



Winter Camp at Aptos Village Park

January 2-16, 2018 from 7:30 a.m. - 6 p.m.

"Winter Wonderland"

Children in grades K-6 will enjoy celebrating the winter season and the new year at Santa Cruz County Parks' Winter Camp. Each day will offer a structured program, starting with an assembly to review the daily schedule of activities which may include fine arts, science, organized games and sports, drama and music, crafts, and cooking. Winter Camp includes exciting local field trips!

- * Please note: staff time will be limited from 12/22-1/1 due to the holidays - please register early!
- * For more information, please see site staff or call 831-454-7941.
- * To register, please call 831-454-7941 or visit www.scparks.com.
- * Camp will not be held Jan. 1 or Jan. 15

Aptos Village Park - Grades K-6 - January 2-16*

Full Time	10 days	7:30 AM-6:00 PM	\$443 / \$488	#18288
Rec. Core	10 days	10 AM-3:30 PM	\$287 / \$316	#18292
AM Care	10 days	7:30-10:00 AM	\$103 / \$113	#18284
PM Care	10 days	3:30-6:00 PM	\$103 / \$113	#18289
60% Core	6 days	10 AM-3:30 PM	\$198 / \$218	#18293
60% AM	6 days	7:30-10:00 AM	\$71 / \$78	#18285
60% PM	6 days	3:30-6:00 PM	\$71 / \$78	#18290
40% Core	4 days	10 AM-3:30 PM	\$153 / \$168	#18294
40% AM	4 days	7:30-10:00 AM	\$56 / \$62	#18286
40% PM	4 days	3:30-6:00 PM	\$56 / \$62	#18291

*Camp will not be held on January 1 or January 15.



ADULT'S NAME _____

ADDRESS _____

CITY _____ ZIP _____

DAY PHONE _____ NIGHT PHONE _____

Emergency Name _____

Emergency Phone _____

Register ONLINE at www.scparks.com.



MAIL registration to: COUNTY PARKS REGISTRATION
 979 17th Ave., Santa Cruz, CA. 95062. Enclose a Check or Money Order payable to: "Santa Cruz County Parks Dept."

FAX-in your registration 24-hours a day, using Visa or MasterCard (831) 454-7940

PHONE-in your registration (831) 454-7941 Monday-Friday, 9:00 a.m.-1:00 p.m.

I hereby authorize the use of my VISA MASTERCARD

Signature _____ Print name as it appears on card: _____

Card #: _____ Exp. Date ____ / ____ Email Address: _____

PARTICIPANT NAME	PROGRAM NAME	PROGRAM NUMBER	PROGRAM FEE	TOTAL DUE

**A Non-Resident is a person(s) living in one of the 4 cities (Santa Cruz, Capitola, Watsonville, Scotts Valley) or one of the 4 special recreation districts (Alba, Opal Cliffs, La Selva Beach, & Boulder Creek).

Does the participant require special accommodation to participate? If yes, Recreation Staff will contact you. Yes No
 Please note - We require two (2) weeks advance notice before the participant enters the program.

Permission to participate in the above program sponsored by the County of Santa Cruz - Parks, Open Space & Cultural Services (POSCS) is given for myself and/or my child as shown above. In consideration of participation in this program, I hereby indemnify and hold harmless the County of Santa Cruz, its agents, employees and volunteers from any and all liability for any injury suffered by myself or my child, arising from or connected with this program and I assume all risk for any injury. In case of emergency, I give my permission for emergency medical treatment. I also give my permission for photos of me or my child to be taken by POSCS to be used for promotional purposes. My signature acknowledges that I understand and agree to the above conditions.

Signed _____ Date _____

Parent Guardian Participant