



**The Mission Trails Regional Park Foundation  
Presents**

# **Summer Day Camps**

**Fun and Educational Nature Camps  
for ages 6 to 12 at the MTRP Visitor Center**



**There are 4 Day Camps \* Mon-Fri 10am- 2pm**

**June 26 to 30 - River Camp**

**July 10 to 14 - Creepy Crawly Camp**

**July 24 to 28 - Nocturnal Creatures Camp**

**August 7 to 11 - Nature Detectives Camp**

Enjoy exploring our park and learn all about the fascinating plants, animals, and bugs that live in Mission Trails. Science, natural history and more!

**Each week-long day camp is \$125 per child  
(\$100.00 per camp if you sign up for all 4)**

**Full description of each camp and registration, next pages**

## Mission Trails Regional Park Foundation

# Summer Day Camps, with Alicia Berg, at Mission Trails

Ages 6-12 10am to 2pm

## Camp Descriptions

All camps meet at the MTRP Visitor Center and include live animals, art projects, hiking, games, and story telling by a Kumeyaay elder.



### June 26-30 River Camp

The San Diego River is full of fascinating things. In this camp, children will learn all about what lives in and around the river by exploring several aquatic habitats, taking water samples, and getting an up close look at many underwater creatures. Campers will even learn about the first people who made the river area their home with stories from an actual Kumeyaay elder.

### July 10-14 Creepy Crawly Camp

Mission Trails is full of creepy crawly creatures. In this camp, children will learn all about bugs, snakes, and other interesting animals by exploring outdoors, doing fun projects, and observing live reptiles and insects.

### July 24-28 Nocturnal Creatures Camp

There are many mysterious creatures that roam our world after dark. In this camp, children will discover what happens in nature at night by learning about nocturnal animals, watching night vision footage, and doing activities that teach them how animals eat and explore in the dark.

### August 7-11 Nature Detectives Camp

Nature can be mysterious and fascinating. In this camp, children will use various tools to find clues that will help them learn about the creatures that live in Mission Trails. From looking for tracks in the dirt to using microscopes to examine found objects, making discoveries will be fun and educational.

**Bring a lunch (no peanuts), water bottle, sunscreen, hiking clothes/shoes and a hat for each camper.**

***Come to one or enjoy them all!***

For more information:

Contact **Alicia Berg**, MTRP Foundation Educator

Call or text to **619-488-7452** or email:

**mtrpeducation@yahoo.com**



**Mission Trails Regional Park Foundation**  
**“Mission Trails Summer Day Camps”**  
**For Children Ages 6 to 12**

**Reservation Form**

Meet in Visitor Center Mon-Fri from 10 a.m. to 2 p.m.

**Each camp is \$125 per child. Maximum attendees per camp is 20.**

*(\$100 per camp for if you sign up of all four summer camps)*

**Put a check mark adjacent to the date(s) of the camps**

\_\_\_ June 26-30: River Camp

\_\_\_ July 24-28: Nocturnal Creatures

\_\_\_ July 10-14: Creepy Crawley Camp

\_\_\_ August 7-11: Nature Detectives

*There must be a minimum of 9 students registered 48 hours in advance of the scheduled camp.*

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

The Mission Trails Regional Park and its employees are not responsible for your child  
BEFORE or AFTER camp is in session.

In case of an emergency contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Make check out to: MTRP Foundation.** Mail check with forms and payment, or bring to camp with payment, if space permits. Early registration is recommended. The Visitor Center is at One Father Junipero Serra Trail, San Diego, CA 92119. Credit card payment accepted.

Name \_\_\_\_\_ Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ 3 numbers on back - AMEX is 4 on front \_\_\_\_\_ Amount Charged \_\_\_\_\_



Please PRINT OUT FORM, sign, date and mail payment with pages 3-4 to:

**MTRP Foundation Summer Day Camps**  
**MTRP Visitor Center**  
**One Father Junipero Serra Trail**  
**San Diego, CA 92119**

For more information, call or text Alicia Berg at 619-488-7452 or email at [mtrpeducation@yahoo.com](mailto:mtrpeducation@yahoo.com)

MTRP Foundation use only:

Instructor \_\_\_\_\_ Check Date \_\_\_\_\_ Amount \_\_\_\_\_ Data Base \_\_\_\_\_

# Mission Trails Regional Park Foundation

## Child Liability Release Form for Summer Day Camps

### Please complete one Liability Release form for EACH child

In consideration of my child being allowed to participate in Summer Day Camp, at Mission Trails Regional Park (MTRP) involving children 17 years of age and younger, I acknowledge and agree that:

1. **The City of San Diego and the MTRP Foundation** do not maintain health insurance for injuries to the participant that may arise out of involvement in this activity.
2. **By virtue of participation, PARTICIPANTS RISK BODILY INJURY INCLUDING, BUT NOT LIMITED TO, PARALYSIS, DISMEMBERMENT, DEATH, AND OTHER LOSS** including damage to property.
3. **I KNOWINGLY AND FREELY ASSUME ALL SUCH RISK FOR MY CHILD.**
4. **I RELEASE AND HOLD HARMLESS AND PROMISE NOT TO SUE the Mission Trails Regional Park Foundation**, its employees, or its volunteers, the City of San Diego's Park & Recreation Department, with respect to any and all such injury including, but not limited to, paralysis, dismemberment, death or loss except that injury or loss which results from gross negligence or willful or wanton misconduct of one of those individuals or organizations.
5. I agree to inform my child that he/she must follow all safety rules as well as any others given while voluntarily attending class.
6. I hereby authorize and give my consent for medical care to be given in an emergency situation to the below named child while voluntarily attending class.
7. **THIS AGREEMENT IS BINDING ON MY HEIRS, PERSONAL REPRESENTATIVES, NEXT OF KIN, SPOUSE AND ASSIGNS.**
8. I hereby give permission for the following named child to be photographed, videotaped or recorded for publicity purposes and that I waive all claims for compensation.
9. I certify to the best of my knowledge, my child's current physical condition is satisfactory for participation in this activity, and that he/she is free of any health problem that would affect his/her ability to participate.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Emergency Phone ( ) \_\_\_\_\_

Class Dates \_\_\_\_\_ Email Address \_\_\_\_\_

*Parent/Legal Guardian signature is required if participant is 17 years of age or younger. This is to certify that as a parent/guardian of this participant, I do consent to his/her waiver and release as set forth above. I realize that participation in this program/activity is voluntary. **Please complete one form for each child.***

Parent/Guardian Name (Print) \_\_\_\_\_

Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

