SUMMER CAMP INFORMATION

Camper's Name_____ Age_____ D.O.B _____Grade (fall 2009)_____ 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

☐ June 10 - 14   ☐ July 1 - 5   ☐ July 22 - 26   ☐ Aug. 12 - 16
☐ June 17 - 21   ☐ July 8 - 12   ☐ July 29 - Aug. 2   ☐ Aug. 19 - 23
☐ June 24 – 28   ☐ July 15 - 19   ☐ Aug. 5 - 9   ☐ Aug. 26 – 30

Please Pick up and Drop off my child at:

AM Drop off		**PM Pick up**	**DAY CARE**	
☐ 8:20 AM	Mid Town Terrace (Near Laguna Honda)	☐ 3:25 PM MTT	☐ 8:00 AM	Julius Kahn Park $50/ week
☐ 8:25 AM	Mill Valley (Buckeye Parking Lot)	☐ 3:25 PM Mill Valley		
☐ 9:00 AM	Julius Kahn Park (in the Presidio)	☐ 3:00 PM JK Park	☐ 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 10, 2013. After that time there are no refunds for any reason including withdrawal or dismissal.**

☐ Signature of Parent or Guardian_____ Date _____