



MVUSD Summer Camp

June 11, 2019 thru August 8, 2019 (Closed July 4th)

Sites are open from 6:30am until 6:00pm
The last day of camp will be August 8th, 2019.

Location: Kids going into 2nd - kids going into 6th grade.
Shivela Middle School: 24515 Lincoln Ave. Murrieta CA., 92562

Activities: Swimming, Science, Engineering, Sports, Cooking,
Movies, Art, Onsite and local field trips/events

SPACE IS LIMITED

Accounts must be current to enroll

Weekly Rates: Part Time (1-3 days) \$165.00

Full Time (4-5 days) \$190.00

5% Discount on monthly prepayment

Registration Location:

Avaxat Elementary Family Services Office
24300 Las Brisas Rd., Murrieta CA 92562

If you have any questions or need assistance please contact

Angie Williamson - SEED Supervisor

951-304-1623 x 2169

CAMP SITE: Shivela 2nd – 5th

Childs Name: _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Circle One
O = Orange G = Green B = Blue P = Purple	June 10 CLOSED INT _____	June 11 INT _____	June 12 INT _____	June 13 INT _____	June 14 INT _____	P/T 165.00 F/T 190.00
	June 17 INT _____	June 18 INT _____	June 19 INT _____	June 20 INT _____	June 21 INT _____	P/T 165.00 F/T 190.00
Each day campers will participate in a rotation between a variety of activities.	June 24 INT _____	June 25 INT _____	June 26 INT _____	June 27 INT _____	June 28 INT _____	P/T 165.00 F/T 190.00
Activities include science, cooking, health/fitness, art and engineering	July 01 INT _____	July 02 INT _____	July 03 INT _____	July 04 CLOSED HOLIDAY INT _____	July 05 INT _____	P/T 165.00 F/T 190.00
All activities are subject to change	July 9 INT _____	July 10 INT _____	July 11 INT _____	July 12 INT _____	July 13 INT _____	P/T 165.00 F/T 190.00
	July 16 INT _____	July 17 INT _____	July 18 INT _____	July 19 INT _____	July 20 INT _____	P/T 165.00 F/T 190.00
	July 23 INT _____	July 24 INT _____	July 25 INT _____	July 26 INT _____	July 27 INT _____	P/T 165.00 F/T 190.00
	July 30 INT _____	July 31 INT _____	Aug 01 INT _____	Aug 02 INT _____	Aug 03 INT _____	P/T 165.00 F/T 190.00
	Aug 06 INT _____	Aug 07 INT _____	Aug 08 INT _____	Aug 09 <i>Last day of camp</i> INT _____	Aug 10 CLOSED INT _____	P/T 165.00 F/T 190.00

SEED Camp Emergency Form

Camp Site: Shivela 2nd – 5th Home School Site: _____

Students Last Name	First Name	Home Address	City	ZIP	Home Phone
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Legal (if different)	Birth Date	Sex	Grade	Health Card Info. Attached? Yes ___ No ___
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Custody ruling prohibits release of children to: **(Copy of legal document required)** Attached? Yes ___ No ___

Student lives with: (please circle) Father Mother Stepfather Stepmother Other: _____

1. Parent/Guardian Last Name	First Name	Employer Name/City	Work Phone	Cell Phone
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2. Parent/Guardian Last Name	First Name	Employer Name/City	Work Phone	Cell Phone
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Adults authorized to pick up children who have agreed to be responsible in case of minor injury, illness, or if parent cannot be reached.

CARD MUST BE KEPT CURRENT. YOU MUST INCLUDE AT LEAST 2 LOCAL PERSONS. ONLY THESE PEOPLE WILL BE ALLOWED TO TAKE STUDENTS HOME FROM THE SEED PROGRAM AND THEY MUST BE AT LEAST 18 YEARS OF AGE.

NAME	CITY	RELATIONSHIP	PHONE NUMBER
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IN THE EVENT OF AN EMERGENCY, AN M.V.U.S.D. FAMILY SERVICES EMPLOYEE WILL CONTACT APPROPRIATE EMERGENCY SERVICES AND/OR PHYSICIAN. THE UNDERSIGNED PARENT/GUARDIAN AGREES TO PAY ANY FEES INCURRED.

