

SKYHAWKS SPORTS CAMPS



Monday - Friday, 9:30am - 4:00pm



SSCS1	6/13-6/17	Soccer	Rumrill Sports Complex	\$65/\$75
SSCB1	6/21-6/24	Basketball*	San Pablo Community Center	\$55/ \$65
SSCMS	7/6-7/8	Mixed Sports*	San Pablo Community Center	\$45/ \$55
SSCB2	7/11-7/15	Basketball*	San Pablo Community Center	\$65/\$75
SSCV1	7/18-7/22	Volleyball*	San Pablo Community Center	\$65/\$75
SSCS2	7/25-7/29	Soccer	Rumrill Sports Complex	\$65/\$75
SSCFF	8/1-8/5	Flag Football	Rumrill Sports Complex	\$65/\$75
SSCV2	8/8-8/12	Volleyball*	San Pablo Community Center	\$65/\$75

* Extended Care available at an additional cost when the camp is at SPCC

Reserve your child's spot for Kiddie Kamp, Jr. Camp, Sr. Camp, Teen Camp and/or Sports Camps by just paying the camp deposit of \$20.00 for each session.

City of San Pablo

Summer 2022 Payment Plan Schedule: Kiddie Kamp, Jr. Camp, Sr. Camp, Teen Camp and Sports Camps

Reserve your child's spot for Kiddie Kamp, Jr. Camp, Sr. Camp, Teen Camp and Sports Camp by just paying the camp deposit of \$20.00 for each session you would like to register them in. Please note the remaining balance will be automatically charged a week before the session start date.

Camp Session	Automatic Payment Due
Session 1: June 13– June 17	June 6
Session 2: June 21-June 24	June 13
Session 3: June 27-July 1	June 20
Session 4: July 6-July 8	June 27
Session 5: July 11– July 15	July 4
Session 6: July 18– July 22	July 11
Session 7: July 25– July 29	July 18
Session 8: August 1– August 5	July 25
Session 9: August 8– August 12	August 1



City of San Pablo Recreation Division
 2450 Road 20, San Pablo, CA 94806
 Ph: (510) 215-3080 Fax: (510) 215-3015
 January 1, 2022 – December 31, 2022



CITY of SAN PABLO
City of New Directions



recreation@sanpabloca.gov
www.sanpabloca.gov

Liability Waiver and Registration Form 2022
 Additional program/activity permission slips maybe also required.

Parent/Head of Household 21+ Years: _____
 (Last Name) (First Name)

Street Address: _____ City: _____ Zip: _____

Primary Contact #: _____ Additional Contact #: _____

Email: _____ Date of Birth _____

Emergency Contact Name: _____ Emergency Phone: _____ Relation: _____

Additional people in household. Each participant 18 and older listed below must also sign and date at the bottom of this form.					
Participant Information				Under 18	
First Name	Last Name	M/F	Date of Birth	School Grade as of 9/1/22	
1.					
2.					
3.					
4.					
5.					

Registration Form for programs

To assure our programs benefit all who attend, please check here if any participant has special needs requiring special accommodations and speak to City of San Pablo staff to ensure we may assist in preparation.

Participant Full Name (One line per participant)	Program Title	Program Code	Dates	Fee
				\$
				\$
				\$
				\$
				\$
				\$
			Total Fees	\$

Waiver, Release of Liability, Assumption of Risk and Hold Harmless Agreement

I, the undersigned, certify that I am at least 18 years old; I am [or the minor child named above is] in good physical condition and have not been advised otherwise by any qualified medical practitioner; have sufficiently trained for participating in the activities for the Program indicated above; have sufficient knowledge of the related equipment; and voluntarily wish to participate in the Program.

