



City of Los Angeles Department of Recreation & Parks

RESEDA RECREATION CENTER

18411 Victory Blvd, Reseda CA 91335

Phone (818) 881-3882



2024/25

RESEDA WINTER CAMP

December 16th - January 3rd



Camp Information

Reseda Winter Camp Fees:

Fees include Extended Care and Field Trips
\$15 Nonrefundable One Time Registration Fee
\$20 Nonrefundable Deposit Per Week

\$170 Week 1
\$150 Week 2
\$150 Week 3

Camp Reseda is based on friendships, fun activities, and more! One field trip per week is provided for campers. Each week has a theme and activities planned around the theme. Campers will have a wide variety of age-appropriate activities, such as, crafts, games, sports, spirit stick and more! Campers must wear their camp shirt everyday. Campers are highly encouraged to dress on theme on Friday's!

Please don't forget to pack a lunch, snacks, water, and jacket for your child every day they attend camp!

Dates & Times:

Registration will begin on November 15, 2024

Camp will take place from December 16 to January 3rd

Camp Hours : 9am to 4pm

Extended Care Hours: 8am-9am & 4pm-6pm

Field Trips:

Week	Dates	Trips	Trip Day
Week 1	12/16 - 12/20	Science Center & Movie	Thursday, December 19
Week 2	12/23 - 12/27	Knotts Berry Farm	Thursday, December 26
Week 3	12/30 - 1/3	Aquarium of the Pacific	Thursday, January 2

There will be no camp on December 25th & January 1st
There will be no Extended PM Care on December 24th & 31st

Registration Information

- Registration begins November 15 at 9am and will continue until camp is full. Enrollment is limited and registration is on a first come first serve basis.
- Camp deposits are required to hold your child's space in camp, your child is not fully registered for camp until we receive full payment.
- Payments are due in full by the due date provided for the corresponding week. A \$20 late fee will apply to all payments made after the due date.
- Summer Camp fees were offset and expensed due to special funding.
- No refunds are granted once the first day of registered week begins.
- Registration fees and deposits are non-refundable and non transferable.
- Participants must be age appropriate by the first day of their enrolled week.
- Scheduled activities and field trips are subject to change and/or be cancelled without prior notice.

Child's Name _____ Age _____ Group _____

Reseda Winter Camp 2024/25 Registration Worksheet

- The camp fee is \$170 for the first week and \$150 for the second and third weeks.
- There is a non-refundable one-time registration fee of \$15
- A \$20 deposit is required for each week that you reserve.
- This \$20 deposit is Non-Refundable, Non-Transferable. This fee is deducted from the weekly tuition at the time of payment.
- Make checks payable to "City of LA, Rec. & Parks".

Initial Payment Schedule - Office Use Only

\$15.00	Registration Fee	\$15.00
\$20.00	X ___ Weeks Reserved =	\$
\$170.00	X ___ Weeks Paid In Full (Week 1) =	\$
\$150.00	X ___ Weeks Paid In Full (Week 2/3) =	\$
	TOTAL RECEIVED =	\$
	RECEIPT NUMBER:	

Please mark an X in the box for the week/weeks your child will be attending.

X	Week	Deposit	Receipt #	Balance Paid	Receipt #	Date
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Week 1 Payment Due In Full At

Time Of Registration

1. 12/16-12/20	\$		\$		
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Week 2 Payment Due In Full By

Thursday, Dec 19

2. 12/23-12/27	\$		\$		
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Week 3 Payment Due In Full By

Thursday, Dec 26

3. 12/30-1/3	\$		\$		
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Notes: _____

Reseda Camp Winter 2024/25 Registration Form

(Please Write All Information Correctly And Legibly)

Camper's Gender: (Please Circle) Male/Female Grade In Fall: _____ School: _____

Camper's Name: _____ Age: _____ Birthday: ____/____/____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Email Address: (To Receive Payment Receipt): _____

Parent/Guardian (1) Name: _____ Phone: (_____) _____

Parent/Guardian (2) Name: _____ Phone: (_____) _____

Emergency Contact other than parent: Name: _____ Phone: (_____) _____

I authorize **ONLY** these additional persons to pick up my child, including carpools:

Name: _____ Relation: _____

Name: _____ Relation: _____

Name: _____ Relation: _____

If you wish to allow your child to check him/herself out of camp unaccompanied, please sign _____

Note: Only campers 11 and older are allowed to sign themselves In & Out

MEDICAL INFORMATION: Insurance Provider: _____ Policy #: _____

Physician: _____ Phone: (____) _____ Dentist: _____ Phone: (____) _____

Is child on medication? Yes No

If so, what kind: _____ Amount _____

Frequency: _____ Signature: _____ Date _____

Reasons for limitations of physical activities, if any _____

List any major illness or medical conditions or behaviors that we should be aware of in case of a major emergency

PLEASE READ THOROUGHLY AND SIGN IN THE PERTINENT PLACES. CAMPERS WILL NOT BE PERMITTED TO PARTICIPATE IN ANY CAMP RESEDA PROGRAMS UNLESS THIS FORM IS FILLED OUT CORRECTLY AND SIGNED.