Physicians Name	City	Phone Number
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Insurance Company: _____ Policy #: _____

Parent's Signature: _____ Date: _____

EMERGENCY EVACUATION INSTRUCTIONS:

In case of an emergency necessitating the closing of the program, students will be directed in accordance with the Murrieta Valley Unified School District emergency departure procedures. Students will only be released to authorized adults eighteen (18) years of age or older.

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PHOTOGRAPHIC PERMISSION:

I do ___ I do not ___ give permission to have my child appear in media coverage approved by the Family Services Program Director.

Parent's Signature: _____ Date: _____

MVUSD FAMILY SERVICES - SEED CAMP

Health Information Sheet

Childs Name: _____ Camp Site: **Shivela 2nd – 5th**

PLEASE LIST ANY HEALTH CONDITIONS AND/OR MEDICATIONS YOUR CHILD REQUIRES AT SCHOOL OR HOME

This information is important for your child's health and safety as well as disaster preparedness. If medication is taken at school, a completed MVUSD Medication Authorization form must be on file – this includes inhalers.

Please mark the appropriate box. If any of the following apply to the student and give a brief explanation in the space below if necessary:

- | | |
|---|--|
| <input type="radio"/> Anxiety Disorder | <input type="radio"/> Down Syndrome |
| <input type="radio"/> Attention Deficit Disorder - Takes meds | <input type="radio"/> Eating Disorder |
| <input type="radio"/> Attention Deficit Disorder - No meds | <input type="radio"/> Genetic Disorder |
| <input type="radio"/> Allergies - No meds | <input type="radio"/> Gastrointestinal Condition |
| <input type="radio"/> Allergies - Medication; kept in camp office | <input type="radio"/> Previous Head Injury |
| <input type="radio"/> Arthritis | <input type="radio"/> Headaches/Migraines |
| <input type="radio"/> Asthma - Mild, No inhaler | <input type="radio"/> Hearing Impaired (Explain) |
| <input type="radio"/> Asthma - Inhaler; kept in camp office | <input type="radio"/> Hemophilia |
| <input type="radio"/> Hypoglycemia | <input type="radio"/> Kidney Disorder (Explain) |
| <input type="radio"/> Bee Sting Allergy - Has Epi-pen | <input type="radio"/> Osgood Schlatters - Knee Condition |
| <input type="radio"/> Bee Sting Allergy - No meds | <input type="radio"/> PE Restriction |
| <input type="radio"/> Blood Disorder | <input type="radio"/> Spina Bifida |
| <input type="radio"/> High Blood Pressure | <input type="radio"/> Scoliosis |
| <input type="radio"/> Cancer/Leukemia | <input type="radio"/> Seizure Disorder/Epilepsy |
| <input type="radio"/> Cardiac Problem - PE restriction | <input type="radio"/> Tourette Syndrome |
| <input type="radio"/> Cardiac Problem - No restrictions | <input type="radio"/> Wears Glasses |
| <input type="radio"/> Cerebral Palsy | <input type="radio"/> Visually Impaired |
| <input type="radio"/> Color Blindness | <input type="radio"/> Other* (please explain below) |
| <input type="radio"/> Cystic Fibrosis | <input type="radio"/> NO KNOWN HEALTH CONDITIONS |
| <input type="radio"/> Diabetes - Tests at camp | <input type="radio"/> IEP (please include a copy of IEP with packet) |
| <input type="radio"/> Diabetes - Does not test at camp | <input type="radio"/> 504 Plan |

Parents of a child with an established 504 Plan or IEP for regular educational services should contact a Family Services Supervisor to establish a 504/IEP team meeting for SEED services.

Health Condition: _____

Explain: _____

Medication (types & dosage): _____

Taken at camp YES NO

Parent Initials: _____

**VOLUNTARY EXCURSION/FIELD TRIP PERMISSION
AND MEDICAL AUTHORIZATION - MINOR**

I hereby authorize (*student's name*) _____ to participate in the following activity: Swimming @ Cal Oaks Sports Park, Bowling at Brunswick, 7-11, Jerseys Pizza, Reading Cinema Murrieta, Uptown Jungle, Mulligans, March ARB, and Jolly Jumps

Description (e.g.; "*Field trip*"): Field Trip

**Time of departure will vary depending on the time scheduled for the trip.
All local trips will be walking trips. All other trips will be bussed.**

It is extremely important to be aware of any medical conditions and/or medications a student is required to take when going on a field trip. Please list any medical conditions and/or medications that we should know about.

