Camp Quien Sabe Family Camp Weekend Registration Form

DATES FOR 2013 HAVE BEEN SET FOR JULY 12-14. Activity #: 22006

FEES: $80 ADULTS (15 and over); $70 CHILDREN (1–14); FREE INFANTS (1–11 Months)

FAMILY CONTACT PERSON: FIRST _____ LAST _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

ADDRESS _____ EMAIL _____

CITY _____ ZIP _____

PARTICIPANTS ATTENDING: NAME	VEGETARIAN Y/N	DATE OF BIRTH	AGE	GRADE

We have a limited number of tents that we loan out to families. If you have a tent of your own, please check below. Tent set up help is available. Tents are generally NOT essential at camp except for poor weather or for young children. We will bring a tent: ❑ YES ❑ NO
Every effort will be made to locate families near each other; however, we cannot assure such placement. Please give the other family's name.

_____

PLEASE GIVE ANY FAMILY MEMBER MEDICAL INFORMATION INCLUDING ANY FOOD ALLERGIES THAT YOU FEEL WE SHOULD KNOW ABOUT:

_____

_____

_____

DOCTOR'S NAME _____ PHONE _____

FRIEND OR RELATIVE IN THE AREA TO BE CONTACTED IN CASE OF EMERGENCY:

NAME _____ PHONE _____

In consideration for being allowed to participate in City of Monterey recreational programs, I, the undersigned, agree to indemnify, hold harmless, and release the City of Monterey, its employees, agents, independent contractors, volunteers, officials, and officers (collectively the "City") from negligence, excepting gross negligence, and any and all liability for any injury which may be suffered by me, my minor child(ren), or any member of my household

AUTHORIZATION TO TREAT: I authorize the adult agents and employees of Monterey Recreation in charge of the program to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to my above named minor child under the general special supervision and upon the advice of a physician and surgeon licensed under the provision of the Medical Practice Act, pursuant to Section 25.8 of the California Civil Code and agree to be responsible for all cost thereby incurred.

account (hereinafter collectively the "Household Members") arising out of, or in any way connected to participation in any City sponsored recreational program and agree to refrain from bringing any claim, lawsuit or other proceeding against the City stemming from any such personal injury. I agree to take responsibility to ensure that all Household Members enroll in activities at the appropriate level for their physical abilities and medical conditions and fully understand that I and Household Members assume all risks for any injuries received. I expressly acknowledge that risks, known and unknown, are inherent in recreational programs. I authorize the City of Monterey employees and agents to seek emergency medical care, as they deem necessary, for any Household Member participating in any City sponsored recreational program and agree to be responsible for all costs incurred. I acknowledge that the City may take publicity photographs and/or recordings of any City sponsored activity or event and hereby authorize the use of any Household Member's image for this purpose. If any term, clause, or provision of this Release of Liability is held to be illegal, invalid or unenforceable, the remainder of this Release of Liability shall not be affected thereby, and shall be enforceable to the fullest extent permitted by law.

I have read and understand the above agreement and fully assume all risks for any injuries received.

❑ PARENT ❑ GUARDIAN SIGNATURE **X** _____

PRINT YOUR NAME **X** _____

REFUND POLICY: No refunds three (3) business days before the session begins for Camp Quien Sabe Family Camp Weekend. A 25% service charge will be applied to refunds prior to three (3) business days.

Rules for acceptance and participation in this program are the same for everybody without regard to race, color, national origin, age, sex or handicap.

METHOD OF PAYMENT: ❑ MasterCard ❑ Visa ❑ American Express ❑ Discover

_____ – _____ – _____ – _____ Exp. Date_____

Name of card holder _____ Signature _____
(Please print)