



LOS AL DAY CAMP PRESENTS...

# HIPPITY HOPPITY HAPPENING CAMP

**AGES 5-15...**

Give your child a fun-filled day with games, arts & crafts, outdoor activities, and movies. Beverages and snacks provided. *Campers will need to bring a sack lunch every day!*

Register for one or more days. Limited registration, so register early!

**Full Day:** 9:00am-4:00pm

**Full Day Fee: \$24.00**

Monday	April 5	1425-20	<input type="checkbox"/>
Tuesday	April 6	1425-21	<input type="checkbox"/>
Wednesday	April 7	1425-22	<input type="checkbox"/>
Thursday	April 8	1425-23	<input type="checkbox"/>
Friday	April 9	1425-24	<input type="checkbox"/>

**Extended Day:** 7:30am-6:00pm

**Extended Day Fee: \$27.00**

Monday	April 5	1426-20	<input type="checkbox"/>
Tuesday	April 6	1426-21	<input type="checkbox"/>
Wednesday	April 7	1426-22	<input type="checkbox"/>
Thursday	April 8	1426-23	<input type="checkbox"/>
Friday	April 9	1426-24	<input type="checkbox"/>

**REGISTRATION FORM**

Child's Name (Please PRINT) \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Day Telephone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Night Telephone Number \_\_\_\_\_

I hereby grant permission for my child to participate in the Hippity Hoppity Happening Camp offered by the City of Los Alamitos Recreation and Community Services Department. I hereby agree to indemnify and hold harmless the City of Los Alamitos, its officers, agents and employees from any liability, claim or action arising out of such participation. I further certify that said child is in good health and has no physical or other impediment which would endanger him/her from participating in such an activity. I hereby consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to my child by any physician or hospital selected by City staff for any injury or incident arising out of or connected with the Hippity Hoppity Happening Camp. I further grant permission for photographic/video images taken of my child to be used in the promotion of the Hippity Hoppity Happening Camp or other programs by the City of Los Alamitos and the Recreation and Community Services Department.

Parent's/Guardian's Signature \_\_\_\_\_ Printed Parent Name \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact (if parent cannot be contacted) \_\_\_\_\_ Telephone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

TOTAL FEES
RECEIPT NUMBER