Whispering Pines Day Camp Registration Form

PLEASE CHECK DATES YOU WILL BE ATTENDING WHISPERING PINES DAY CAMP. Activity #22001

❑ 1. June 17-21
❑ 2. June 24-28
❑ 3. July 1-5 (4 days)
❑ 4. July 8-12
❑ 5. July 15-19
❑ 6. July 22-26
❑ 7. July 29-August 2

FEE: $160
FEE: $128 (Week 3)

Mty Res Fee: $135
Mty Res Fee: $108 (Week 3)

HAS YOUR CHILD EVER ATTENDED WHISPERING PINES DAY CAMP? ❑ YES ❑ NO

CHILD'S FIRST NAME _____ LAST _____ ❑ M ❑ F

HOME ADDRESS _____ CITY _____ ZIP_____

HOME PHONE_____ WORK PHONE_____ CELL PHONE_____ EMAIL_____

AGE_____BIRTH DATE: MO_____DAY_____YEAR_____SCHOOL_____ GRADE ENTERING IN FALL 2013_____

Every effort will be made to put friends together if they are of the same age, however we cannot assure such placement. Please give name of friend:

_____

DOCTOR'S NAME _____ PHONE _____

OFFICE ADDRESS _____

IN CASE OF AN EMERGENCY AND WE ARE UNABLE TO REACH YOU, PLEASE LIST TWO OTHER CONTACTS. PLEASE NOTIFY PEOPLE BEING LISTED.

NAME _____ RELATIONSHIP _____ PHONE _____

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MEDICAL INSTRUCTIONS: DATE OF LAST TETANUS IMMUNIZATION _____
(Verify with doctor and update, if needed) PLEASE LIST ANY SPECIAL PROBLEMS, ALLERGIES, ETC., THAT YOU FEEL WE SHOULD KNOW ABOUT:

_____

_____

WILL YOUR CHILD BRING ANY SPECIAL MEDICATION TO CAMP? ❑ YES ❑ NO
If yes, please give specific directions for administration and dosage. Contact Camp Directors to discuss any problems. In the event of an emergency, we shall attempt to contact you (or people listed) immediately to notify you of our actions. In the case of medical care, we shall attempt calling you from camp. We shall transport your child home or to a mutually agreed upon location or, if need be, to the nearest emergency room where your child's doctor will be contacted and emergency care will be given. If your child requires emergency medication such as an asthma inhaler or epinephrine to accompany him or her, please complete the Authorization for Emergency Medication located at www.monterey.org/rec

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.

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 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 Whispering Pines Day Camp. 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)