

6-12 year old Summer Camps

West Linn Parks and Recreation

Fun in the Sun

Led by Parks and Recreation Staff

Ages 6 - 12 *Must be this age during the camp session

Do you want your child to have fun engaging opportunities that will support continued learning and personal growth over the summer months? Fun in the Sun is an exciting recreation day camp offered in West Linn parks. This summer, we are offering eight one-week sessions of camp at Hammerle Park and Marylhurst Heights Park along with 9 weeks at Willamette Park. Register early, as space is limited. Maximum capacity at Hammerle and Marylhurst is 50 and Willamette is 40.

FUN IN THE SUN is a traditional day camp program designed to provide fun & exciting activities for youth. Our trained staff works daily to offer enrichment activities in the areas of: arts, games, social & cultural activities and nature study. The camps will take weekly field trips to various local activities and bring in presenters or activities each week. (Camper to staff ratio 10:1)

Daily Drop-In available on a first come first serve basis on site and if space is available. No Drop-In on Field Trip Days. Daily Drop-In Fee is \$20.

WHAT TO BRING TO CAMP: Sack lunch, water bottles, sunscreen, appropriate clothing and towel for spray Pad use.

REGISTRATION FEES: IC \$89 / OC \$94

FIELD TRIPS BY WEEK

Week 1	Wed. June 24 Oregon Zoo
Week 2	Thurs. July 2 Enchanted Forest
Week 3	Fri. July 10 Oaks Park
Week 4	Wed. July 15 Sky High Sports
Week 5	Thurs. July 23 OMSI
Week 6	Fri. July 31 John's Incredible Pizza
Week 7	Fri. August 7 Ultrazone
Week 8	Fri. August 14 Clackamas Aquatic Park
Week 9	Wed. August 19 Movie

CAMP SESSIONS- All sessions 10 am-3 pm

Marylhurst Heights Park:

6400.301	June 29-July 3
6401.301	July 6-10
6402.301	July 27-31
6403.301	Aug. 3-7

Hammerle Park:

6404.301	July 13-17
6405.301	July 20-24
6406.301	Aug. 10-14
6407.301	Aug. 17-21

Willamette Park:

6408.301	June 22-26
6409.301	June 29-July 3
6410.301	July 6-10
6411.301	July 13-17
6412.301	July 20-24
6413.301	July 27-31
6414.301	Aug. 3-7
6415.301	Aug. 10-14
6416.301	Aug. 17-21



Register at
www.westlinnoregon.gov

ACTIVITY REGISTRATION FORM

CITY OF WEST LINN

REGISTER ONLINE AT www.westlinnparksandrec.com

PARTICIPANT NAME _____ M or F DOB _____ GRADE _____

PARENT/GUARDIAN NAME _____ DOB _____ SCHOOL _____

ADDRESS _____ CITY _____ ZIP _____

PHONE NUMBER _____ E-MAIL _____

EMERGENCY CONTACT _____ PHONE _____

ANY MEDICAL CONDITION, ETC. _____

IF YOU HAVE A DISABILITY AND REQUIRE AN ACCOMMODATION IN ORDER TO PARTICIPATE, PLEASE EXPLAIN HERE _____

CITY OF WEST LINN RESIDENT? YES NO
CLASS # ACTIVITY TITLE START DATE/TIME

_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

TOTAL Amount Due \$ _____

Recreation Scholarship Fund: YES, I would like to contribute \$1.00 \$2.00 \$5.00, or other \$ _____ to the Recreation Scholarship Fund. This fund allows children from West Linn to attend recreation programs in our City who otherwise may not be able to participate. Please include this with your payment. Thank you for your donation.

Make Check to: City of West Linn
Mail to: City of West Linn
Recreation Program
22500 Salamo Road, #1100
West Linn, Oregon 97068
503.557.4700
503.656.4106 Fax

Visa _____ Mastercard _____ \$ Amount to charge _____
Charge card # _____ Exp. Date _____
Cardholder Name _____
Cardholder Signature _____
Office Use Only: Approval Code _____

WAIVER

In participating in Recreation Programs, sponsored by The City of West Linn, I hereby acknowledge that I understand that there are risks of accidents resulting in bodily harm to me arising out of those activities. I understand that Recreation activities are planned with the safety of the participants in mind. I further acknowledge that I have the physical capacity reasonably necessary to engage in Recreation activity for which I have enrolled. In case of emergency, accident or illness, I give my permission to be treated by a professional medical person and admitted to a hospital if necessary. I agree to be the party responsible for all medical expenses which are incurred in my behalf. It is understood and agreed that the City, its Mayor, City Council, Boards, employees, volunteers and agents shall be held harmless against all claims, damages, loss or expenses including attorney's fees arising out of or resulting from my participation in recreation programs. I agree pictures taken may be used for future promotions.

____ ** I have read the above waiver and understand the contents**

Signature (Parent or guardian)

For Staff use only
Registered in RecNet by _____ on _____