

6th Annual Schoolyard Habitat Campout

Friday, October 4th, 2019 Campout Registration ***PLEASE READ CAREFULLY***

| | | | | | | | | | | | | | | | | | |
|---|---|------------|------------------------------|--|---|-------------|--|------------|--|---------------|--|----------|--|-----------------------|--|--|--|
| <p><u>Student Name(s):</u> (First and Last)</p> <p><u>Teacher(s) Name:</u></p> | <p><u>Parent Name(s):</u> (First and Last)</p> <p><u>Email:</u></p> | | | | | | | | | | | | | | | | |
| <p style="text-align: center;"><u>FOOD Options</u></p> <p>We will be providing a Food Truck from 5:00-8:00 if you wish to purchase food at the campout.</p> <p>____ Yes! We plan to buy from the food truck.</p> <p>To help us plan, please indicate how many adults and children will be buying from the food truck.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 70%;">Number of adults ordering food</td> <td style="width: 30%;"></td> </tr> <tr> <td>Number of kids ordering food</td> <td></td> </tr> </table> <p>____ No thanks. We plan to bring our own food.</p> | Number of adults ordering food | | Number of kids ordering food | | <p style="text-align: center;"><u>CAMP</u></p> <p><i>*Please note - We have a maximum capacity of 120 tents/RVs at this event. Last year we hit capacity. Spaces are available on a first come, first served basis. To ensure getting a spot, please return this registration with payment ASAP!*</i></p> <p style="text-align: center;">\$20 PER TENT or RV</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 30%;"># of Adults</td> <td style="width: 10%;"></td> <td style="width: 30%;"># of Tents</td> <td style="width: 10%;"></td> </tr> <tr> <td># of Children</td> <td></td> <td># of RVs</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: right;">CAMP TOTAL: \$</td> <td></td> </tr> </table> <p><u>Due to our insurance liability, NO Fire pits, BBQs, pets or alcohol is allowed on campus. Thank you!</u></p> | # of Adults | | # of Tents | | # of Children | | # of RVs | | CAMP TOTAL: \$ | | | |
| Number of adults ordering food | | | | | | | | | | | | | | | | | |
| Number of kids ordering food | | | | | | | | | | | | | | | | | |
| # of Adults | | # of Tents | | | | | | | | | | | | | | | |
| # of Children | | # of RVs | | | | | | | | | | | | | | | |
| CAMP TOTAL: \$ | | | | | | | | | | | | | | | | | |
| <p style="text-align: center;"><u>ITINERARY</u></p> <p><u>Friday:</u></p> <ul style="list-style-type: none"> 5:00 - Gate check-in near parking lot 5:00 - 8:00 - Food Truck Open 6:00 - 9:00 - Ice Cream Truck Open 6:00 - Gates closed 6:00 - Evening Activities Begin <ul style="list-style-type: none"> ● Flashlight Scavenger Hunt* ● Spooky Stories in the Habitat ● Nature Craft ● Star Lab ● Moon Viewing ● Art Studio ● Flashlight Reading in the Library ● Dance Party in the Quad 10:00 pm - Lights Out – <u>Quiet Time</u> <p><u>Saturday:</u></p> <ul style="list-style-type: none"> 6:00 - Gates Open 8:00 - Check out <p>*Bring your own flashlight or cash if you wish to purchase flashlights/glow sticks*</p> <p>There will be a fundraiser breakfast the next morning at IHOP following the campout at: 4253 Oceanside Blvd., Oceanside, 92056</p> | <p style="text-align: center;"><u>SHIRTS</u></p> <p>Shirts are available through Custom Ink. Please check the Casita facebook page for link, or you can go to</p> <p style="text-align: center;">https://tinyurl.com/y2f826gk</p> <p style="text-align: center;">***DUE DATEs***</p> <p style="text-align: center;">September 17th - to order t-shirt from Custom Ink</p> <p style="text-align: center;">September 27th (or when we hit 120 family capacity)- to register for camping</p> <p>Please turn in to the office secretary:</p> <ol style="list-style-type: none"> 1. This registration form 2. Insurance form 3. Cash or check (make check payable to 'Casita PTA') | | | | | | | | | | | | | | | | |



PARENT'S APPROVAL, STUDENT, FAMILY, AND PARTICIPANT WAIVER

2327 L Street, Sacramento, CA 95816-5014(916) 440-1985 • FAX (916) 440-1986 • Email info@capta.org • www.capta.org

Print the name of all family members who may participate in any PTA sponsored events for the [insert period] school year (including student, siblings and parents):

1. _____
Participant Name Age, if minor child

2. _____
Participant Name Age, if minor child

3. _____
Participant Name Age, if minor child

4. _____
Participant Name Age, if minor child

The undersigned parent(s) or guardian(s) assume all risks in connection with the participation of all individuals listed above in any and all of the PTA sponsored activities.

I attest and verify that all individuals listed above are physically fit and able to participate in any PTA sponsored activities. Further I acknowledge that it is my responsibility to understand any inherent risks associated with PTA sponsored activities and communicate those risks to all individuals named above.

I do hereby certify that to the best of my knowledge and belief all individuals named above are in good health. In the event that I, or other parent/guardian, cannot be reached in an emergency, I hereby give permission to secure proper treatment for my child(ren). I/we do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs.

I/we hereby advise that the above named minor(s) has the following allergies, medicine reactions or unusual physical conditions, which should be made known to a treating physician: (If none, please write the word "none". If yes, put first name of child and the allergy/condition.): _____

I/we, as parent(s) or guardian(s) of the minor(s), do hereby, for my child/children, myself, my heirs, executors and administrators, release and forever discharge and hold harmless the California State PTA, the local PTA and all officers, directors, employees, agents and volunteers of the organizations, acting officially or otherwise, from any and all claims, demands, actions or causes of action which in any way arise from the participation of any individuals listed above in any PTA sponsored activities.

By signing below, I confirm that I have carefully read and fully understand its contents. I am aware that this is a release of liability and signed it of my own free will.

1. _____
Parent/Guardian Signature Print Name Date

2. _____
Parent/Guardian Signature Print Name Date

Address City State Zip Phone (include Area code)