



Recreation and Team Sports

and Coach Don present:

RATS Summer Camp 2025

It's time for RATS again! RATS is a fun, energetic, welcoming, and inclusive **outdoor** sports and games program for kids entering 3rd through 8th grades.

Recreation and Team Sports was created and co-founded by “Coach Don” Arreola-Burl, who has over 40 years of experience teaching and coaching kids of all ages. Kids of *all skill levels* learn and play a wide variety of sports and games, from basketball, baseball, soccer, and pickleball, to capture-the-flag, dodgeball, kickball, chess, trivia games, foosball, relay races, carrom, bocce ball, and more. Kids bring their own lunches and snacks.

We will operate 7 one-week sessions this summer, from June 9-July 25 (excluding June 19 and July 4, which are BUSD holidays). **We are not currently requiring masks for outdoor activities. This may be subject to change depending on health guidelines.**

Please Note: We will be limited in the number of children we can allow into the program, and we cannot take drop-ins or same-day registrations. We apologize for any inconvenience this may cause.

Who: Entering 3rd through 8th graders

Location: Willard Middle School Playground, 2425 Stuart Street, Berkeley

Dates/Cost: June 9 - July 25, 2025 (closed June 19 and July 4 for BUSD Holidays)

Hours: Monday through Friday, 8am-5:30pm

Please circle the session(s) in which you are enrolling.

Session 1: June 9-13 \$250	Session 5: July 7-11 \$250
Session 2: June 16-20 (Closed June 19) \$200	Session 6: July 14-18 \$250
Session 3: June 23-27 \$250	Session 7: July 21-25 \$250
Session 4: June 30- July 4 \$200 (Closed July 4)	Financial aid may be available. To request a financial aid application, email: ratsports@yahoo.com

To Register: Complete the bottom portion of this page and the Admission Agreement/Emergency/Consent waiver and return with applicable fees to:

**RATSPORTS
1716 Lincoln Street
Berkeley, CA 94703**

_____ Enclosed is the full payment of program fees for a total of \$_____

We are happy to work with families to arrange payment plans. Full balance is due with registration, unless payment arrangements are made.

_____ If possible, please put my child in a group with:_____

2025 RECREATION AND TEAM SPORTS ADMISSION AGREEMENT/EMERGENCY/CONSENT WAIVER

Participant Information:

Child's Last Name _____ Child's First Name _____ Age _____ Date of Birth _____ / _____ / _____ Gender _____

Child's Address _____ Zip Code _____ School and Grade, Fall 2025 _____

Parent/Guardian #1 _____
Name _____ Email _____

_____ (_____) _____ (_____) _____
Mailing/Billing Address _____ Home/Cell Phone _____ Work Phone _____

Parent/Guardian #2 _____
Name _____ Email _____

_____ (_____) _____ (_____) _____
Mailing/Billing Address _____ Home/Cell Phone _____ Work Phone _____

Emergency Contact Information: Please list two additional people you give us permission to **contact in case of emergency**, and to whom we may release your child:

1) _____
Name _____ Relationship _____ Home Phone _____ Work/Cell Phone _____

2) _____
Name _____ Relationship _____ Home Phone _____ Work/Cell Phone _____

Sign-Out Information: List any other persons, besides those above, authorized to pick up your child:

1) _____ 2) _____
Name _____ Phone _____ Name _____ Phone _____

Medical/Behavioral Information:

Physician: _____ Phone: _____ Insurance/Policy #: _____
Dentist: _____ Phone: _____ Insurance/Policy #: _____

Does your child have any special physical, behavioral or other needs? Circle One: **Yes** **No**

If yes, please describe: _____

Any allergies to medications, animals, insects, or food? Circle One: **Yes** **No**

If yes, please describe: _____

Medications/Special Instructions: _____

REQUIRED SIGNATURE:

Indemnification Waiver (RATS = Recreation and Team Sports)

I certify that the child named above is in normal health and give permission for him/her to participate in program activities. I hold blameless RATS and all involved in the program, including staff and directors, from any liability for any harm that befalls my child as a result of participating in the program. I authorize the employees of RATS to administer first aid, and to consent to medical care to be rendered to my child upon the advice of a physician. The undersigned further agrees that the employees and directors of RATS are not legally or financially liable for any claim arising out of consent given in good faith in connection with such diagnosis and treatment.

Printed Name: _____

Signature: _____ Date: _____

Photo Release (RATS = Recreation and Team Sports) I hereby grant RATS the right and permission to use any photos or videos taken of my child while participating in the program for promotional/advertising/fundraising purposes.

Parent/Guardian Initials: _____