



Spring Break 2016 Registration

JC Community Center Spring Break Camp
Mon. March 21 thru Fri. March 25
8:30 am to 5:30 pm

Registration Payment Schedule

5 - Day March 21-25	Full Payment (no scholarship)	Reduced Lunch 50% Scholarship	Free Lunch 75% Scholarship	Registration & Payment Due Date
Spring Break Camp	\$95	\$50	\$25	March 16

Date _____ Amt Paid _____ Cash / Check # _____

Payments and Registration Forms
 may be turned in at the
Community Center office at
175 West 7th Avenue
MWF 11-5:30 pm 541-998-4767

Or mailed to:
JC Community Center
PO Box 250
Junction City, OR 97448

Forms may be picked up at the JC Community Ctr
or on the website.

Go to www.junctioncityoregon.gov

- 1) on the left bar click on Departments/Services,**
 - 2) click on Community Services Department,**
 - 3) click on Community Center,**
 - 4) click on Spring Break Registration Form.**
- You can drop the form & payment off in person or mail them to the address to the left.**

Registration Information

Participant Information (Please Print)

First Name _____ Last Name _____ Male / Female Age _____
 Birth Date _____ School Name _____ Grade (Fall 2015) _____

Parent/Guardian Information (Please Print)

First Name _____ Last Name _____
 Address _____ City/State/Zip _____
 Home Phone # _____ Cell # _____ Work # _____
 Email _____

Parent/Guardian Information (Please Print)

First Name _____ Last Name _____
 Address _____ City/State/Zip _____
 Home Phone # _____ Cell # _____ Work # _____
 Email _____

Emergency Contact Information, if Parent/Guardian cannot be reached (Please Print)

First Name _____ Last Name _____
 Address _____ City/State/Zip _____
 Home Phone # _____ Cell # _____ Work # _____

Scholarship forms are available at the JC Community Center

Registration Form



If registration fees are not paid in full by the Wednesday before camp week your child's spot could be forfeited to the next child on the wait list.

Refunds will only be given if cancellation is received by the Wednesday before camp week. Because of staffing requirements, fees will not be prorated for partial attendance.

In the event that a child refuses to follow directions or exhibits aggressive or unsafe behavior, we will notify the parent(s)/ guardian(s) and request that the child be picked up immediately. Refunds are not available if the child is picked up early do to such behavior.

I have read the Registration Agreement and I agree to these policies.

Print Name: _____ Signature: _____ Date: _____

I, the legal parent and/or guardian of and on behalf of _____ (minor), a minor, ("PARTICIPANT"), for and in consideration of the privilege of participating in the Junction City Community Center 2016 Spring Break Camp and recognizing that these activities involve certain inherent dangers, do hereby agree to assume all risks attendant to such activity, including, but not limited to, motor vehicle accidents and/or pedestrian accidents on either public or private property, and do for myself, for and with my heirs, hereby agree to waive all claims against and release, indemnify, defend and hold harmless the City of Junction City, all of its officers, employees, agents and representatives, ("CITY") in both their public and private capacities, from and against any and all liability, claims, suits, losses, damages and causes of action, including all expenses of litigation and/or settlement for death, injury to, or death of any person, or for loss of, damage to, or loss of use of any property arising out of or in connection with participation in the PROGRAM.

Such indemnity shall apply regardless of cause of any fault or negligence of the CITY. It is the express intention of the parties hereto, both participant and the CITY, that the indemnity provided for in this paragraph is indemnity by the participant to indemnify and protect the CITY, from the consequences of the CITY's own negligence or participant's own negligence, whether that negligence is the sole or concurring cause of any injury, death, or damage.

I certify that PARTICIPANT has not been advised by a health care professional that PARTICIPANT should not participate in the PROGRAM or other similar physical activities. In the event PARTICIPANT is injured as a result of his/her participation in the PROGRAM, and it becomes necessary that he/she receive medical treatment, I expressly release the CITY and waive any and all claims against the CITY for any and all liability incurred as a result of the medical treatment received. This release and waiver express includes all costs of emergency care and/or transportation. I grant permission for any emergency medical treatment, operation, or anesthesia that might become necessary.

I authorize the CITY to use PARTICIPANT's photograph for promotional and/or commercial purposes, including, but not limited to, brochures, newsletters, websites, and television media. I release the CITY from any liability for use of PARTICIPANT's picture.

I expressly agree that this waiver of liability, release, indemnification and hold harmless agreement is intended to be broad and as inclusive as is permitted by the laws of the State of Oregon, and that if any portion, word, term, phrase, clause or paragraph of this agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

It is further agreed that the execution of this waiver of liability, release indemnification and hold harmless agreement will not constitute a waiver by the CITY of the defense of governmental immunity where applicable, or any other defense recognized by federal or state courts.

I have read this waiver of liability, release, indemnification and hold harmless agreement and understand all of its terms. I am aware of the risks associated with participation in the PROGRAM and execute this document voluntarily and with full knowledge of its significance.

Print Name: _____ Signature: _____ Date: _____