



## PVUESD Spring Break Day Camp Application

We are so glad you are interested in Spring Break Day Camp! It is a free program for currently enrolled students TK - 6th grade in the Penn Valley Union ESD. Our fun-filled schedule packs enrichment, art, STEM, outdoor education, and exercise into a week of play. School site locations will be determined as staffing and enrollment is confirmed. It will be open from 7:45 am - 5:15 pm Monday, March 25th - Friday, March 29th. Students may be dropped off between 7:45 am and 9:00 am. They may be picked up any time between 12:30 pm and 5:15 pm. The deadline to apply is Friday, March 8th. Space is limited; applications will be accepted based on need and date of submission.

Student Name(s)	School/Grade Level
1. _____	_____
2. _____	_____
3. _____	_____

### Planned dates of attendance:

☐ Monday 3/25    ☐ Tuesday 3/26    ☐ Wednesday 3/27    ☐ Thursday 3/28    ☐ Friday 3/29

People With Permission to Pick Up, Phone #	Permission to Walk Home Alone (age 8 & older)
1. _____	I give [student name(s)] _____
2. _____	_____ permission to walk home
3. _____	at [time] ____:____ on [dates] _____
4. _____	Signature: _____

**Medical Information** *(all medical information is kept private and is only for the knowledge of day camp personnel directly supervising students)*

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Other information: \_\_\_\_\_

### Emergency Contacts:

Name	Relationship	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Please carefully read and initial the following guidelines and permissions:

Yes    No

- |       |       |  |
|-------|-------|--|
| _____ | _____ | I give my permission for my student(s) to participate in high energy, outdoor activities as well as food preparation that includes closely supervised cutting for students 7 years old or older. <b><i>***Please see additional release of liability form***</i></b> |
| _____ | _____ | I give my permission for my student(s) to watch PG-rated media content.  |
| _____ | _____ | I consent to my student(s) being photographed/videoed for promotional and climate/culture purposes (e.g. - brochures, etc.) internally and externally.   |
| _____ | _____ | I understand that respect, responsibility, and safety are important rules at day camp and that my student(s) may be dropped for extreme or unimproved patterns of disrespectful, irresponsible, and/or unsafe behavior.  |
| _____ | _____ | I understand that I am responsible for the prompt pick up of my student(s) and that two pick-ups after 5:15 pm may result in being dropped from day camp and excluded from future day camps.   |
| _____ | _____ | I understand that I may drop off my student(s) between 7:45 am and 9:00 am and that two drop-offs before or after that time may result in being dropped from day camp and excluded from future day camps.  |

I hereby certify that my child/children, \_\_\_\_\_  
has/have my permission to participate in the extended learning programs with PVUESD March 25 - 29, 2024. I agree and do hereby waive all claims against PVUESD, any teacher, employee, or other person engaged in the activity in question. I agree to hold them harmless from any and all personal injury or illness that may be suffered or any loss of property to my child.

Furthermore, by my signature, I hereby give authority to the designated personnel of PVUESD to consent to medical treatment for the above-named student in the event medical attention becomes necessary and I can not be contacted. This authorization includes the authority to sign releases on my behalf for medical services. The foregoing to whom I give such authority is an educational institution in which my child attends.

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PENN VALLEY UNION ELEMENTARY SCHOOL DISTRICT

17328 Penn Valley Dr. Suite A, Penn Valley, CA 95946-9764

Phone (530) 432-7311 Fax (530) 432-7314

www.pvuesd.org



# General Release Of Liability Form

Student Full Name: \_\_\_\_\_ Parent/Guardian Full Name: \_\_\_\_\_

I am the parent/guardian of the above-listed student. I hereby assume all of the risks of participating in any and all activities being conducted by Penn Valley Union Elementary School District, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I CERTIFY that my student is physically fit, has sufficiently prepared or trained for participation in this activity, and has not been advised to not participate by a qualified medical professional. I CERTIFY that there are no health-related reasons or problems that preclude my participation in this activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(1) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released for death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur including traveling to and from this activity, Penn Valley Union Elementary School District and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

(2) INDEMNIFY, HOLD HARMLESS AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise. I acknowledge that Penn Valley Union Elementary School District and its directors, officers, volunteers, representatives, and agents are NOT responsible for errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include but are not limited to, those caused

by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people, including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, my child may be photographed. I agree to allow my child's photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT, AND I SIGN IT OF MY OWN FREE WILL.

## **SIGNATURES**

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Print Parent/Guardian Full Name

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Parent/Guardian Signature

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Date