

## RECREATION PROGRAMS

### AM/PM Program

Located at City of Peoria Elementary Schools. Before and after school care for ages 5-14, 6:00am-school starts and school dismissal-6:00pm. Starting first day of school and ends last day of school. See staff or website for weekly fee rates. [www.peoriaaz.gov/ampm](http://www.peoriaaz.gov/ampm)

### Lil' Learners All Day Child Care

This is a state licensed program for children 3½ - 5 years old. Hours are Monday-Friday from 6:00am – 6:00pm. Call 623-773-8498 for Fees. Program located at Sunrise Mountain Family Center.

### Summer Recreation

Dates: May 29-July 19

Drop in care for Grades 1-5   Tiny Tots (4 & 5 year olds)  
Mon-Fri, 8:00am-2:30pm   Mon-Fri, 8:00am-2:00pm  
Fee: \$60 for residents /\$100 for non-residents.

### Sports

Peoria's sports offers leagues for youths and adults. Sports include: coach pitch baseball, t-ball, kickball, softball, soccer, flag football, basketball, volleyball and tennis. More information at [www.peoriaaz.gov/sports](http://www.peoriaaz.gov/sports)

### Aquatics

Swim lessons for all ages. Sessions are Monday-Thursday for 2 weeks, includes 30 minutes of instruction each day. Fees are \$18 residents/ \$25-\$50 for non-residents. Visit [www.peoriaaz.gov/aquatics/](http://www.peoriaaz.gov/aquatics/) for more information.

### SIC Classes

Peoria's **Special Interest Class Program** offers over 100 classes each quarter for toddlers, youth, teens, and adults. From Fencing to Zumba, Painting to Guitar, something for everyone! For more information, call 623.773.8600 or view classes online @ [www.peoriaaz.gov/classes](http://www.peoriaaz.gov/classes).

For more information call **623-773-7137** or go online at [www.peoriaaz.gov/recreation](http://www.peoriaaz.gov/recreation)

2012

## PEORIA SUMMER CAMP PROGRAM

Co-Sponsored by:

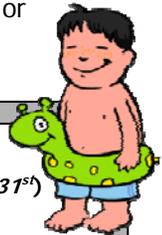
City of Peoria and Peoria Unified School District



The **Summer Camp Program** provides an opportunity for children to explore new and old activities in a fun and safe environment. The goal of the program is the total well-being of every child, offering field trips, a core activity schedule; including centers schedule that strive to cultivate learning and creativity.

### AM/PM CONTINUING PARTICIPANTS

Complete the Registration Form and pay first week & deposit before **6:00pm; May 17 at Community Services** or **May 18 at AM/PM Sites** & only pay a **\$10.00 REGISTRATION FEE**



**May 25 – July 27<sup>th</sup>**

*(Frontier, Paseo Verde, Alta Loma & Cheyenne end on July 31<sup>st</sup>)*

**Monday – Friday, 6:00 a.m. - 6:00 p.m.**

**WHO:** Children who are 5-14yrs old  
Must be **5 yrs** old at time of attendance.

- Alta Loma:** 9750 N. 87<sup>th</sup> Ave - 85<sup>th</sup> Ave/ S of Peoria  
*Alta Loma, Cotton Ball, Country Meadows, Sun Valley*
- Cheyenne:** 11806 N. 87<sup>th</sup> Ave. - 87<sup>th</sup> Ave/Cactus  
*Cheyenne, Sky View*
- Frontier:** 21268 N. 81<sup>st</sup> Ave - 81<sup>st</sup> Ave /E. of Beardsley  
*Frontier, Desert Harbor*
- Paseo Verde:** 7880 W Greenway Rd-79<sup>th</sup> Ave/Greenway  
*Paseo Verde, Oasis*
- Parkridge:** 9970 W Beardsley Rd- 99thAve/ Beardsley  
*Apache, Coyote Hills, Parkridge*
- Sundance** 7051 W. Cholla - N of Peoria/ 71<sup>st</sup> Ave  
*Ira Murphy, Oakwood, Peoria, Santa Fe, Sundance*
- Zuni Hills** 10851 W. Williams Rd 107<sup>th</sup> Ave/ Williams  
*Lake Pleasant, Vistancia, Zuni Hills*



**TAX ID # 86-6003634**

## REGISTRATION PROCEDURES

### 1. Complete, in detail, the following forms:

- A. Emergency Information form** : complete, in detail with **NO BLANKS**, provide a copy of child's immunization record. *Child may not attend without immunization records or an incomplete Emer. Info form.*
- B.** Fee Attendance Contract with registration fee and first week's fee and deposit.
- C.** Withdrawal/Change Policy -  
Read and Sign "Policy" and "Waiver of Liability"
- D.** Field Trip Permission Slip



### 2. Where can you go to REGISTER YOUR CHILD:

Forms can be picked up at the following and can be downloaded online at: [www.peoriaaz.gov/ampm](http://www.peoriaaz.gov/ampm)

#### **A. AM/PM RECREATION PROGRAM SITES:**

**April 11 - May 24** until the end of AM program  
Go to the AM/PM program; *Monday – Friday*  
*6:00a.m. - School Opens* or *Dismissal - 6:00p.m.*

