



# CAMPER INFORMATION

Camper's Name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Parent \_\_\_\_\_ Parent \_\_\_\_\_  
 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 \_\_\_\_\_

### WINTER HOLIDAY 2009

- Monday Dec. 21
- Tuesday Dec. 22
- Wednesday Dec. 23
- Friday Dec. 24

### PRE-NEW YEARS 2009

- Monday Dec. 28
- Tuesday Dec. 29
- Wednesday Dec. 30
- Thursday Dec. 31

### FEBRUARY 2010

- Monday Feb. 15
- Tuesday Feb. 16
- Wednesday Feb. 17
- Thursday Feb. 18
- Friday Feb. 19

### SPRING BREAK 2010

- Monday April 5
- Tuesday April 6
- Wednesday April 7
- Thursday April 8
- Friday April 9

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 (Across from Buckeye Parking Lot)
- 9:00 AM West Pacific Ave. (next to Julius Kahn Park)

#### PM Pick up

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

**PAYMENT:** # of Days: \_\_\_\_\_ **Price Per Day: \$80** **Total Enclosed: \_\_\_\_\_**

### 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 all tuition is 50% refundable up until one (1) month before the start of each camp. After that time there are no refunds for any reason including illness, withdrawal or dismissal.

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