Any student who needs to take medication while on a field trip **MUST** have written permission from both the parent and the physician, as well as provide the medication in the original, labeled container. A staff person will keep the medication with them at all times unless prior arrangements have been made.

****Fill out this section ONLY if student needs to take medication during field trip ****

_____ Name of Medication	_____ Dose	_____ Time(s) of Administration
_____ Physician Signature	_____ Date	_____ Phone Number

*If your student already has medication at school that they take on a daily basis, you may contact the Health Office and arrange, **prior to the field trip**, for their medication, along with the permission forms to be sent on the field trip. If you do not contact the Health Office, it will be assumed they will not be taking their medication unless you make other arrangements.

In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgement of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

As stated in California Education Code Section 35330, I agree to hold Murrieta Valley Unified School District, its officers, agents and employees harmless from any and all liability or claims which may arise out of or in connection with my child's participation in this activity.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in that individual being sent home at the expense of his/her parent/guardian.

Parent/Guardian Signature: _____ Date: _____

Insurance Carrier: _____ Policy#: _____



Dear Parents,

We start swimming as early as the first week of camp. There will be a swim test given to see how well the children can swim. If they do not pass, they will need to bring a US Coast Guard approved life vest. If they do not have one and are not a strong swimmer, they will not be allowed in the pool. As always, there will be lifeguards and heightened staffing during these events.

Thank you for your understanding.

Childs Name: _____

Grade: _____ Circle One: Swimmer / Non-Swimmer

I have read these requests and understand that if a US Coast Guard approved life vest is not provided, my child will not be participating.

Parent / Guardian Signature: _____ Date: _____



Authorization must be provided for staff to apply over-the-counter, lotions or creams, such as sunscreen.

Item must be provided in its original container and labeled clearly with the child's name, and expiration date.

The topical named on this permission form is the only topical MVUSD staff is authorized to apply to your child. If the topical is expired, it will be returned for disposal. MVUSD staff may not apply the topical to open wounds or broken skin.

Child's Name: _____

Name of Topical: _____ Spray Lotion Stick

From : ____ / ____ / ____ To: ____ / ____ / ____ (Permission may be given for up to 12 months)

Apply to:

all exposed skin face only other (specify) _____

I give permission to MVUSD staff to apply the topical listed above as instructed.

Parent / Guardian Signature: _____ Date: _____

BOWLING SAFETY

Bowling Safety Basics

8 Steps to fun, safe bowling for everyone!

1. Teach all NEW BOWLERS the SAFETY BASICS **before** starting to bowl.
2. For **CHILDREN**, the SEED Staff is responsible for teaching the safety basics.
3. **PREVENT SLIPPERY CONDITIONS**
 - **Keep** the approach and bowling area around your lanes dry.
 - **Report** any slippery or sticky conditions.
 - **Avoid** tracking any wet or sticky substance into the bowling area.
 - ***Make sure your shoes stay clean and dry.***
4. **DO NOT CROSS FOUL LINE**

Beyond the foul line, there is potentially dangerous equipment and the lane is treated with an extremely slippery oil.
5. **CONTACT BOWLING STAFF:**
 - *For a ball stuck down the lane.*
 - *For a bumper rail that is stuck.*
 - *For any other reason you need access to the lane.*
6. **NEVER REACH INTO THE BALL RETURN OPENING**

Gears, supports and moving parts will cause serious injury, especially to children.
Serious injuries can occur to fingers, hands and lower arms.
7. **DO NOT RETRIEVE BALLS IN MOTION**

Avoid pinched fingers. Wait until moving balls stop in the ball return tray before retrieving or replacing balls.
8. **PREVENT AND AVOID TRIPPING HAZARDS**

Do not leave personal items such as shoes, coats or bags in public movement paths, around the lanes and seating. Watch out for these types of items left by children or others.
9. **OBEY ALL HOUSE RULES**
 - Do not bowl when a bowler is bowling in the next lane.
 - Do not run or roughhouse.
 - Read and obey all posted warning and safety notices.
 - Alert Bowling Staff to any unusual condition or activity so they can help.