#### **B. WALK-IN REGISTRATION**

**April 11 – July 31<sup>st</sup>**

##### **Community Services Department**

9875 N. 85<sup>th</sup> Ave, Peoria, AZ 85345  
Monday – Thursday,  
7:00 a.m. - 6:00 p.m.

##### **Peoria Community Center**

8335 W. Jefferson, Peoria, AZ 85345  
Monday – Thursday,  
8:00 a.m. - 8:00 p.m.  
Friday - 8:00 a.m. - 5:00 p.m.



#### **C. SUMMER CAMP LOCATIONS:**

**May 20 – August 5**

<b>Monday – Friday,</b>	<b>6:00 a.m. to 6:00 p.m.</b>
<b>Alta Loma</b>	9750 N 87 <sup>th</sup> Ave.
<b>Cheyenne</b>	11806 N. 87 <sup>th</sup> Ave.
<b>Frontier</b>	21268 N. 81 <sup>st</sup> Ave.
<b>Paseo Verde</b>	7880 W Greenway Rd.
<b>Parkridge</b>	9970 W. Beardsley Rd.
<b>Sundance</b>	7051 W. Cholla
<b>Zuni Hills</b>	10851 W. Williams

## DAILY SCHEDULE & ACTIVITIES

### **Program Closed on May 28 and July 4**

6:00 - 8:00 AM	Greeting, & Indoor Play
8:00 – 8:30 AM	Outside Play
8:30 – 9:00 AM	AM Snack
9:00 – 9:30 AM	Daily Announcements
9:00 – 11:30 AM	3 - 45 minute centers or Field Trip
11:30 – 11:50 AM	Lunch time
11:50 – 1:15 PM	Outside/ Inside play
1:15 – 3:30 PM	3 - 45 minute centers or Field Trip
3:30 – 3:50 PM	PM Snack
3:50 – 4:15 PM	Outside/Inside Play
4:15 – 6:00 PM	Indoor Free Play & group game

Times, activities and field trips may change along with other planned activities on site. Always check with your site prior to attending.  
**See site schedule for accurate dates, times, activities and trips.**

**Apply sunscreen to your child prior to attending field trips.**

### **LUNCH PROGRAM**

City of Peoria offers a lunch program in conjunction with the Peoria Unified School District Food Services. Lunch is offered Mon–Thurs \$2.75/day or M-F \$14.50, and Friday is \$4 for "Take Out Day" i.e. Pizza, Sonic, Burger King, etc.

### **DAYCARE SUBSIDIES**

The Department of Economic Security (**DES**) has funding available for low-income families who would like to utilize the program.  
Contact DES at **602-771-0014** to find out more information on how to apply. Processing can take up to 30 days.  
**Military Subsidies** are available. Please contact 623-773-7139.



### **AZ DEPT of HEALTH SERVICES (DHS) LICENSING**

Summer Camp is regulated by DHS, located at 150 N. 18<sup>th</sup> Ave. Phoenix, AZ, 85007, (602) 364-2539. Inspection reports are available upon request and are located in the Black Book at each site.

### **CELL PHONES:**

Children are not recommended to bring **CELL PHONES** to camp and **MAY NOT** use them during program. If you or your child needs to be in contact for an emergency or for urgent matters, we will allow occasional use of site phone for short calls. Children with cell phones will be asked to put it away and not retrieve it until they are picked up.

## SCHEDULE, FEE & PAYMENT POLICIES

### SCHEDULE CHANGES

Any deviation from your submitted schedule on the enrollment form must be given to the site the Thursday prior to the week the changes are to take effect. If your child needs to attend on short notice, parents must call the summer camp site to make arrangements. There is 24 hour voicemail to leave a message. Payment is due the day of participation. NO CREDIT OR REFUNDS GIVEN FOR MISSED DAYS. Regular sign in/sign out audits will be performed. Any extra days not originally scheduled per your Fee Contract will be the responsibility of the parent and may incur late fees if not paid in full. **Schedule Change form** is available online and can be submitted by going to our website at [www.peoriaaz.gov/ampm](http://www.peoriaaz.gov/ampm)

### DELINQUENT ACCOUNTS/LATE PAYMENT FEE

Payment is due by 5:00p.m. the **Monday** of the week of participation. Payment for participants attending on short notice must be made the day of participation or prior to attending. A LATE FEE OF \$20 PER CHILD will be assessed each Wednesday for payments not yet received. If payment, including late fee, is not paid in full by Wednesday of the following week, the participant will not be allowed to attend until the account is cleared.

### RETURNED CHECK FEE (RCF) RCF is \$30 PER CHECK

A returned check will result in service/program interruption. The \$30 RCF and the amount of the returned check must be paid in cash, cashiers check, or money order at Community Services office or over the phone with a credit card by calling 623-773-7137. All future payments will be required in cash, cashiers check, or money order for a period of six (6) months from the date of the returned check.

### LATE PICK UP- PER THE SCHOOLS DESIGNATED CLOCK

A fee of \$15per child, per every 15 minutes after 6:00pm will be assessed. i.e. - 6:01p.m.-6:15p.m.--\$15; 6:16p.m.-6:30p.m.-\$30, etc.

