have noted on the registration will pick-up my child.
- I assume all responsibility for communicating camp policies to whoever is picking up my child.
- If my child’s behavior is unacceptable/intolerable at camp and harms others, camp property or staff, my child will be suspended or expelled from camp. No refund will be given. I will pick-up my child within 30 minutes of being called by the Nipomo Recreation staff.
- We will follow and act on all current CDC, LMUSD, County, and State guidelines for the safety of youth and staff.

**Parent’s Authorization**

In the event that my child needs immediate medical attention for injuries received while participating in a Nipomo Area Recreation Association program, I give my permission for the NARA staff members to administer necessary medical treatment. NARA staff may also admit my child to a hospital emergency room for emergency medical treatment without my consent if I cannot be reached to give permission.

Hospital preferred: \_\_\_\_\_ City \_\_\_\_\_

I hereby give consent to the Nipomo Area Recreation Association (NARA) and it’s designated leaders to transport my child (named above) by means of walking, public transportation or private bus companies on walking trips, community service learning projects, and field trips with the understanding that such trips are under supervision of authorized personnel of NARA and that all possible precautions are taken to insure the health and safety of my child.

<b>MEDICAL AND LIABILITY RELEASE</b> <i>Please read carefully before signing:</i>	
The undersigned agrees to hold Nipomo Recreation Association and any other officer or employee thereof harmless from any claim for injury or accident to the above named arising out of or in any way connected with the named activity. I recognize that this program may have some inherent risks and I accept the responsibility to identify those risks and accept them. In case of an accident arising out of the named activity, medical assistance may be administered to the person named herein. This registration form will act as medical release. If the participant is under 18, parent or guardian must sign release.	
<b>SIGNATURE</b> _____	<b>DATE</b> _____

**Official Nondiscrimination Statement**  
 (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, or political beliefs. Persons with disabilities who require alternative means of communication of program information (Braille, large print, audiotape, etc.) should contact SDA’s TARGET Center at (202) 720-2600 (voice and TDD).  
 To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14<sup>th</sup> and Independence Avenue, SW, Wash- ington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

**2025 TK-6<sup>th</sup> Grade Spring Camp Location: Dana Ele. Room 75 Portables**

- Open to all current LMUSD TK – 6<sup>th</sup> Graders at Dana, Lange, and Nipomo Elementary Schools.
- Space is limited and will be filled on a first come first serve basis.
- Spring Camp is funded by LMUSD Extended Learning Opportunities Grant which dictates a priority registration will be granted to LMUSD Migrant, homeless, foster, and English language learners.
- Registration starts March 6 and ends April 11<sup>th</sup>
- In the event we reach capacity, you will be notified ASAP
- Camp days: April 21<sup>st</sup> – 25<sup>th</sup> - 9am-6pm
- Campers must be present the 1<sup>st</sup> day and attend 4.5 hours daily and have only 1 unexcused absence.

**Before Camp Care - Dana Ele. Room 75 Portables  
7am-9am Drop-Off**

- **Fees \$40 (Please call the office 805-929-5437 for credit card payment) Payment must be received by April 15<sup>th</sup>.**

**PLEASE ✓ BOX**

I would like my child to attend the Before Care Program – Fees \$40

**Before Camp Care Authorization:**

**Parent/Guardian Name:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_