

Summer Camp Registration Form

- San Ramon Resident
- Non-Resident
- GO Card Member
- GO Card Encore

Please Submit To: San Ramon Community Center at Central Park - 12501 Alcosta Blvd San Ramon, CA 94583 Fax: 925-830-5162 Tel: 925-973-3200

PLEASE PRINT & COMPLETE EACH LINE

Main Contact Name – Parent/Legal Adult Name

Last Name: _____ First Name: _____ Primary Phone: (____) _____

Complete this section if you have **NOT** enrolled in an activity or changed your address since Summer 2015.

Street Address: _____ City: _____

Zip: _____ Business Phone: (____) _____ Emerg. Phone: (____) _____ Cell Phone: (____) _____

E-mail: _____@_____ **Registration form limited to family members only!**

Office Use Only: MC Barcode _____ MC First Name _____ MC Last Name _____

-  Please check here if the participant has **Special Needs** requiring special accommodations
-  Please check here if the participant has a **Life Threatening Allergy** in order for staff to provide appropriate accommodations

Participant Name

Last Name: _____ First Name: _____ Relationship: _____

M/F: _____ Birthdate: _____ Grade in Fall 2016: _____

Participant Total From Reverse: \$ _____

Add GO Card Membership: San Ramon Residents \$69 Non-Residents \$99 Non-Resident Summer Only Rate \$49

Grand Total: \$ _____ GO Points Used: _____

| |
|------------------------------|
| Total Enclosed: _____ |
|------------------------------|

REFUNDS: Patron requested refunds or transfer requests, will be approved only if initiated no later than 5 business days prior to the first day of class. All Refunds/Transfers will be charged a processing fee of \$5 for classes less than \$50, each class over \$50 will be charged 7% of fee.

I have read and understand the refund policy and the following Waiver of Liability: This release is intended to discharge in advance the City of San Ramon, including all of its respective agents, officials, volunteers, sponsors and employees, from and against any and all liability arising out of or connected in any way with me or my child/legal guardian's participation in the above activities, even though the liability may arise out of active or passive negligence or carelessness on the part of the persons or entities mentioned above. I understand the inherent risks involved in participating in recreational activities including but not limited to terrain, facilities, temperature, weather, condition of participant, equipment, and lack of hydration. Furthermore, I hereby agree that I, my heirs and assignees will not make claim against, sue, attach the property of, or prosecute the City of San Ramon and any sponsor, or any affiliate organization for injury or damage resulting from active or passive negligence, carelessness or other acts, howsoever caused by any employee, agent or contractor of the City of San Ramon or its affiliates, as a result of my participation in the above activities. In the event that the above named individual is a minor, I certify that I am the legal parent or guardian of the above participant, that he/she is in good physical condition and I give my permission for him/her to participate in the above activities. I hereby acknowledge that the above named minor has voluntarily applied to participate in the above activities. I agree to accept and abide by all rules and regulations of the event/program and the city of San Ramon. The City of San Ramon and its staff are authorized to use their discretion to secure the necessary emergency services for the participant at my expense. This includes, but is not limited to emergency treatment, paramedic services and ambulance services. I hereby grant permission to the City to release my email address to contract instructors, coaches, or other City program providers for City business purposes. I hereby grant permission to the City to take me or my child/legal guardian's photo while participating in activities or programs to use for publicity. A signature is required by each adult participant registering on this form. One parent/legal guardian may sign for all minors. I understand that my signature is a legal and binding signature and will be considered original if received by electronic means.

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| <p>Online Registration</p> <p>Register or Check Course Availability Online: www.SanRamonRecGuide.com</p> <p>To Purchase Tickets: www.SanRamonPerformingArts.com</p> <p>Do Not Use This Form See Registration Information for details</p> |
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Signature _____ Date _____
 Self Parent Legal Guardian

Charge to my: MasterCard VISA American Express

Print name as it appears on card _____

Expiration Date _____ Authorized Signature _____

Card No. _____ Amount \$ _____

NOTE: Entire section must be completed for registration to be processed.