#### Late fees will be assessed as follows:

- 1<sup>ST</sup> - incident will result written warning
- 2<sup>ND</sup> - incident will result in FEE plus written warning
- 3<sup>RD</sup> - incident will result in FEE plus a three-day suspension
- 4<sup>TH</sup> - incident will result in FEE plus a one-week suspension
- 5<sup>TH</sup> - incident will result in FEE plus removal from the program

### FIELD TRIPS

Children are encouraged to attend trips, but are not required. Written permission from the parent is required prior to departure. Identification will be provided to all children for safety purposes. A written field trip plan is completed. Peoria school district buses (not air conditioned) are used and water is available on each bus.

## POLICIES and PROCEDURES

### PARENT/STAFF COMMUNICATIONS

The Summer Camp Program staff would like to work as a team with school and family to provide the best environment for the child's growth and development. Exchanges of information between parents and staff will be formal or informal formats. Information that is shared regarding issues in school or any changes occurring within the family will give all of us insight to a child's behaviors or attitudes.

### HEALTH and EMERGENCY PROCEDURES



If your child becomes ill during the program, we will place your child in an isolated area. According to the time of day, and the degree of illness, the Site Director will decide to call the parents and make arrangements to have the child taken home by an authorized person (not a staff member) or keep them at the Summer Camp Site. Please keep your child home if they display any of the following symptoms; nausea, vomiting, diarrhea, temperature above 99° without medication, red/inflamed eyes, cold symptoms, headache, rashes or other pains within the previous 24 hours.

Minor scratches and cuts will be treated at the Site. If a serious accident should occur, the City of Peoria Fire Department will be summoned for treatment and they will decide whether your child should be taken to the nearest hospital or doctor's office by ambulance. You will be notified immediately. Treatment by staff may only be rendered if we have your written authorization on file or life threatening.

### MEDICATION

The Peoria Summer Camp staff may administer medication. The parent/guardian must complete a "Medication Release Form" to authorize giving medication to a child. Bring the prescribed amount of medication in the original container. Forms are available at the site.

### SPECIAL NEEDS

Parents of a child with a disability may request a reasonable accommodation by contacting Community Services at 623-773-7137 and completing the "REQUEST FOR ACCOMMODATION" form with supporting documentation turned in 2-3 weeks prior to the first day of attendance. Life Skills such as, but not limited too, feeding, dressing and toileting are not provided by staff.

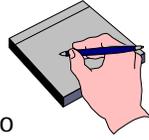
### PERSONAL ITEMS

Please do not permit your child to bring personal items to the program. The City of Peoria is not responsible for any lost, stolen or broken items. The site has several activities to keep your child busy and entertained.

## POLICIES and PROCEDURES

### SIGNING IN & OUT

Participants must be signed in and out daily by a parent or authorized person. This is done by signing your full name and time on the form. A child enrolled in the Peoria Summer Camp Program will only be released to persons specifically authorized with their signature on the registration form or advance authorization from the parents by telephone or in writing. **NO** exceptions will be made. For the safety of your children, individuals will be required to show a valid picture I.D. at the time of pick-up. If only one person has the sole legal custody of a child, then legal custody papers must be on file.



**Children may not sign themselves in or out.**

### DISCIPLINE

The staff will implement an assertive discipline program. Children involved in our program are expected to follow the rules and directions of the Summer Camp staff. The following are guidelines used when disciplinary action becomes necessary due to unacceptable behavior. Parents will be notified daily if their child needed guidance or discipline. The course of action below will be followed in normal circumstance.

However, extreme behaviors that put a child, or those around them in danger, several or repeated offenses in one day, may accelerate this process and will be dealt with on a case by case basis. **Extreme behaviors** are, but not limited to: Physical attacks such as, hitting, biting, spitting, kicking ect..., abusive language, disrespect to staff (verbally or physically by parent or child), and leaving the program area without permission.

1. **Warning** - for specific unacceptable behavior
2. **Time-out** - with a warning of future consequences for repeated behavior.
3. **Time-out** - with a warning and/or write up for repeated behavior in file and parent notified upon pick-up.
4. **Time-out** - with a call to parent or guardian and a write-up. Discuss corrective action & consequences for future incidents with parent upon pick-up.
5. **Suspension** - 1 - 2 scheduled days from the program and/or the remainder of the day.

\*Repeated aggressive/inappropriate behavior with 3-5 suspensions will result in removal from program with approval from Coordinator and Supervisor.

**(No Refunds for early pick-ups on scheduled days)**

## FEE INFORMATION

### PROGRAM FEES

A **\$30 NON-REFUNDABLE** registration fee **PLUS: First week** of participation fees **AND Deposit**, same as first week fees.

PROGRAM	1 DAY	2 DAY	3 DAY	4 DAY	5 DAY
Daily & Weekly Fees	\$24	\$48	\$72	\$96	\$100
**Elementary Summer School Rate available only for children registered and attending PUSD Summer School full session. <i>If summer school day is missed the \$24 fee for Summer Camp will be required.</i>					
Summer School Rate	\$15	\$30	\$45	\$60	\$75

Includes a morning and afternoon snacks and scheduled field trip.