HAVE FUN!!

Student Signature: _____

DATE: _____

Parent Signature: _____

DATE: _____

**UPTOWN JUNGLE FUN PARK
RELEASE, WAIVER, INDEMNITY AND ASSUMPTION OF RISK AGREEMENT**

In consideration of and in exchange for being permitted to use all of the facilities and equipment of the Uptown Jungle Fun Park (collectively "Facilities") operated by UJ MURRIETA, LLC, a California limited liability company, doing business as Uptown Jungle Fun Park ("Operator"), this RELEASE, WAIVER, INDEMNITY AND ASSUMPTION OF RISK AGREEMENT ("Agreement") is entered into and granted by (a) all parties age 18 or older ("Adults") who sign this Agreement; (b) all parties under the age of 18 ("Minors") whose parents, legal guardians or other legally responsible parties age 18 or older (collectively "Responsible Parties") sign this Agreement on behalf of such Minors; (c) all Responsible Parties regarding Minors for whom they sign this Agreement; and (d) all Responsible Parties regarding Minors who they permit to use the Facilities. All Adults, Minors, and Responsible Parties are sometimes collectively referred to in this Agreement as "Participants."

1. Operator provides the Facilities solely for recreational use and enjoyment. Participants voluntarily choose to use the Facilities. Responsible Parties voluntarily choose to permit Minors for whom they sign this Agreement or are otherwise responsible to use the Facilities. Participants understand that Operator will not permit Participants to use the Facilities unless (a) such Participants agree to be completely liable and responsible for all injuries to themselves, all injuries to third parties, and all damage to property that may result from their use of the Facilities; (b) Responsible Parties agree to be completely liable and responsible for all injuries to Minors, all injuries to third parties, and all damage to property that may result from use of the Facilities by Minors who they permit to use the Facilities; and (c) such Participants and Responsible Parties sign this Agreement as required.

2. Participants on behalf of themselves, and Responsible Parties on behalf of Minors who they permit to use the Facilities, and on behalf of all of their respective parents, spouses, children, heirs, estates, representatives, successors, assigns, insurers and all other persons and entities related thereto or connected therewith (collectively "Releasing Parties"), hereby forever, finally, fully, permanently and unconditionally release, acquit and discharge Operator and all of its owners, executives, management, employees, agents, representatives, and all other persons and entities related thereto or connected therewith (collectively "Released Parties"), to the maximum extent permitted by applicable law, from any and all claims, allegations, demands, suits, actions, disputes, liabilities, obligations, responsibilities, damages, losses, costs, expenses and attorneys' fees of any kind, known and unknown, caused by Operator's negligence or otherwise, which may arise or result from any use of the Facilities (collectively "Released Liabilities").

3. RELEASING PARTIES AGREE NOT TO SUE OPERATOR IN CONNECTION WITH ANY OF THE RELEASED LIABILITIES, AND WAIVE ALL ACTUAL AND POTENTIAL CLAIMS AGAINST OPERATOR REGARDING THE RELEASED LIABILITIES.

4. Releasing Parties agree to completely indemnify, defend and hold Operator harmless with respect to all Released Liabilities, and to reimburse Operator for any amounts incurred by Operator in connection with any Released Liabilities.

5. RELEASING PARTIES UNDERSTAND THAT USING THE FACILITIES EXPOSES PARTICIPANTS AND MINORS TO INHERENT RISKS THAT CANNOT BE ELIMINATED REGARDLESS OF THE CARE TAKEN TO AVOID SUCH RISKS. Releasing Parties understand that such risks could include (a) falling off equipment, double bouncing, collision with fixed objects and/or people, and failed attempted jumps and stunts; (b) minor injuries such as scratches, bruises, cuts and sprains; (c) major injuries such as damage to eyes, broken bones, joint or back injuries, concussions and heart attacks; (d) catastrophic injuries including paralysis and death; (e) injuries of all kinds to third parties; and (f) damage to property (collectively "Risks"). RELEASING PARTIES UNDERSTAND AND APPRECIATE THE RISKS INHERENT IN USING THE FACILITIES. PARTICIPANTS ASSUME AND ACCEPT THE RISKS ON BEHALF OF THEMSELVES, AND RESPONSIBLE PARTIES ASSUME AND ACCEPT THE RISKS ON BEHALF OF MINORS WHO THEY PERMIT TO USE THE FACILITIES.

