

City of Los Angeles Department of Recreation and Parks

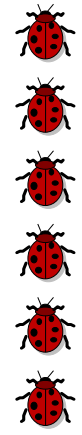
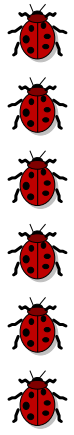
## Griffith Park Boys Camp

4730 Crystal Springs Drive

Los Angeles, CA 90027

(323) 664-0571

gp.boyscamp@lacity.org



# Spring Fling Mother/Son Weekend

Boys 6-14 years of Age

Moms of Any Age\*

March 17-18, 2012

Cost: \$60 per person



Registration Closes 12 Noon Thursday, March 8, 2012

Spring is in the air! Celebrate the start of Spring and Saint Patricks Day with us! We will go hiking, search for the four leaf clover, outdoor cooking, plant flowers, make cookies, archery, climbing wall, campfire and so much more! Be the first to find the pot of gold at the end of the rainbow!

Camp will give you a life time of memories throughout the weekend, you and your son(s) will participate in a variety of activities, individually and with other mothers and their sons.

\* Parent/Guardian must be at least 18 years old. For the Mother/Son weekend we consider a 'mother" as any significant female adult figure in a young boys life; moms, sister, aunts, grandmothers, and others qualify. We consider a 'son" as any signification young boys in woman's life and could be: son, brother, nephew or grandson too.

**CHECK-IN:** Saturday, Morning 8:00 am-10:00 am      **Breakfast will be served 8:00 am-9:00 am**  
**CHECK-OUT:** Sunday, Morning 11:00 am-11:30 am



### Registration Procedures

Mail completed application and registration fees to:

Griffith Park Boys Camp • 4730 Crystal Springs Drive • Los Angeles, CA 90027

No online, telephone or fax registration will be accepted. Applications will be received on a first-come, first serve basis. The rules of acceptance and participation in the program are the same for all, without regard to race, color, religion or national origin. Persons with disabilities are welcome to participate in our programs, reasonable accommodations can be arranged with prior notification. Please allow 2 weeks minimum notice for interpretive services.

Camp registration and fees are due 12 noon Thursday, March 8, 2012. If registration is received less than one week prior and there is still room in the session, there will be a \$15.00 late charge. It is understood and agreed that no refund or reduction in fees are made for late arrival, early departure, or request to leave due to misconduct. A waiting list will be started after all spaces are filled. Names will be added in the order in which applications are received.

**Cancellation and Refund Requests:** All telephone cancellations must be followed by a written request for a refund with a copy of the original registration receipt. Refunds will take at least 6-8 weeks, once the written request has been received. The registration fee will be refunded as follows: less \$10.00 with more than two weeks notice; less \$25.00 with less than two week's notice. (12 noon Thursday determines "Notice" given for refunds). Cancellation deadline is 12:00 p.m. Thursday, prior to session registered for. There will be no refunds for a NO SHOW. The camp reserves the right to cancel any program if minimum registration requirements are not met. Program subject to change or cancellation without prior notice. **No Full refund will be issued unless a session is cancelled by camp.**

**Griffith Park Boys Camp**  
**Mother/Son Weekend**  
**Spring 2012 Registration Form**

Registration Closes 12:00 noon Thursday, March 8, 2012

Please make checks payable to: City of Los Angeles

**Please mail completed applications and full registration fees to:**  
**Griffith Park Boys Camp • 4730 Crystal Springs Drive • Los Angeles, CA 90027**

Mother/Son Weekend:                      March 17-18, 2012                      Cost: \$60 per person

Attending Parent/Guardian Name \_\_\_\_\_ Legal Custody  Yes  No

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

1. Camper's Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

2. Camper's Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

**T-Shirt Size (Y is Youth Sizes, A is Adult Sizes)**

Attending Parent/Guardian            YM    YL    AS    AM    AL    AXL    AXXL    AXXXL

1. Camper                                    YM    YL    AS    AM    AL    AXL    AXXL    AXXXL

2. Camper                                    YM    YL    AS    AM    AL    AXL    AXXL    AXXXL

In case of emergency contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Are you on our mail list?     Yes     No    Email Address \_\_\_\_\_

In consideration of the City of Los Angeles acting through its Department of Recreation and Parks at Griffith Park Boys Camp ("Camp") granting the above-named child (ren) ("minor") and myself the opportunity to participate in the camp program described in the brochure, ("Program") I, print name) \_\_\_\_\_ the undersigned, as parent or legal guardian of the Minor do hereby agree as follows:

**I am aware that there are certain risks of injury and/or damage inherent in the program's activities;**

**I will follow and instruct minor to abide by all safety regulations** and to take reasonable precautions to minimize risks of injury or damage arising from participation in the program;

**I give my consent and my minor to participate in all aspect of the program** and I knowingly assume full responsibility for all risks of bodily injury, death or property;

**I understand that the City has no obligation to obtain medical treatment** for myself and the minor. Should it be necessary to have emergency medical care while participating in the program, I hereby give the City permission to use their judgment in obtaining medical care and I give permission to the medical care provider selected by the City personnel to render medical care deemed necessary and appropriate;

**I understand that the City at its sole option but without obligation may procure insurance** to cover all or part of such medical expense incurred by myself or minor. Accordingly, I understand and agree that any cost incurred for such treatment which is not covered by insurance shall be my sole responsibility;

**I also authorize the City to make, procure to use photographs, films, tapes or other likeness of myself and the minor's physical image and/or voice as may be needed for use with program's publicity materials;**

**I waive all rights of recovery, which Minor or I may have now or in the future, whether known or unknown, against the City of Los Angeles or its officers, agencies or employees, and I release, acquit and forever discharge the City from any and all liability for any bodily injury or other personal injury, damage, loss or expense, claims, demands causes of action, money damages, costs, loss of services or use, compensation, debts, including attorney fees, which result from or are in any way**

**I also acknowledge that I have read this agreement** and understand the payment, refund and condition of enrollment policies found in this brochure/flyer.

**Important:** Parent Signature is Required:

Parent/Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

<b>FOR OFFICE USE ONLY:</b>	
Date Received: _____	Amount \$ _____
RW# _____	Cash <input type="checkbox"/> Credit Card <input type="checkbox"/>
Confirmation Sent: _____ / _____ / _____	Check <input type="checkbox"/> or Money Order <input type="checkbox"/> # _____
Notes _____	