### PAYMENT OPTIONS

Payments are due the Monday of the week of participation

1. **Electronic Fund Transfer (EFT)** - Automatic payment from checking. Authorization form required. **Payments will be deducted on Mondays.**
2. **Quick Pay** – Automatic payment from credit card or debit card on Mondays. Authorization form required **Payments will be deducted on Mondays.**
3. **TeleReg** – Call **623-773-7725**. You will need your client ID number and password. IVR Payments can be made for current due only. Overpayment is not possible.
4. **RecConnect** – <http://recreation.peoriaaz.gov>. You will need your client ID number and password. For more information call the Community Service Department at **623-773-7137**. **(Balance may not include assessed late fees for option 3 and 4)**
5. **Community Services Dept**– Cash, check, or credit card 9875 N 85<sup>th</sup> Ave, M – Th, 7AM – 6PM (Except Holidays)
6. **Phone Payment** - Call 623-773-7505 or 773-7139 with credit or debit card, M - Th, 7AM – 6PM; except holidays.
7. **Peoria Community Center** – Cash, check, or credit card, at 8335 W. Jefferson, M – TH, 8 AM – 8 PM and Friday, 8AM –5PM. Program sites will accept new registrations with check or money order only. No weekly payments accepted on site.

### INSURANCE

The City of Peoria carries liability insurance for all its operations, including city-sponsored recreation programs. However, the City does not carry medical insurance for any participant's injuries or illnesses associated with any specific recreational activity. Medical claims are your responsibility.

# FEE ATTENDANCE CONTRACT - PEORIA SUMMER CAMP

My child \_\_\_\_\_ will attend \_\_\_\_\_ Summer Camp Program  
 My child attended the 2011/2012 \_\_\_\_\_ AM/PM Program.  My child did not attend the AM/PM Program.

Mom's Name: \_\_\_\_\_ Dad's Name: \_\_\_\_\_

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

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Family email address: \_\_\_\_\_ SUMMER CAMP YEAR: 2012

	MON	TUES	WED	THURS	FRI	Cost times # days	Weekly Fee
Please "X" ALL DAYS ATTENDING						\$24 per day or \$100 per week	
Weekly Lunch						\$14.50 per week	
Daily Lunch					(\$4)	\$2.75 M-Th, \$4 F	
* * Some special lunches may require an additional fee. See your program schedule.							
<b>TOTAL WEEKLY COST</b>							

## FEE PAYMENT

My Child  will  will NOT be attending camp on Friday, May 25 (\$24)

Start Date: \_\_\_\_\_

My Child  will  will NOT have the hot lunch on Friday, May 25 (\$4)

Friday May 25 - 1<sup>st</sup> day of camp (plus lunch if needed) \$ \_\_\_\_\_

Withdrawal Date: \_\_\_\_\_

First Week \$ \_\_\_\_\_

Last Week Deposit (one week's regular schedule plus lunch) \$ \_\_\_\_\_

Additional week(s) \$ \_\_\_\_\_

Swim Lessons (see swim lesson form) \$ \_\_\_\_\_

Other(\_\_\_\_\_) \$ \_\_\_\_\_

Registration Fee (Non-Refundable) - \$30 \$ \_\_\_\_\_

*New Participants-\$30 registration fee*

**\$30 registration fee for all participants after Early Reg Deadline**

OR

Registration Fee (Non-Refundable) - \$10 \$ \_\_\_\_\_

*\$10 registration fee for 2011-2012 Year AM/PM participants and*

*2011 returning Summer Camp participants only*

*who provide full payment & is received on or before*

**Early Registration Deadline Date**

**(6pm Thursday May 17 at Community Services Offices,**

**6pm Friday May 18 at all AMPM sites)**

**TOTAL ENCLOSED \$ \_\_\_\_\_**

Make Checks payable to "City of Peoria"

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

**Blue Card Reviewed**

\_\_\_\_\_  
Staff Signature

YES  NO

I give permission for my child to be video taped or photographed by the City of Peoria employees or established area media for the free use of my child's name and picture for site activities or should they appear in broadcast, newspapers or any brochure, etc.

## WAIVER OF LIABILITY

*I/we hereby release and forever discharge Peoria Unified School District and the City of Peoria, an Arizona municipal corporation, its elected and appointed officials, directors, officers, boards, commissions, agents, representatives, servants, and employees, and any and all other persons, firms, or corporations who are or might be liable, from any and all claims of any kind or character which I/we have or may have against them due to my participation, or my child's participation, in a City of Peoria recreation program at a Peoria Unified School District facility. This waiver includes all damages, losses, costs, expenses, and injuries that allegedly occur during the course of this recreation program. In that regard, I/we covenant to indemnify, defend, and hold harmless to the fullest extent permitted by law the foregoing persons and entities from any loss or damages, including reasonable attorneys' fees and litigation expenses, which may be incurred by them in the event any such claims are asserted against them or any of them. I/we understand that medical claims are my/our responsibility. This waiver does not extend to any such claim or liability that is caused by the sole and exclusive intentional acts or gross negligence of Peoria Unified School District and/or the City of Peoria or its officers, employees, or agents. **By signing below, I attest that I have read and agree to abide by the payment policies listed in this registration packet and that I have received a copy of and will abide by the policies and guidelines outlined in the Summer Camp Parent Handbook.***