AUTHORIZATION TO PARTICIPATE

My child, print name _____, a minor, has my authorization to participate in Camp Reseda's 24/25 Winter Camp Program and all activities therein (including chartered bus trips). I further agree to relieve the City of Los Angeles, Department of Recreation and Parks, its officers, agents, and employees from any liability for injury to my child resulting from and/or in connection with activities in this program. I, the undersigned, as parent/guardian of the above-mentioned minor do hereby authorize the City of Los Angeles to act as agent for the undersigned: to consent for any X-Ray examination, anesthetic, and/or surgeon licensed under the provisions of the Medicine Practice Act and on the medical staff of a licensed hospital; whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. This authorization is given in advance of any specific diagnosis/treatment, etc. and is given to provide authority to aforesaid agents to give specific consent. This authorization is given pursuant to the provision of Section 25.8 of the Civil Code of California.

GENERAL POLICIES

1) Neither the Department of Recreation and Parks nor the Camp carry insurance. 2) Refunds may be issued for long-term illnesses only 5 consecutive camp days or more, provided that we receive a signed note from a licensed physician within 3 days after illness. Allow 4 to 6 weeks for processing of refunds 3) All camp deposits are absolutely nonrefundable, NO EXCEPTIONS 4) The tuition money, paid in full (for all camps) is due before services are rendered, or you may lose your space in the program and your deposit. 5) Staff reserve the right to require proof of age at any time. Campers must meet age requirements by the start of camp. 6) Written permission must be provided if you wish your child to be released to anyone other than those authorized on the registration form. 7) For safety purposes, camp t-shirts and closed-toe tennis shoes must be worn daily. NO EXCEPTIONS. Children attending camp without t-shirts will be issued one by the staff and you will be billed appropriately. 8) Parents are welcome to drop in and observe the camp program at any time, but for the safety and happiness of the children, and staff, parents are not permitted to linger in or around the program for extended periods at any time. 9) Parents are not permitted to accompany campers on any camp field trips. 10) Staff reserves the right to change or alter programming at any time without notice. 11) Staff is not responsible for lost or stolen articles. 12) Programmed activities occur from 9:00AM to 4:00PM. 13) All activities, other than field trips will occur at Reseda Recreation Center. 14) By participating in our programs, patrons agree to allow the City of Los Angeles, the Department of Recreation and Parks, the Reseda Rec. Center and Camp Reseda to use photographs, video tapes, and testimonials of participants for use in publicity materials free of any fee or usage charge. 15.) I hereby give my permission for my child to watch any movies approved and shown by Reseda Park (G/PG only).

I have read and understand the AUTHORIZATION TO PARTICIPATE, GENERAL POLICIES and DISCIPLINE PROCEDURES/POLICY. I hereby agree to abide by all the above-mentioned policies and practices and further understand that transgression of any policy is cause for immediate expulsion from the program without refund.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

CITY OF LOS ANGELES

KAREN BASS - MAYOR

BOB BLUMENFIELD - 3RD DISTRICT COUNCIL MEMBER

BOARD OF RECREATION AND PARK COMMISSIONERS

RENATA SIMRIL - PRESIDENT

LUIS SANCHEZ - VICE PRESIDENT

FIONA HUTTON, MARIE LLOYD, BENNY TRAN - COMMISSIONERS

ADMINISTRATION

JIMMY KIM - GENERAL MANAGER

MATTHEW RUDNICK - EXECUTIVE OFFICER & CHIEF OF STAFF

CHINYERE STONEHAM - ASSISTANT MANAGER, RECREATION SERVICES

BRENDA AGUIRRE - ASSISTANT GENERAL MANAGER, SPECIAL OPERATIONS BRANCH

CATHIE SANTO DOMINGO - ASSISTANT GENERAL MANAGER, PLANNING/CONSTRUCTION/MAINTENANCE

VALLEY REGION

TRACI GOLDBERG - SUPERINTENDENT

JUAN AYNAT - PRINCIPAL RECREATION SUPERVISOR I

WAYNE NEAL - PRINCIPAL GROUNDS MAINTENANCE SUPERVISOR II

JOE MENDOZA - CONSTRUCTION AND MAINTENANCE SUPERVISOR II

CYNTHIA DIB - WEST VALLEY DISTRICT SUPERVISOR

RESEDA RECREATION STAFF

MICHON RICKMAN - ACTING SENIOR RECREATION DIRECTOR

CAMP RESEDA STAFF

BELLE, BLOO, COACH MICHAEL, GOJI, KATT, MS.MOUSE, PRINCE ALI, SHAZAM,

TWEETY, WAVE, WOLF

RESEDA RECREATION ASSISTANTS & INSTRUCTORS

FARSHAD AZAM, GOJGIN BASTANI, MICHAEL CARRANZA, RACHEL DONOSO, TONY FAM,

MICHELLE GUERRA DUBON, AURORA HERNANDEZ, SAL HERNANDEZ, BELLA HERTLER, CLAUDIA MONTALVO,

OSCAR MONTIEL, ALIREZA PARSА, MARVIN PERKINS, JASON SHERIFF, STEVE ZELMAN

MAINTENANCE STAFF

MANNY NAVARREZ

JUANA YEPEZ

VICTOR HERNANDEZ