



CAMP  
**ARROYO  
GRANDE**  
Retreat & Event Center

## Adventure Awaits!

# Discovery Camp

Get ready for a week full of adventure as we explore nature, discover amazing plants and animals (their scat and tracks, too!), go on hikes, create nature crafts, make our snacks, garden and more!

### DAILY SCHEDULE - 9:00 am - 2:00 pm

- 8:45-9:00 am - Drop Off at Main Stage
- 2:00 pm - Pick Up at Main Stage. Please be prompt as there are other Camp activities after us.

Please **DRIVE SLOWLY** through the Camp **AT ALL TIMES**

Please follow **ALL** traffic signs inside the Camp

### WHAT TO BRING

- Camp T-shirt or other comfortable shirt
- Short or long pants
- Comfortable “closed toe” shoes - No Crocs, flip-flops or sandals
- Lunch (Please label)
- Water Bottle (Please label)
- Backpack (optional)

Please apply sunscreen **BEFORE** your Camper arrives

Any questions or special accommodations, reach out to Susie Taylor at 805-888-1996 and/or [susie@camparroyogrande.org](mailto:susie@camparroyogrande.org).

## See you at Discovery Camp!!



**CAMP ARROYO GRANDE**  
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## Discovery Camp

June 30-July 4, 2025 9:00 am - 2:00 pm

### CAMPER INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Camper's DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Youth T-Shirt Size: S M L XL

Mother's Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### HEALTH INFORMATION

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Medical History: **Diabetes-** Yes / No **Epilepsy-** Yes / No **Allergies-** Yes / No

List All Known Allergies (if answered "Yes"): \_\_\_\_\_

List Any Current Medications: \_\_\_\_\_

Emergency Contacts (Please list dependable local contacts)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

### REGISTRATION FEES AND PROCEDURE

**Please submit by May 1, 2025**

**Weekly Fee** (Includes T-Shirt, Daily Snack, Discovery Supplies) - **\$350**

- Registration Procedure:**
1. Fill out Registration Form completely
  2. Read, sign and date **Activity Agreement & Waiver**
  3. Mail forms with check (payable to Camp Arroyo Grande) to:

**Camp Arroyo Grande Discovery Camp**

**250 Wesley St.**

**Arroyo Grande, CA 93420**



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### Activity Agreement & Waiver

In consideration of Camp Arroyo Grande granting permission for my child to participate in the described activity, I acknowledge, covenant, and agree as follows:

1. I understand that participation in this activity involves certain risks, including injury, death, property damage, or other harm to my child or others. I accept and voluntarily assume all risks associated with my child's participation, whether or not caused in whole or in part by the fault of Camp Arroyo Grande, its employees, volunteers, affiliates, officers, agents, or insurers (hereafter referred to as the "Released Parties").
2. I waive all claims against the Released Parties for any injuries, damages, losses, or claims—whether known or unknown—that arise from my child's participation, regardless of whether such claims are caused in whole or in part by the negligence or other fault of any Released Party. I release and forever discharge the Released Parties from all such claims.
3. I agree to indemnify and hold the Released Parties harmless from any losses, liabilities, damages, costs, or expenses (including but not limited to attorneys' fees and litigation costs) incurred due to any claims or suits brought by me or anyone acting on my behalf as a result of my child's participation in the activity.
4. I grant permission for photographs taken of my child during Camp Arroyo Grande events to be used for promotional and marketing purposes.
5. I will ensure that my child is properly prepared for all activities, including having appropriate clothing and equipment, being in good health, and following all Camp policies and staff instructions.
6. In the event of an emergency, if all reasonable attempts to contact me or my child's physician have been made without success, I authorize necessary professional medical treatment. I agree to be responsible for any expenses incurred. I authorize the listed emergency contacts to act on my behalf if I cannot be reached.
7. I also understand that my child will not be allowed to leave Camp Arroyo Grande before 2:00 PM without prior written permission.
8. **Refund Policy:** Cancellations received in writing by May 1 will receive a refund for registration fees. After May 1, no refunds will be issued. Dismissal from Camp is not grounds for a refund.
9. I have carefully read and fully understand this Activity Agreement & Waiver. I voluntarily agree to its terms. Additionally, I acknowledge and understand the registration procedures, refund policies, and all other details related to the activity.

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