Please Print Name \_\_\_\_\_

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

\*\*\*OFFICE USE ONLY\*\*\*

Date: \_\_\_\_\_ Cash Check # \_\_\_\_\_ Money Order: \_\_\_\_\_

Credit Card: \_\_\_\_\_ Visa M/C Discover AMEX

(not available for on-site registration)

Staff Signature: \_\_\_\_\_

- **REGISTRATION**

A \$30 non-refundable registration fee is required for all participants. All participants must make full payment of registration fees to attend the program. **Full payment of participation fees is the first Friday of attendance plus the following full week, the \$30 registration fee and the last week's deposit.**

- The contracted fee (full time, part time or day by day and varying schedule) is based on days/week enrolled, and that payment is due every week on **Monday** for the week of participation. **A penalty of \$20 per child will be assessed on Wednesday for payments not received.** Penalty fees will accrue weekly for any outstanding balances. If weekly/daily payment and late fees are not paid by the following Wednesday, the participant cannot attend until the account is paid in full.

- **DROP IN PARTICIPANTS**

For those parents/guardians who have inconsistent schedules or schedules not known by the Thursday prior to attendance, you may choose the drop in program. Regular schedules are not eligible for drop in status. A regular schedule is defined as consistent attendance or a pattern of attendance over the course of one month. **ALL PAYMENTS MUST BE RECEIVED ON OR PRIOR TO THE DAY OF ATTENDANCE.** You may also choose to keep a credit balance for future use at all times. **Any payments not received by Monday for the previous week will be charged a penalty fee of \$20 per child.** Penalty fees will accrue weekly for any outstanding balances. If payment and late fees are not paid by Wednesday, the participant cannot attend until the account is paid in full.

- **PAYMENT OPTIONS**

1. **Quick Pay** – Automatic payment from a credit or debit card - AUTHORIZATION FORM REQUIRED
2. **Electronic Funds Transfer (EFT)** – Automatic withdrawal from a checking account – AUTHORIZATION FORM REQUIRED WITH COPY OF VOIDED CHECK ATTACHED.
3. **TeleReg** – Automated Telephone available 24/7 -**Call 623-773-7725.** You will need your Client ID number and Family Password. TeleReg is available for current payments only. You cannot pay over the amount due. Payments are posted every Monday.
4. **RecConnect** – <http://recreation.peoriaaz.gov>. Available 24/7. You will need your client ID and Family Password.
5. **Community Services Offices** – Located at 9875 N. 85<sup>th</sup> Ave. Customer Service Staff are available Mon – Thurs 7am – 6pm except Holidays
6. **Phone with Customer Service Staff** – 623-773-7139 or 623-773-7505, with a credit or debit card Mon-Thurs 7am – 6pm except Holidays
7. **Bill Pay** – set up weekly payments through your on-line banking account. Please check with your bank for this option

**Weekly payments will not be accepted at school sites. New registrations will be accepted with a check or money order only.**

- **SCHEDULE CHANGES/ABSENCES**

It is the Peoria Summer Camp Recreation Program policy that prior notice is required to terminate or change enrollment in the program. If for any reason you decide to change or drop your child's enrollment from the Peoria Summer Camp Program, notification must be made in writing by **Thursday** for the following week and given to the Site leaders or the Peoria Recreation Division to make changes to your current contract. **NO REFUNDS OR CREDITS FOR MISSED DAYS, SUSPENSIONS, OR EARLY PICKUPS**

- **RETURNED CHECKS**

A returned check or declined EFT payment will result in service/program interruption. An RCF of \$30 per check/EFT and the amount of the returned check/EFT must be paid in cash, cashier's check, credit card or money order at the Community Services Offices or over the phone with a credit card by calling 623-773-7139. All future payments will be required in cash, credit card, cashiers check or money order for a period of six (6) months from the date of the returned check.

- **AUDITS**

Weekly audits of daily sign-in/sign-out sheets will be performed for each site. Any extra days of attendance not originally scheduled per this attendance contract will be the responsibility of the parent/guardian and subject to late/penalty fees as described above.

---

---

**For billing information and/or questions, call (623) 773-7505 or 623-773-7139**  
e-mail: [AMPMBillingStaff@peoriaaz.gov](mailto:AMPMBillingStaff@peoriaaz.gov)



# SWIM LESSON REGISTRATION- SUMMER CAMP

## Please Read Below Information

City of Peoria Aquatics Department is offering exclusive swim lessons to participants who are registered at the City of Peoria Summer Camp Programs. The participants must attend the lessons on the dates and times provided for the specific camp site where they are registered and will be transported by bus to the Peoria pool. Children may not be dropped off at the pool. **Registration is limited. Sign up today!**

**Fee:** \$18 per child

**Level:** In the first session children will have a swim test by the swim instructors and placed in the level which best fits their abilities. Please answer the following questions to better assist us:

1. Will this be your child's first swim lesson?	Y / N
2. Is your child comfortable in deep water?	Y / N
3. Can your child swim across the pool without assistance?	Y / N