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I understand that serious accidents occasionally occur during these activities and that participants in these activities occasionally sustain serious personal injuries, death and property damage. I understand that the risks involved with these activities can include risks from the weather, surface and environment conditions, equipment conditions, transportation to and from the activities, and interference from nearby activities. I understand that there is a risk of injury from being struck or tripped, or from bodily contact by other participants in this activity or their equipment. I understand that there is a risk of injury to muscles, tendons, ligaments, joints, bones, nerves and other bodily parts and systems from participating in these activities. I understand that there is a risk of infection by any communication disease, including but not limited to COVID-19. I understand that in addition to these risks, there are unpredictable dangers involved in these activities. Knowing all of these risks, I voluntarily desire to participate [have my minor child participate] in this activity and assume all risks. If I observe [or my child observes] any unusual or significant hazard, I [we] will bring it to the attention of the nearest official immediately and remove myself [my child] from participation if necessary.

In consideration of my [my child's] participation in these activities, I [we] voluntarily release the City of San Pablo and its Council Members, Commissioners, officers, employees, volunteers, and agents, and any sponsors or promoters of these activities, from all claims, liability, cost and expense, including attorneys' fees, which I [we] may have or may accrue to me [us], for property damage, injury or death in any way arising from or connected with participation in these activities. This waiver and release is applicable even though the negligent acts of the released parties may have caused or contributed to the injury, death or property damage.

I further agree to hold harmless, indemnify and defend the City and its officers, employees, volunteers and agents, who through negligence or carelessness might otherwise be liable to me (or my heirs or assigns). This waiver, release and indemnity is binding on my [our] heirs, dependents, executors, administrators, and assigns.

I also understand that I [my child] may be photographed or filmed during my participation in these activities. I consent to the use of any photo, video or film likeness of me [my child] to be used for any legitimate purpose by the City of San Pablo or the sponsors and promoters of these activities, including but not limited to City publications, general newspapers, tv, radio, social media, and the internet. I [We] will not receive any compensation for use of these photographs or films.

In the event of injury or illness, I hereby consent to and agree to be responsible for the costs for transportation to a medical facility and whatever examination, procedure or treatment considered necessary by the medical personnel.

I agree to abide by any rules and regulations of the City of San Pablo, County, State, any sponsor or promoter, or any team affiliated with these activities. I acknowledge that I have been provided these rules and regulations, including but not limited to the Community Service Department's Code of Conduct and will abide by them.

All refund requests will only be considered five days before the first date of the class. All refunds and/or transfers initiated by the customer will have a \$10.00 cancellation fee applied. All programs are subject to cancellation or combination due to low enrollment. If a cancellation is issued by the City, a full refund will be issued if the customer is not able to transfer to another program.

I HAVE READ THIS WAIVER AND RELEASE OF LIABILITY AND ASSUMPTION OF RISK, FULLY UNDERSTAND IT AND SIGN IT FREELY AND VOLUNTARILY.

All participants ages 18 and older must sign and date below

Printed Name 1: _____ Signature: _____ Date: _____

Printed Name 2: _____ Signature: _____ Date: _____

Printed Name 3: _____ Signature: _____ Date: _____

Staff Use Only

Accepted By: _____

Date Flagged in CivicRec: _____

Summer Sports Camp

Session Selection

Mark an X on each session that you would like to register your child for.
Mark if you would like to register for Extended Care AM and/or PM.

Campers Name (One form per child): _____

Camper Age: _____ Name of School Camper Attends: _____

Sports Camps

<input type="checkbox"/> Soccer Camp Session 1: June 13-June 17		
<input type="checkbox"/> Basketball Camp Session 1: June 21-June 24	<input type="checkbox"/> AM Care	<input type="checkbox"/> PM Care
<input type="checkbox"/> Mixed Sports: July 6-July 8	<input type="checkbox"/> AM Care	<input type="checkbox"/> PM Care
<input type="checkbox"/> Basketball Camp Session 2: July 11-July 15	<input type="checkbox"/> AM Care	<input type="checkbox"/> PM Care
<input type="checkbox"/> Volleyball Camp Session 1: July 18- July 22	<input type="checkbox"/> AM Care	<input type="checkbox"/> PM Care
<input type="checkbox"/> Soccer Camp Session 2: July 25- July 29		
<input type="checkbox"/> Flag Football Camp Session 1: August 1-August 5		
<input type="checkbox"/> Volleyball Camp Session 2: August 8-August 12	<input type="checkbox"/> AM Care	<input type="checkbox"/> PM Care