

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



Mini Madness Registration Form (ages 4.5-6.9 yrs.)

Parent (s) /Legal Guardian (s)	and/or	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:		P)	Please circle your child's T-shirt size.	
Date of Birth:	Grade in Fall:		S M L (Youth sizes) S M L (Adult sizes)	
			T () F	

Camp Session 8:30am - 2:00pm	Dates, Themes, & Deposit Information	Extended Care 2:00pm - 4:00pm	Extended Care 4:00pm - 6:00pm	Total Fees Per Week
O Session 1 \$205/\$277 2930.101	June 22-26 "Summer Kickoff Party" O Deposit only \$25 - 2989.101	\$50/\$68 2920.101	\$50/\$68 2910.101	<u>\$</u>
O Session 2 \$164/\$221 2930.102	June 29-July 2* (No camp 7/3) "Fun with Food!" O Deposit only \$25 - 2989.102	\$40/\$54 2920.102	\$40/\$54 2910.102	<u>\$</u>
O Session 3 \$205/\$277 2930.103	July 6-10 "Olympics" O Deposit only \$25 - 2989.103	\$50/\$68 2920.103	\$50/\$68 2910.103	\$
O Session 4 \$205/\$277 2930.104	July 13-17 "Water Week" O Deposit only \$25 - 2989.104	\$50/\$68 2920.104	\$50/\$68 2910.104	<u>\$</u>
O Session 5 \$205/\$277 2930.105	July 20-24 "Wild, Silly and Whacky" O Deposit only \$25 - 2989.105	\$50/\$68 2920.105	\$50/\$68 2910.105	<u>\$</u>
O Session 6 \$205/\$277 2930.106	July 27-31 "Holi-daily" O Deposit only \$25 - 2989.106	\$50/\$68 2920.106	\$50/\$68 2910.106	<u>\$</u>
O Session 7 \$205/\$277 2930.107	August 3-7 "Fun with Nature" O Deposit only \$25 - 2989.107	\$50/\$68 2920.107	\$50/\$68 2910.107	<u>\$</u>
O Session 8 \$205/\$277 2930.108	August 10-14 "Take me to Hollywood" O Deposit only \$25 - 2989.108	\$50/\$68 2920.108	\$50/\$68 2910.108	\$

TOTAL FEES: \$_____

Cash ☐ Check ☐ Visa ccount #		(Please make a	all checks payable to: City of N	Ienlo Park.)
ccount #ccount Holder Name	I agree to pay the		s and authorize the City of	Menlo Park to
narge these costs to my credit card. Authorized				
OR OFFICE USE ONLY: # Date:	Residency Veri	fied:	Processed By:	<u></u>
_	Release of Liabil	ity Form		
I,	to participa	oto in the Min	do hereby agree to all	OW with the City of
Menlo Park's Community Services Depart	ment Lunderstand the	inherent dang	ers of notential activities	provided by the
Mini Madness summer camp up to and inc			I	I
strains, sprains, breaks, abrasions, broken				, , , , , , , , , , , , , , , , , , , ,
			RELEASE, AND DISCH	
AND ALL CLAIMS for damage for death	, 1	, ,	2 2	,
may hereafter occur to me or my child, as				
VOLUNTARILY ASSUME ALL RISKS LEASE the City of Menlo Park, its officer				
AGES, LAWSUITS, OR LIABILITY FOR				
or in any way connected with my participa			,	
participating in the Mini Madness summer				
my permission for him/her to participate in			inderstand my signature	is a legal and
binding signature and will be considered o Signature	riginal if received by far	X. Г	Date	(circle one)
Self Parent Guardian		L		(circle one)
2411 1 41 4110 2441 41411				
Field	Trip & Excursion P	Permission I	Form	
I hereby grant permission for my son/dau Madness Summer Camp. I understand tha elect for my child not to participate in the I must find an alternate childcare provider public transportation.	t all field trips are optionscheduled field trip, I un	nal and attended nderstand tha	dance by my child is not it additional care will not	required. If I t be provided and
I understand that all campers participating counselors at all times. It is further unders Center and that campers are required to g	stood that all field trips	will begin and	d end at the Arrillaga Fa	mily Recreation
Authorization to treat a minor: In the ever the Camp Director and City Officials to se			cy, I hereby give permiss	sion to
I acknowledge that as a condition of my so claims against the City of Menlo Park for participation in the field trip or excursion.	injury, accident, illness,			
Signature of Parent/Guardian	Prin	ted Name		Date
Additional details about your child that	we should be aware	of (i.e. Allerg	ries, Health Concerns,	etc.):