

City of Menlo Park 700 Alma Street, Menlo Park, CA 94025 (p) 650-330-2200, (f) 650-324-1721, www.menlopark.org/registration



Menio Madness Registration Form

		and/or		
Parent (s) /Legal Guardian (s)			Parent (s) /Legal Guardian (s)	
Street Address		City	Zip	
Home Phone Alternate Phone		one	e-mail Address	
Emergency Contact / Addit	ional Pick up Person	Phone N	Number	
Participant's Name: Date of Birth:	Grade in F	all:	Please circle your child's T-shirt size. S M L (Youth sizes)	
Date of Birtii.	Grade in r	an	S M L (Adult sizes)	
Camp Session 8:30am - 4:00pm	Dates, Themes, & Deposit Information	Extended Care 4:00pm - 6:00pm	Total Fees Per Week	
O Session 1 \$255/\$344 2900.101	June 24-28 "Game on!" O Deposit only \$25 - 2999.101	\$50/\$68 2910.101	<u>\$</u>	
O Session 2 \$204/\$275 2900.102	July 1-5* "Fun with Food" O Deposit only \$25 - 2999.102	\$40/\$54 2910.102	<u>\$</u>	
O Session 3 \$255/\$344 2900.103	July 8-12 "Whacky Week" O Deposit only \$25 - 2999.103	\$50/\$68 2910.103	\$	
O Session 4 \$255/\$344 2900.104	July 15-19 "Wet & Wild" O Deposit only \$25 - 2999.104	\$50/\$68 2910.104	\$	
O Session 5 \$255/\$344 2900.105	July 22-26 "Get your Sport on" O Deposit only \$25 - 2999.105	\$50/\$68 2910.105	<u>\$</u>	
O Session 6 \$255/\$344 2900.106	July 29-August 2 "Holi-daily" O Deposit only \$25 - 2999.106	\$50/\$68 2910.106	<u>\$</u>	
O Session 7 \$255/\$344 2900.107	August 5-9 "Crazy about Nature" O Deposit only \$25 - 2999.107	\$50/\$68 2910.107	<u>\$</u>	
O Session 8 \$255/\$344 2900.108	August 12-16 "Menlo's Got Talent" O Deposit only \$25 - 2999.108	\$50/\$68 2910.108	<u>\$</u>	

TOTAL FEES: \$_____

ccount Holder Name Authorized Si	I agree to pay the above charge	ges and authorize the City of Menlo Park to
# Date:	Residency Verified:	Processed By:
Name of Participant:		
I, the undersigned parent or guardian, do her participate in the aforementioned program(s) with the program(s)/activity(s) and give my assume all risk of injury to my child.	reby agree to allow	(name of child) to there are certain risks of injury associated icipate in such program(s)/activity(s) and
I hereby release the City of Menlo Park, it's eagainst any and all liability from any injury, arising out of or in any way connected with p	loss or damage to person or pos	sessions which may be suffered by my chil
As the legal parent or guardian, I hereby ver above conditions for permitting my child to p		
I further agree to permit the use of event/act my likeness.	tivity photography and/or video	o for media production, which may include
Signature of Parent/Guardian	Printed Name	Date
Field T	rip & Excursion Permission	Form
	•	
I hereby grant permission for my son/daught Madness Summer Camp. I understand that al elect for my child not to participate in the sch I must find an alternate childcare provider. T public transportation.	ll field trips are optional and atte neduled field trip, I understand t	endance by my child is not required. If I hat additional care will not be provided ar
I understand that all campers participating in counselors at all times. It is further understoo Center and that campers are required to go a	od that all field trips will begin a	and end at the Arrillaga Family Recreation
Authorization to treat a minor: In the event I the Camp Director and City Officials to secur		
I acknowledge that as a condition of my son/ claims against the City of Menlo Park for inju participation in the field trip or excursion.		
	Printed Name	Date
Signature of Parent/Guardian		