



# SUMMER CAMP INFORMATION

Camper's Name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B \_\_\_\_\_ Grade (fall 2010) \_\_\_\_\_ School \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mother \_\_\_\_\_ Father \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Tel. (home) \_\_\_\_\_ (cell/work) \_\_\_\_\_ Tel.(home) \_\_\_\_\_ (cell/work) \_\_\_\_\_

Occupation/Co. \_\_\_\_\_ Occupation/Co. \_\_\_\_\_

E-Mail address \_\_\_\_\_

Facts the Director should know about the child \_\_\_\_\_

How or from whom did you hear about Adventure Camps? \_\_\_\_\_

Please list siblings:

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

In case of emergency, if either parent cannot be reached, whom should we call?

Name/Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Physician/Address \_\_\_\_\_ Phone \_\_\_\_\_

Weeks Attending Camp: Mark X in box

- |   |                                       |                                       |                                       |
|---|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> June 14 - 18     | <input type="checkbox"/> July 5 - 9   | <input type="checkbox"/> July 26 - 30 | <input type="checkbox"/> Aug. 16 - 20 |
| <input type="checkbox"/> June 21 - 25     | <input type="checkbox"/> July 12 - 16 | <input type="checkbox"/> Aug. 2 - 6   | <input type="checkbox"/> Aug. 23 - 27 |
| <input type="checkbox"/> June 28 - July 2 | <input type="checkbox"/> July 19 - 23 | <input type="checkbox"/> Aug. 9 - 13  |                                       |

Please Pick up and Drop off my child at:

### AM Drop off

- 8:20 AM Mid Town Terrace (Near Laguna Honda)
- 8:25 AM Mill Valley (Buckeye Parking Lot)
- 9:00 AM Julius Kahn Park (in the Presidio)

### PM Pick up

- 3:25 PM MTT
- 3:25 PM Mill Valley
- 3:00 PM JK Park

### DAY CARE

- 8:00 AM Julius Kahn Park \$50/ week
- 5:30 PM Julius Kahn Park \$100/ week

**Day Camp** # of Weeks: \_\_\_\_\_ Price Per Week: \_\_\_\_\_ Total: \_\_\_\_\_

**AM Day Care** # of Weeks: \_\_\_\_\_ Price Per Week: \$50 Total: \_\_\_\_\_

**PM Day Care** # of Weeks: \_\_\_\_\_ Price Per Week: \$100 Total: \_\_\_\_\_

Total Payment: \_\_\_\_\_

## PARENT'S PERMISSION STATEMENT

My child has permission to participate in the activities of Adventure Camps. I hereby consent to any treatment deemed necessary in the event of an emergency. I understand that I am responsible for paying any and all medical expenses that may be incurred by my child at camp. The camp has my permission to use any photos taken during camp. **I understand that with the exception of a \$150 non-refundable deposit, all tuition is fully refundable up until May 15, 2010. After that time there are no refunds for any reason including withdrawal or dismissal.**

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_