



SPRING BREAK CAMP 2026

Extreme Fun Camp

- March 16th - March 20th (5 days)**
 - \$195 Morning Camp Only (9:00am-1:00pm) - All 5 Days**
 - \$225 All-Day (9:00am-1:00pm Camp, 1:00pm-5:00pm Camp & Public Session) - All 5 Days**
 - \$45 All-Week Lunch Option**

- Daily Options**
 - \$45 Morning Camp Only (9:00am-1:00pm) - Each Day: _____**
 - \$60 All-Day (9:00am-1:00pm Camp, 1:00pm-5:00pm Public Session) - Each Day: _____**
 - \$9 Daily Lunch Option: _____**

A camp t-shirt, a light morning & afternoon snack included. Participants must bring a 'brown bag' lunch each day or a lunch option is available for an extra charge (\$40/week, \$8.00/day).

| | | |
|---|---|---------------------------|
| Camper's Last Name | Camper's First Name | Birth Date (M/D/Y) |
| Parent's Last, First Name | | Parent's Last, First Name |
| Home / Cell / Work Phone <small>(Circle)</small> | Home / Cell / Work Phone <small>(Circle)</small> | Parent's E-mail Address |
| Camp T-Shirt Size (check one) <input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL | | |

Please send full payment, completed registration, medical release, and liability forms to:

FunLand Spring Break Camp, 2465 Carmichael Drive, Chico, CA 95928
 FAX: 530-343-0416, Office: 530-343-1601, email: funlandchico@gmail.com

FunLand Spring Break Camp

AUTHORIZATION TO TREAT A MINOR

Camper's Name (Last, First, MI) _____

Parent's/Guardian's Name _____

Camper's Street Address _____

Camper's City, State, Zip _____

Parent's/Guardian's Home Phone # _____

Parent's/Guardian's Work Phone # _____

Parent's/Guardian's Cell Phone # _____

Parent's/Guardian's E-mail _____

In an emergency, when parents/guardians cannot be notified, please contact:

_____ Relationship _____ Phone _____

_____ Relationship _____ Phone _____

Health Insurance Company: _____

Policy Number: _____

Family Physician Phone _____

Date of last tetanus booster: _____ (month/year)

List any known allergies, drug reactions, or other pertinent medical information. (Diabetes, seizures, history of head injury with unconsciousness or confusion, medications, etc.)

Important things our Counselors should know about this Camper: (i.e. behavioral issues, family-member disputes/visitation restrictions, friends/non-friends in camp, past camp problems/praises, etc.) _____

CONSENT FOR MEDICAL TREATMENT

As the parent(s), or legal guardian(s), of the child named on this card, I (we) authorize emergency medical treatment or hospitalization that is necessary in the event of an accident or illness of my (our) child. I (we) understand that this written consent is given in advance of any specific diagnosis or hospital care. This written authorization is granted only after a reasonable effort has been made to contact me (us). This authorization is given pursuant to provision of Section 25.8 of the Civil Code of California.

I further agree to not hold FunLand/Cal Skate liable for the medical aid rendered and will make reimbursement for the medical or other expenses incurred for the care of the named minor.

Parent's/Guardian's signature

Date



WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

This document affects your legal rights. You should read and understand it before signing it.

In consideration for receiving permission to participate in FunLand Spring Break Camp 2026
(describe activity)
on _____, I hereby waive, release, and discharge any and all claims for
(activity/trip date(s))
damages for death, personal injury, or property damage which I may have or which hereafter may accrue to me
against FunLand / Cal Skate as a result of _____'s participation in any
way in the event described above.

This release is intended to discharge FunLand / Cal Skate employees and volunteers against any and all liability arising out of or connected in any way with my participation in the event/activity, even though that liability may arise out of the negligence or carelessness on the part of persons or business mentioned above.

I further understand that accidents and injuries can arise out of participation in this event/activity; knowing the risks, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all of the persons or business mentioned above who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

In signing this release, I acknowledge and represent that I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it, and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made.

_____ I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

_____ As parent/guardian, I certify that he/she is in excellent health and has no physical, mental or emotional problems which are likely to prevent participation in strenuous physical activity. I give permission for him/her to be medically treated for illness occurring or injury sustained during participation in the above activity, and certify that he/she is covered by medical insurance. I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

Name of participant (print) Signature of participant or guardian, if under 18

Street Address City State Zip Phone

WITNESS:

Printed Name of Witness Date Signature of Witness