**Session Info:** 30 minutes of swim instruction, four days a week for 2 weeks;

**Arrival Time:** 7:00am *regardless of the assigned session*

**Location:** Peoria Pool -11200 N. 83rd Ave. Peoria, AZ 85345 - 623-878-4903

**Child's Name:** \_\_\_\_\_

**Camp Attending:** \_\_\_\_\_ **Parent Initials:** \_\_\_\_\_

Session	Dates	Times
<b>Cheyenne</b> - Session 2 1st Class: Code - 69462	<u><b>June 11-21</b></u> Monday-Thursday	7:15-7:45
<b>Alta Loma</b> - Session 2 2nd Class: Code - 69463	<u><b>June 11-21</b></u> Monday-Thursday	7:45-8:15
<b>Zuni Hills</b> - Session 3 1st Class: Code - 69464	<u><b>June 25-July 6*</b></u> Week 1: M-Th; Week 2: M,T,Th,F	7:15-7:45
<b>Parkridge</b> - Session 3 2nd Class: Code - 69465	<u><b>June 25-July 6*</b></u> Week 1: M-Th; Week 2: M,T,Th,F	7:45-8:15
<b>Sundance</b> - Session 4 1st Class: Code - 69466	<u><b>July 9-19</b></u> Monday-Thursday	7:15-7:45
<b>Paseo Verde</b> - Session 4 2nd Class: Code - 69467	<u><b>July 9-19</b></u> Monday-Thursday	7:45-8:15
<b>Frontier</b> - Session 5 1st Class: Code - 69468	<u><b>July 23-August 2</b></u> Monday-Thursday	7:15-7:45
<b>Frontier</b> - Session 5 2nd Class: Code - 69469	<u><b>July 23-August 2</b></u> Monday-Thursday	7:45-8:15

\* Schedule Change due to Independence Day Holiday

I (Parent/Guardian) give permission for my child, \_\_\_\_\_ to attend the above scheduled swim lessons. I am aware the lessons are Monday's through Thursday's (except the week of Independence Day), during the above dates with the corresponding school. I understand that my child will receive their required wristband for the swim lessons when I sign them up on the field trip roster that day.

\_\_\_\_\_

**Signature - Must be a Parent/Guardian ONLY** **Date**



City of Peoria  
9875 W. 85<sup>th</sup> Ave  
Peoria, Arizona 85345

Print Child's Name: \_\_\_\_\_

Name of Summer Camp \_\_\_\_\_

Mom's Name \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Dad's Name \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Family Email address: \_\_\_\_\_

City of Peoria can send me information regarding up coming activities regarding the City of Peoria.

**Where did you hear about our program?**      *Returning Patron*      *Word of mouth*  
*City Brochure*      *School*      *Website*      *Advertisement in* \_\_\_\_\_

**Photos:**

I give permission for my child to be video taped or photographed by the City of Peoria employees or established area media for the free use of my child's name and picture for site activities or should they appear in broadcasts, newspapers, or city brochure etc. \_\_\_\_\_ (Initial)

**Signing Children In/Out of Program:**

I give permission for the City of Peoria Summer Camp staff to sign my child in and out of the program as needed, i.e. room changes during program hours. \_\_\_\_\_ (Initial)

**Sunscreen:**

I understand that sunscreen must be applied by a Parent or Guardian as needed prior to attending the Summer Camp Program. \_\_\_\_\_ (Initial)

*Please sign below to acknowledge that you have read each statement above regarding photos, signing children in/out of the program and sunscreen.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## APE INDEX Rock Climbing Activities ASSUMPTION OF RISK AND WAIVER OF LIABILITY

Where did you hear about us? \_\_\_\_\_

In consideration of being permitted to participate in climbing activities including but not limited to climbing, bouldering, belaying, rappelling, lowering on ropes, and rescue systems, at an APE INDEX rock climbing gym, or at an unspecified outdoor location, and/or under the auspices of APE INDEX (hereafter referred to as "Climbing Activities") I do acknowledge, appreciate and agree that:

1. The risk of injury resulting from climbing activities is significant. This risk includes but is not limited to all manner of injury resulting from my falling during Climbing Activities and hitting the ground, wall faces, people, rope, and fixtures – whether permanently or temporarily in place. This risk also includes, but is not limited to, rope abrasion, rope entanglement, rope burn, injury resulting from falling and dropped items and climbers, swinging belayers and climbers, and failure of ropes, slings, harnesses, knots, climbing holds, anchor points, or any part of the climbing surface or surrounding area, falls or injuries resulting from walking on uneven terrain, unfavorable weather, animal encounters.

2. I do knowingly assume all such risks both known and unknown, and I do knowingly and freely assume all responsibility for my participation in Climbing Activities at an APE INDEX rock climbing gym, or at an unspecified outdoor location, and/or under the auspices of APE INDEX.

3. I will comply with all APE INDEX rules, both written and as stated to me by APE INDEX staff, during my participation in climbing, and/or climbing related activities. If I observe any hazards, either subjective or objective to either the APE INDEX Rock Climbing Gym, its participants and staff, or its property used in conjunction with Climbing Activities, during my participation in Climbing Activities, I will immediately bring said hazards to the attention of the nearest APE INDEX staff.

