

2900.108

## City of Menlo Park 700 Alma Street, Menlo Park, CA 94025 (p) 650-330-2200, (f) 650-324-1721, <a href="www.menlopark.org/registration">www.menlopark.org/registration</a>



## Menio Madness Registration Form (ages 7-12 yrs.)

		and/or		
Parent (s) /Legal Guardian (s)		Parent (s)	Parent (s) /Legal Guardian (s)	
Street Address		City	Zip	
Home Phone	Alternate Pho	one	e-mail Address	
Emergency Contact /Addit	ional Pick up Person	Phone N	Number	
Participant's Name: Grade in Fall:			Please circle your child's T-shirt size. S M L (Youth sizes) S M L (Adult sizes)	
Camp Session	Dates, Themes,	<b>Extended Care</b>	<b>Total Fees</b>	
8:30am - 4:00pm	& Deposit Information	4:00pm - 6:00pm	Per Week	
O Session 1 \$255/\$344 <b>2900.101</b>	June 22-26 "Summer Kickoff Party" O Deposit only \$25 - <b>2999.101</b>	\$50/\$68 <b>2910.101</b>	<u>\$</u>	
O Session 2 \$204/\$275 <b>2900.102</b>	June 29-July 2* (No camp 7/3) "Fun with Food!" O Deposit only \$25 - <b>2999.102</b>	\$40/\$54 <b>2910.102</b>	<u>\$</u>	
O Session 3 \$255/\$344 <b>2900.103</b>	July 6-10 "Olympics" O Deposit only \$25 - <b>2999.103</b>	\$50/\$68 <b>2910.103</b>	<u>\$</u>	
O Session 4 \$255/\$344 <b>2900.104</b>	July 13-17 "Water Week" O Deposit only \$25 - <b>2999.104</b>	\$50/\$68 <b>2910.104</b>	<u>\$</u>	
O Session 5 \$255/\$344 <b>2900.105</b>	July 20-24 "Wild, Silly and Whacky" O Deposit only \$25 - <b>2999.105</b>	\$50/\$68 <b>2910.105</b>	<u>\$</u>	
O Session 6 \$255/\$344 <b>2900.106</b>	July 27-31 "Holi-daily" O Deposit only \$25 - <b>2999.106</b>	\$50/\$68 <b>2910.106</b>	<u>\$</u>	
O Session 7 \$255/\$344 <b>2900.107</b>	August 3-7 "Fun with Nature" O Deposit only \$25 - <b>2999.107</b>	\$50/\$68 <b>2910.107</b>	<u>\$</u>	
O Session 8 \$255/\$344	August 10-14 "Take me to Hollywood"	\$50/\$68	\$	

O Deposit only \$25 - 2999.108

TOTAL FEES: \$\_\_\_\_\_

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l Cash ⊔ Check ⊔ ' ccount#	Visa 🗀 Mastercard	(Please make all checks p Exp	ayable to: Cıty of Menlo Park.)
count Holder Name	I agree to pay th		orize the City of Menlo Park to
arge these costs to my credit card. Aut	horized Signature:		<u> </u>
OR OFFICE USE ONLY:	יו מי	.c. l D	l n
‡ Date:	Residency ver	ified: Proces	ssed By:
	Release of Liabi	•	
the City of Menlo Park's Community vided by the MENLO MADNESS Spotential injuries such as strains, spranal AND ALL CLAIMS for damage for may hereafter occur to me or my chicknowingly and VOLUNTARILY AS ees RELEASE the City of Menlo Pada DAMAGES, LAWSUITS, OR LIABOUT of, or in any way connected with the individual participating in the Malegal guardian and I give my permissistand my signature is a legal and bin Signature	y Services Department. I und SUMMER CAMP up to and in ains, breaks, abrasions, broke's participation in a, I here death, personal injury or proceeding as the result of participation SSUME ALL RISKS arising ark, its off-icers, agents, employers, its off-icers, agents, employers from the MEN ENLO MADNESS SUMME sion for him/her to participate adding signature and will be considered.	pate in the MENLO MA derstand the inherent dated and cluding off-site field treen limbs and even accided by WAIVE, RELEAST operty damage, which I do not the MENLO MAI therefrom, and on behavious and volunteers from AMAGE, INJURY OR NLO MADNESS SUMMAR CAMP. is a minor, I do in the MENLO MADNESS in the MENLO MADNESS.	ips and swimming may result in ental death. In consideration of E, AND DISCHARGE ANY or my child may have, or which DNESS SUMMER CAMP. I lf of myself, my heirs and assignom any and all CLAIMS, LIENS, DEATH, resulting from, arising MER CAMP. In the event that certify that I am his/her parent or NESS SUMMER CAMP. I under-
Self Parent Guardia	n	Datc	(cheleone)
	Field Trip & Excursion	Permission Form	
hereby grant permission for my so Madness Summer Camp. I understant elect for my child not to participate in must find an alternate childcare probablic transportation.	nd that all field trips are option in the scheduled field trip, I u	onal and attendance by inderstand that addition	my child is not required. If I nal care will not be provided and
understand that all campers partici- counselors at all times. It is further to Center and that campers are require Authorization to treat a minor: In the the Camp Director and City Officials WHATEVER CONDITIONS ARE NE NAMED ABOVE.I acknowledge that all claims against the City of Menlo participation in the field trip or excu	understood that all field trips of to go and return from each ne event I cannot be reached as to secure proper treatment CESSARY TO PRESERVE To as a condition of my son/da Park for injury, accident, illn	s will begin and end at to field trip on the transp in an emergency, I here for my child. THIS CAF THELIFE, LIMB OR WE ughter participating in	the Arrillaga Family Recreation bortation provided. By give permission to RE MAY BE GIVEN UNDER LL BEING OF THE CHILD the said activity, I waive any and
Signature of Parent/Guardian	Pri	nted Name	Date
dditional details about your child	d that we should be aware	of (i.e. Allergies, Hea	lth Concerns, etc.):

\_\_\_\_\_