



City of Menlo Park

700 Alma Street, Menlo Park, CA 94025

(p) 650-330-2200, (f) 650-324-1721, www.menlopark.org/registration



Munchkin Madness Registration Form (ages 3-4.5 yrs.)

and/or

Parent (s) /Legal Guardian (s)

Parent (s) /Legal Guardian (s)

Street Address

City

Zip

Home Phone

Alternate Phone

e-mail Address

Emergency Contact /Additional Pick up Person

Phone Number

Participant's Name: _____

Date of Birth: _____

Grade in Fall: _____

Please circle your child's
T-shirt size.

S M L

(Youth sizes)

S M L

(Adult sizes)

Camp Session 8:30am - 12:00pm	Dates, Themes, & Deposit Information	Total Fees Per Week
<input type="radio"/> Session 1 \$150/\$203 2950.101	June 22-26 "Games Galore" <input type="radio"/> Deposit only \$25 - 2960.101	\$ _____
<input type="radio"/> Session 2 \$120/\$162 2950.102	June 29-July 2* (No camp July 3) "Fun with food" <input type="radio"/> Deposit only \$25 - 2960.102	\$ _____
<input type="radio"/> Session 3 \$150/\$203 2950.103	July 6-10 "Sports week" <input type="radio"/> Deposit only \$25 - 2960.103	\$ _____
<input type="radio"/> Session 4 \$150/\$203 2950.104	July 13-17 "Splish Splash" <input type="radio"/> Deposit only \$25 - 2960.104	\$ _____
<input type="radio"/> Session 5 \$150/\$203 2950.105	July 20-24 "Wild, Silly and Whacky" <input type="radio"/> Deposit only \$25 - 2960.105	\$ _____
<input type="radio"/> Session 6 \$150/\$203 2950.106	July 27-31 "Holi-daily" <input type="radio"/> Deposit only \$25 - 2960.106	\$ _____
<input type="radio"/> Session 7 \$150/\$203 2950.107	August 3-7 "Animals & Nature" <input type="radio"/> Deposit only \$25 - 2960.107	\$ _____
<input type="radio"/> Session 8 \$150/\$203 2950.108	August 10-14 "Colors & Science" <input type="radio"/> Deposit only \$25 - 2960.108	\$ _____

TOTAL FEES: \$ _____

☐ Cash ☐ Check ☐ Visa ☐ Mastercard (Please make all checks payable to: City of Menlo Park.)

Account # _____ Exp. _____

Account Holder Name _____ I agree to pay the above charges and authorize the City of Menlo Park to charge these costs to my credit card. Authorized Signature: _____

FOR OFFICE USE ONLY:

R# _____ Date: _____ Residency Verified: _____ Processed By: _____

Release of Liability Form

I, _____ do hereby agree to allow _____ to participate in the Munchkin Madness summer camp with the City of Menlo Park's Community Services Department. I understand the inherent dangers of potential activities provided by the Munchkin Madness summer camp up to and including off-site field trips and swimming may result in potential injuries such as strains, sprains, breaks, abrasions, broken limbs and even accidental death. In consideration of _____'s participation in a, I hereby WAIVE, RELEASE, AND DISCHARGE ANY AND ALL CLAIMS for damage for death, personal injury or property damage, which I or my child may have, or which may hereafter occur to me or my child, as the result of participation in the Munchkin Madness summer camp. I knowingly and VOLUNTARILY ASSUME ALL RISKS arising therefrom, and on behalf of myself, my heirs and assignees RELEASE the City of Menlo Park, its officers, agents, employees and volunteers from any and all CLAIMS, LIENS, DAMAGES, LAWSUITS, OR LIABILITY FOR PROPERTY DAMAGE, INJURY OR DEATH, resulting from, arising out of, or in any way connected with my participation in the Munchkin Madness summer camp. In the event that the individual participating in the Munchkin Madness summer camp is a minor, I certify that I am his/her parent or legal guardian and I give my permission for him/her to participate in the Munchkin Madness summer camp. I understand my signature is a legal and binding signature and will be considered original if received by fax.

Signature _____ Date _____ (circle one)
Self Parent Guardian

Field Trip & Excursion Permission Form

I hereby grant permission for my son/daughter to participate in all field trips and excursions as part of the Mini/Menlo Madness Summer Camp. I understand that all field trips are optional and attendance by my child is not required. If I elect for my child not to participate in the scheduled field trip, I understand that additional care will not be provided and I must find an alternate childcare provider. Transportation for activities will be provided by bus, private vehicle, or public transportation.

I understand that all campers participating in field trips will be responsible in conduct to the Camp Director and counselors at all times. It is further understood that all field trips will begin and end at the Arrillaga Family Recreation Center and that campers are required to go and return from each field trip on the transportation provided.

Authorization to treat a minor: In the event I cannot be reached in an emergency, I hereby give permission to the Camp Director and City Officials to secure proper treatment for my child.

I acknowledge that as a condition of my son/daughter participating in the said activity, I waive any and all claims against the City of Menlo Park for injury, accident, illness, or death occurring during or by reason of the participation in the field trip or excursion.

Signature of Parent/Guardian

Printed Name

Date

Additional details about your child that we should be aware of (i.e. Allergies, Health Concerns, etc.):