4. **RELEASE:** I hereby release and discharge APE INDEX Rock Climbing Gyms LLC., their owners, affiliates, agents, agents, employees, management, and their successors and assigns, from any and all liabilities, suits, claims and demand actions or damages (including attorney fees and disbursement) incurred by me rising out of the use or intended use of the APE INDEX rock climbing gym, and/or the service of Ape Index Rock Climbing Gym employee(s) at an unspecified outdoor location, including, without limitation, all claims for property damage, personal injury or wrongful death. This release is binding on my heirs, assigns and agents. If I see or hear anything I feel is questionable or dangerous, it is my responsibility to ask or inform APE INDEX Rock Climbing Gym employees until corrected or satisfactorily answered.

5. **INDEMNIFICATION:** I hereby agree to indemnify and hold harmless APE INDEX Rock Climbing Gyms LLC., their owners, affiliates, agents, employees, management, and their successors and assigns, from any and all causes of action, claims demands, losses and costs of any nature whatever arising out of or in any way relating to my use of APE INDEX rock climbing gym, and/or the service of Ape Index Rock Climbing Gym employee(s) at an unspecified outdoor location. This indemnification is binding on my heirs, assigns and agents.

6. I understand that APE INDEX reserves the right to refuse service or terminate service to me for any reason not discriminatory, at any time.

7. I, the undersigned, recognize the dangers inherent with climbing activities. I am assuming the hazard of this risk upon myself since I wish to climb. I realize I am subject to injury from this activity and that no form of preplanning can remove all of the danger to which I am exposing my minor child or myself as described in this "APE INDEX Rock Climbing Activities ASSUMPTION OF RISK AND WAIVER OF LIABILITY."

Printed name of **climber or belayer** \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email: \_\_\_\_\_ to hear about upcoming classes, climbing trips and other promotions.

Full Address: \_\_\_\_\_  
(Zip) (Phone #)

Signature (If 18 or older): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### **PARENT OR LEGAL GUARDIAN - If you are signing for a minor child who is under 18 years of age...**

This is to certify that I as parent or court appointed legal guardian (hereafter referred to as "parent/guardian"), with legal responsibility for the above participant, do consent and agree to his/her release, as provided above in "APE INDEX Rock Climbing Activities ASSUMPTION OF RISK AND WAIVER OF LIABILITY" of all the Releasees and for myself, my heirs, assigns, and next of kin. I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement, observation, and participation in climbing activities as described above, to the fullest extent of the law. I have read, understood, and do hereby agree to abide by the terms of APE INDEX Rock Climbing Activities ASSUMPTION OF RISK AND WAIVER OF LIABILITY. I am under no inducement to sign, and I realize that by doing so, I give up substantial rights.

Print name of **parent/guardian** \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

In case of emergency please call: \_\_\_\_\_ Phone #: \_\_\_\_\_

**SKY ZONE PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK**

In consideration of the services of Air AZ, LLC (d/b/a Sky Zone Indoor Trampoline Park), RPSZ Construction, LLC, Sky Zone Franchise Group, LLC, Sky Zone LLC, their agents, owners, officers, affiliates, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (herein after collectively referred to as "SZRC"), I hereby agree to release, indemnify, and discharge SZRC, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

- 1. I acknowledge that my participation in a SZRC trampoline game or activities entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

**The risks include, among other things:** SZRC trampolines entail certain risks that simply cannot be eliminated without jeopardizing the essential qualities of the activity. Trampolines expose its participants to the usual risk of cuts and bruises. Other more serious risks exist as well. Participants often fall off equipment, sprain or break wrists, ankles and legs, and can suffer more serious injuries as well. Traveling to and from trampoline locations raises the possibility of any manner of transportation accidents. Participants often fall on each other resulting in broken bones and other serious injuries. Double bouncing, more than one person per trampoline, can create a rebound effect causing serious injury. Flipping and running and bouncing off the walls is dangerous and can cause serious injury and must be done at the participants own risk. There is also a risk of colliding with or being landed on by jumpers of a different size. In any event, if you or your child is injured, you or your child may require medical assistance, at your own expense.

Furthermore, SZRC employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's health or abilities. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

- 2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
- 3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless SZRC from any and all claims, demands, or causes of action, which are in any way connected with my participation in SZRC activities or my use of SZRC's equipment or facilities **including any such claims which allege negligent acts or omissions of SZRC.**
- 4. Should SZRC or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
- 5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
- 6. In the event that I file a lawsuit against SZRC, I agree to do so solely in the state of Arizona, and I further agree that the substantive law of Arizona shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

**By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against SZRC on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms. ONLY ONE PARTICIPANT IS ALLOWED PER WAIVER.**

Participant's Signature \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_  Check box if you would like to sign up for free text message promotions and discounts  
Standard text message rates may apply from your service provider

Emergency Contact Phone: \_\_\_\_\_

I further grant SZRC, the right to photograph, videotape, and/or record me and/or my child/ward and to use my or my child's/wards' name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, and promotional materials without reservation or limitation. I would like to receive free email promotions and discounts to the email address provided above. I may unsubscribe to emails from Sky Zone at any time.