6. FEMALES WHO KNOWINGLY OR UNKNOWINGLY ARE OR MAY BE PREGNANT (COLLECTIVELY "PREGNANT FEMALES") SHOULD NOT USE THE FACILITIES. PREGNANT FEMALES UNDERSTAND AND APPRECIATE THE RISKS INHERENT IN USING THE FACILITIES, AND ASSUME AND ACCEPT THE RISKS ON BEHALF OF THEMSELVES AND THEIR UNBORN CHILDREN. PREGNANT FEMALES AND RESPONSIBLE PARTIES AGREE THAT THE TERM "MINORS" AS USED IN THIS AGREEMENT INCLUDES ALL UNBORN CHILDREN.

7. Participants on behalf of themselves, and Responsible Parties on behalf of Minors who they permit to use the Facilities, agree that they will maintain adequate medical and other insurance to cover and pay for any possible injury that may arise from any use of the Facilities by such Participants or Minors.

8. PARTICIPANTS ON BEHALF OF THEMSELVES, AND RESPONSIBLE PARTIES ON BEHALF OF MINORS WHO THEY PERMIT TO USE THE FACILITIES, AGREE THAT THEY WILL READ AND FOLLOW THE RULES OF THE FACILITIES, AND WILL CAUSE OTHER PARTICIPANTS AND MINORS TO FOLLOW SUCH RULES, INCLUDING WITHOUT LIMITATION, THE RULES POSTED ON SIGNS WITHIN THE FACILITY.

9. RESPONSIBLE PARTIES AGREE THAT THEY WILL CONTINUALLY ACCOMPANY AND SUPERVISE ALL MINORS WHO THEY PERMIT TO USE THE FACILITIES.

10. Participants on behalf of themselves, and Responsible Parties on behalf of Minors who they permit to use the Facilities, agree that Operator shall be entitled to use all video, pictures, and other images captured in the Facilities for any purpose including display in both printed and electronic media and on the Internet.

11. ALL CLAIMS AND DISPUTES ARISING OUT OF OR RELATING IN ANY WAY TO THE FACILITIES OR THIS AGREEMENT SHALL BE SUBJECT TO MANDATORY AND BINDING ARBITRATION CONDUCTED IN RIVERSIDE COUNTY, CALIFORNIA. PARTICIPANTS ON BEHALF OF THEMSELVES, AND RESPONSIBLE PARTIES ON BEHALF OF MINORS WHO THEY PERMIT TO USE THE FACILITIES, UNDERSTAND AND AGREE THAT THEY ARE WAIVING THEIR RIGHTS TO COMMENCE ANY LEGAL ACTION OF ANY KIND AGAINST OPERATOR OTHER THAN ARBITRATION AS SET FORTH HEREIN.

12. This Agreement shall be governed solely by California law applicable to contracts negotiated, executed and performed entirely in the State of California.

13. This Agreement may be signed in counterparts, each of which may be signed by less than all of the parties hereto, each of which shall be enforceable against the signatories, and all of which together shall constitute one document. Signed copies of this Agreement created by electronic means shall be binding on the signatories, and electronic signatures shall be deemed to be original signatures for all purposes.

14. RESPONSIBLE PARTIES REPRESENT AND WARRANT THAT THEY ARE THE PARENTS, LEGAL GUARDIANS OR OTHER LEGALLY RESPONSIBLE PARTIES AGE 18 OR OLDER, FOR MINORS WHO THEY PERMIT TO USE THE FACILITIES.

15. PARTICIPANTS ON BEHALF OF THEMSELVES, AND RESPONSIBLE PARTIES ON BEHALF OF MINORS WHO THEY PERMIT TO USE THE FACILITIES, AGREE THAT THEY HAD A SUFFICIENT OPPORTUNITY TO READ AND UNDERSTAND THIS AGREEMENT, AND TO ASK QUESTIONS ABOUT THIS AGREEMENT, BEFORE SIGNING IT.

IN WITNESS WHEREOF, Participants on behalf of themselves, and Responsible Parties on behalf of Minors who they permit to use the Facilities, have signed this Agreement as of the dates indicated.

Parent Signature: _____

DATE: _____