



## Summer Camp Registration Form 2018

### Participant Information

(Complete Form Required for Each Individual Participant)

Participant's Name: \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Parent/Guardian with whom child lives \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Daytime phone number: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Daytime phone number: \_\_\_\_\_

Alternate: \_\_\_\_\_ Daytime phone number: \_\_\_\_\_  
(Person to call if guardians cannot be reached - local resident)

#### Provide list of authorized persons for pick up:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone No. \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone No. \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone No. \_\_\_\_\_

Extra information: Specify anything which would help us better accommodate your child's learning style or personality. \_\_\_\_\_  
\_\_\_\_\_

#### CHOOSE YOUR WEEKS:

\$299 per week...discount of \$25 per week for multiple weeks

(Additional fees may apply for excursions to SB Zoo, SB Natural History Museum, or other. If you have a membership to the zoo or museum please include a copy of your membership card for your child/ren).

June 18-22, 2018 \_\_\_\_\_

July 16-20, 2018 \_\_\_\_\_

August 13-17, 2018 \_\_\_\_\_



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### Medical and Health Information

Health Issues: Specify anything which would limit activity or may require special care, including allergies.

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Medications: Please list any prescription medication which your child takes regularly.

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- If I cannot be reached by telephone in the event of an emergency, please take my child to any available medical service and please call Dr. \_\_\_\_\_ at \_\_\_\_\_  
(Physician's name or other) (Phone number)
  
- I authorize the USSD CARPINTERIA staff to seek emergency medical treatment for my child until I am able to be present.

Insurance title and policy # \_\_\_\_\_  
(Please include a photocopy)

#### RELEASE AND WAIVER

The undersigned ("Participant"), and in the event the Participant is under 18 years of age, the Participant's parent or guardian ("Guardian"), for and in consideration of the granting of permission by USSD Carpinteria for the Participant to participate in the following program sponsored by USSD Carpinteria:

Hereby agrees to hold harmless, release and forever discharge USSD Carpinteria and the officers, directors, employees and agents thereof (collectively, "Released Parties"), either in their individual capacities or by reason of their relationship to USSD Carpinteria, and their successors, from any and all claims, liabilities, damages, losses and demands of every nature whatsoever, known or unknown, which the undersigned, any third persons, and the representatives thereof, or any persons acting on their behalf have or may have against the Released Parties, arising out of or resulting directly or indirectly from participation in the aforementioned program. The claims the undersigned is releasing may include, but are not limited to, claims by reason of accident, illness, injury to or death of any person or persons, or damage to or loss or destruction of any property. The undersigned also grants permission for the Participant to receive medical treatment for any and all injuries and illnesses sustained or experienced during Participant's participation in the program.

Participant (print full name): \_\_\_\_\_

Parent or Guardian (print full name): \_\_\_\_\_

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