**PARENT'S OR LEGAL GUARDIAN'S ADDITIONAL INDEMNIFICATION  
(Must be completed for participants under the age of 18)**

In consideration of \_\_\_\_\_ (print minor's name) ("Minor") being permitted by SZRC to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless SZRC from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor. I further certify that I am the parent or legal guardian of the minor on this agreement.

Parent or Legal Guardian's Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Waiver accepted by \_\_\_\_\_ (SZRC Employee)**



CDC/SGH # or name: \_\_\_\_\_

## Emergency Information and Immunization Record Card

<b>Child's Name:</b>	<b>Date Enrolled:</b>	Updated:
<b>Home Address (#, Street, City):</b>		<b>Date Disenrolled:</b>
<b>Home Phone:</b>	<b>Date of Birth:</b>	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

<b>Mother or Guardian Name:</b>	<b>Home Address (#, Street, City):</b>	<b>Home Phone:</b>
Cell Phone (optional):	<b>Business Address (#, Street, City):</b>	<b>Business Phone:</b>

<b>Father or Guardian Name:</b>	<b>Home Address (#, Street, City):</b>	<b>Home Phone:</b>
Cell Phone (optional):	<b>Business Address (#, Street, City):</b>	<b>Business Phone:</b>

I authorize the following individuals to collect my child from the facility if I cannot be located:

<b>Name:</b>	<b>Address (#, Street, City):</b>	<b>Phone:</b>
<b>Name:</b>	<b>Address (#, Street, City):</b>	<b>Phone:</b>
Name:	Address (#, Street, City):	Phone:
Name:	Address (#, Street, City):	Phone:

The following individual(s) may NOT remove my child from the facility:

<b>Name(s):</b>
-----------------

Custody papers have been provided and are on file at the facility.  yes  no

If Medical care is necessary, CALL:

<b>DOCTOR</b>	<b>Name:</b>	<b>Address (#, Street, City):</b>	<b>Phone:</b>
<b>HOSPITAL</b>	<b>Name:</b>	<b>Address (#, Street, City):</b>	<b>Phone:</b>

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety. It is understood by me that the expense of this service will be accepted by me.

<b>In case of injury or sudden illness, I request that this individual be called first:</b>
---

Does your child have insurance coverage?  No  Yes Name of Insurance Company:

Telephone Authorization Code : \_\_\_\_\_ (optional)

**Immunization Information**

For information regarding current immunization requirements go to:  
[www.azdhs.gov/phs/immun/index.htm](http://www.azdhs.gov/phs/immun/index.htm) or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

**Medical Information**

<p>Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes  <b>If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:</b></p>
<p>Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes  <b>If yes, list precautions:</b></p>
<p>Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes  <b>If yes, specify procedure:</b></p>
<p>Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes  <b>If yes, list precautions:</b></p>
<p>Additional comments:</p>
<p>Other special instructions:</p>

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:



# Quick Pay



Pay your weekly childcare fees automatically every Monday with your Debit or Credit Card without having to call each week. This is a Free service. Complete the following information to become enrolled in our Quick Pay program today.

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

School Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

Amount to be Charged Weekly: \$ \_\_\_\_\_

Yes \_\_\_ No \_\_\_ (Please check one) I authorize to charge my card for any additional fees, ie: additional days attended, special lunches, late pick up charge, etc. \_\_\_\_\_ (initials)

Date of First Charge: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date of Card: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

You are hereby authorized and requested, until otherwise instructed, to charge to the above referenced account, the weekly attendance fee. I understand that if a transaction is DECLINED, a courtesy phone call will be attempted at the numbers listed above. I further understand that I am responsible for payment and I am aware that if the transaction is declined and payment is not made by the due date, penalties will be applied and will not be waived. I further understand that the staff reserves the right to cancel my "Quick Pay" program.

I understand that a request to discontinue or change this service must be made in writing one week prior to the stop date, and given to the Site leader or the Community Services office at 9875 N. 85th Ave, Peoria, AZ 85345.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# Electronic Funds Transfer



**In effort to make payments more convenient, we are now offering an Electronic Transfer option. Provide us with a voided check, complete the following information and each Monday we will automatically deduct your childcare payment from your checking account.**

Child's Name: \_\_\_\_\_ School Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Amount to be Deducted Weekly: \$ \_\_\_\_\_ Date of First Deduction: \_\_\_\_\_

**Yes \_\_\_ No \_\_\_ (Please check one) I authorize to charge my EFT account for any additional fees, ie: additional days attended, special lunches, late pick up charge, etc. \_\_\_\_\_ (initials)**

You are hereby authorized and requested, until otherwise instructed, to deduct from the above referenced account, the weekly attendance fee . I understand that if the transfer is unsuccessful, a courtesy phone call will be attempted at the numbers listed above. I further understand that I am responsible for payment and I am aware that if the transfer is unsuccessful, "Return Check Fees" will apply. I further understand that the staff reserves the right to cancel my "Electronic Funds Transfer" program.

**I understand that a request to discontinue or change this service must be made in writing one week prior to the stop date, and given to the Site leader or the Community Services office at 9875 N. 85th Ave, Peoria, AZ 85345.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Place voided check here