July 5 through August 4



SPORTS. MUSIC. ART & ACTING. CAMP.

ALL CAMP ACTIVITIES ARE HELD AT COSTA MESA HIGH SCHOOL PROGRAM RUNS (MONDAY - THURSDAY)

FREE BREAKFAST & LUNCH PROVIDED | Breakfast 8:30 - 9:30 a.m. | Lunch 11:45 a.m. - 12:30 p.m.

REGISTRATION LOCATIONS

- Balearic Community Center 1975 Balearic Dr.
- Neighborhood Community Center 1845 Park Ave.
- Downtown Recreation Center 1860 Anaheim Ave.
- Costa Mesa City Hall (3rd Floor) | 77 Fair Dr.
- or online at http://bit.ly/cmsmart2016



l want to go . . .

Incoming 4th – 8th grade students who attend NMUSD Schools within the Costa Mesa and Estancia High School zones have an opportunity to participate in the **2016 SUMMER SMART CAMP.** These summer camps are **FREE**, drop-in camps where students will be introduced to a variety of **SPORTS** (aquatics, baseball, basketball, cheer, football, soccer, softball, tennis, track, volleyball and wrestling), **MUSIC** (jazz band and orchestra), and **ART** programs (visual 2D, 3D, and acting), **FOR MORE INFORMATION CALL** (714) 424-7551 OR (714) 754-5083.

MINOR RELEASE AND EMERGENCY FORM – SUMMER SPORTS, MUSIC & ART CAMPS

Child's Name:	FIRST	LAST		Age: DOB:
School Attending:			Grade Entering Next \	Year:
Parent/Guardian:	FIRST	I AZT	Email:	
EMERGENCY INFORMATION (Other than parents) Name:				
Relationship to Child:	M - F Daytim	ne Phone:	Evening /Weekend	d Phone:
Please check all camps you are interested in attending: Sports Music Art & Acting I agree to waive and release the Recreation Division of the City of Costa Mesa, its officers, agents and employees and volunteers, from and against any claims, costs, liabilities, expenses or judgments, including attorney's fees and court costs arising out of my participating in CITY'S PROGRAMS or any illness or injury resulting therefrom, and hereby agree to indemnify and hold harmless the CITY from and against any and all claims, except for illness and injury resulting directly from gross negligence or willful misconduct on the part of CITY or its employees. Participants in programs are subject to being photographed and such photographs may be used to publicize future City programs. I understand I will not receive any compensation for such use. I hereby consent to treatment and all medical care deemed necessary as a result of accident or injury. I further agree to pay any and all costs incurred as a result of said treatment.				
•	the subject of discipline/sus child who has had this history			en the City reserves the right to
participation in the abo		Yes □ No If Yes, please e	xplain:	l accommodations needed for your
Signature of Parent/Gar	dian:		Date:	