Participant Name: _____

| Camp Selection | | Activity # | Fee | Total |
|---|------------------|------------|------------------------------|-----------|
| WEEK #1: 6/13-6/17 | | | | |
| Camp Name: | | | | |
| Camp Name: | | | | |
| Extended Care for Camp Central | | | | |
| | <i>Morning</i> | | | |
| | <i>Noon</i> | | | |
| | <i>Afternoon</i> | | | |
| | | | Week #1 TOTAL | \$ |
| WEEK #2: 6/20-6/24 | | | | |
| Camp Name: | | | | |
| Camp Name: | | | | |
| Extended Care for Camp Central (Optional) | | | | |
| | <i>Morning</i> | | | |
| | <i>Noon</i> | | | |
| | <i>Afternoon</i> | | | |
| | | | Week #2 TOTAL | \$ |
| WEEK #3: 6/27-7/1 | | | | |
| Camp Name: | | | | |
| Camp Name: | | | | |
| Extended Care for Camp Central (Optional) | | | | |
| | <i>Morning</i> | | | |
| | <i>Noon</i> | | | |
| | <i>Afternoon</i> | | | |
| | | | Week #3 TOTAL | \$ |
| WEEK #4: 7/5-7/8 | | | | |
| Camp Name: | | | | |
| Camp Name: | | | | |
| Extended Care for Camp Central (Optional) | | | | |
| | <i>Morning</i> | | | |
| | <i>Noon</i> | | | |
| | <i>Afternoon</i> | | | |
| | | | Week #4 TOTAL | \$ |
| WEEK #5: 7/11-7/15 | | | | |
| Camp Name: | | | | |
| Camp Name: | | | | |
| Extended Care for Camp Central (Optional) | | | | |
| | <i>Morning</i> | | | |
| | <i>Noon</i> | | | |
| | <i>Afternoon</i> | | | |
| | | | Week #5 TOTAL | \$ |
| | | | Weeks #1 - 5 SUBTOTAL | \$ |

Office Use Only: MC Barcode _____ MC First Name _____ MC Last Name _____

Participant Name: _____

| Camp Selection | | Activity # | Fee | Total |
|---|------------------|------------|------------------------------|-----------|
| WEEK #6: 7/18-7/22 | | | | |
| Camp Name: | | | | |
| Camp Name: | | | | |
| Extended Care for Camp Central (Optional) | | | | |
| | <i>Morning</i> | | | |
| | <i>Noon</i> | | | |
| | <i>Afternoon</i> | | | |
| | | | Week #6 TOTAL | \$ |
| WEEK #7: 7/25-7/29 | | | | |
| Camp Name: | | | | |
| Camp Name: | | | | |
| Extended Care for Camp Central (Optional) | | | | |
| | <i>Morning</i> | | | |
| | <i>Noon</i> | | | |
| | <i>Afternoon</i> | | | |
| | | | Week #7 TOTAL | \$ |
| WEEK #8: 8/1-8/5 | | | | |
| Camp Name: | | | | |
| Camp Name: | | | | |
| Extended Care for Camp Central (Optional) | | | | |
| | <i>Morning</i> | | | |
| | <i>Noon</i> | | | |
| | <i>Afternoon</i> | | | |
| | | | Week #8 TOTAL | \$ |
| WEEK #9: 8/8-8/12 | | | | |
| Camp Name: | | | | |
| Camp Name: | | | | |
| Extended Care for Camp Central (Optional) | | | | |
| | <i>Morning</i> | | | |
| | <i>Noon</i> | | | |
| | <i>Afternoon</i> | | | |
| | | | Week #9 TOTAL | \$ |
| | | | Weeks #6 - 9 SUBTOTAL | \$ |
| | | | Weeks #1 - 5 SUBTOTAL | \$ |
| | | | CAMPS GRAND TOTAL | \$ |