

**DATES OF PROGRAM:**  
 Week 1: July 10 - 14, 2017  
 Week 2: July 17 - 21, 2017



**REGISTRATION:**  
 Early registration ends  
 May 5, 2017

For children ages 5-14. All applications must be submitted by June 9<sup>th</sup>. A \$75 late fee will apply if received after May 5<sup>th</sup>. Fees include T-shirt, lunch, morning and afternoon snacks, field trip, and materials. Please notify us of any concerns with your child (i.e. allergies, medications, etc.)

CHILD'S NAME (PLEASE PRINT)	DATE OF BIRTH	GRADE (AS OF SEPT. 2017)	T-SHIRT SIZE (YS, YM, YL, AS, AM)	FOOD ALLERGIES

**REGISTRANT INFO:**

Father/Guardian name: \_\_\_\_\_ Mother/Guardian name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**\*\*EMERGENCY CONTACT (if different from above)**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

**Grades K - 5**

REGISTRATION FEES		SUBTOTAL
Week 1 or 2: Early Registration	\$200	
Week 1 or 2: Sibling Discount	\$180	
Week 1 or 2: Late Registration (After May 5 <sup>th</sup> )	\$275	
Week 1 & 2: Early Registration	\$370	
Week 1 & 2: Sibling Discount	\$330	
Extra Camp Chibikko T-shirt	\$10	

TOTAL DUE: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SPACE IS LIMITED. ALL FEES WILL BE NON-REFUNDABLE AFTER JUNE 9<sup>th</sup>.**

Please contact the ESGVJCC Office at (626) 960-2566 or campchibikko@esgvjcc.org for any questions.

**OFFICE USE ONLY: RECEIVED DATE \_\_\_\_\_ FORM OF PAYMENT \_\_\_\_\_ AMT. RECEIVED \_\_\_\_\_**

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**REGISTRANT INFO:**

Father/Guardian name: \_\_\_\_\_ Mother/Guardian name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**\*\*EMERGENCY CONTACT (if different from above)**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

**Grades 6 - 8**

REGISTRATION FEES		SUBTOTAL
Week 1 or 2: Early Registration	\$175	
Week 1 or 2: Sibling Discount	\$150	
Week 1 or 2: Late Registration (After May 5 <sup>th</sup> )	\$250	
Week 1 & 2: Early Registration	\$320	
Week 1 & 2: Sibling Discount	\$300	
Extra Camp Chibikko T-shirt	\$10	

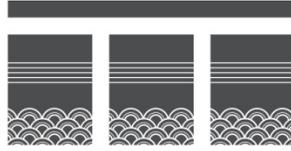
TOTAL DUE: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SPACE IS LIMITED. ALL FEES WILL BE NON-REFUNDABLE AFTER JUNE 9<sup>th</sup>.**

Please contact the ESGVJCC Office at (626) 960-2566 or campchibikko@esgvjcc.org for any questions.

**OFFICE USE ONLY: RECEIVED DATE \_\_\_\_\_ FORM OF PAYMENT \_\_\_\_\_ AMT. RECEIVED \_\_\_\_\_**



EAST SAN GABRIEL VALLEY  
JAPANESE COMMUNITY CENTER **ESGVJCC**

**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Initial** \_\_\_\_\_ **Authorization to Consent to Treatment of a Minor**

The undersigned parents of \_\_\_\_\_, a minor, authorize the ESGVJCC - Camp Chibikko, as agents to consent to any x-ray, anesthetic, medical or surgical diagnosis for treatment and hospital care deemed advisable and rendered by any licensed physician or surgeon, whether in his office or in a licensed hospital. This authorization is given in advance of any required care to empower the agents to give consent for such treatment, as the physician may deem advisable. (Section 25.8 of the Civil Code of California)

This authorization shall remain effective during the participation of the above named student.

**Initial** \_\_\_\_\_ **Minor Photo Release**

I give the ESGVJCC Camp Chibikko permission to publish in print, electronic, or video format the likeness of image(s) of my child. I release all claims against Camp Chibikko with respect to copyright ownership and publication including any claim related to use of the materials.

**Initial** \_\_\_\_\_ **Waiver & Release**

In consideration of my child(ren) being permitted to take part in all the Camp Chibikko's activities, whether public or private, of the East San Gabriel Valley Japanese Community Center (ESGVJCC) - Camp Chibikko and or on said Center premises or any other place in the course of said Camp's activities, I do hereby expressly waive and release any and all rights which I or my child(ren) may have to maintain my claim or demand whatsoever against the said Center and Camp, its officers, member teachers, employees or against any other person other than the undersigned or which might ensure as a result of my or my child(ren) being on said Camp Premises or otherwise my or my child(ren)'s participation in any of said Camp activities. This waiver and release shall remain effective during the enrollment of my child(ren) at ESGVJCC - Camp Chibikko.

**Signature of Parent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of Parent (PLEASE PRINT):** \_\_\_\_\_