

Fun in the Sun 2016

Medical Release & Registration

How to Register...

Online ucpalalto.com

By Fax 650.493.0479

By Mail University Club of Palo Alto, 3277 Miranda Avenue, Palo Alto CA, 94304, Attn: Jessica Schroeder

Registration...

Completed registration & medical release must be received before attendance.

Session Fees...

Member: \$305/session

\$65/Full Day

\$40/Half Day

Non-Member: \$380/session

*** Non Members may only sign up for full week sessions ***

Payment... Members will be billed to the club account. Non Members must submit payment by check before the first day of attendance. Checks should be made out to University Club of Palo Alto and mailed to: 3277 Miranda Avenue, Palo Alto, CA 94304

Cancellation Policy...

Sessions cancelled less than two weeks in advance are subject to full charge.

Additional Information... Contact Jessica Schroeder at jfields@ucpalalto.com or 650.493.3972 ext 15

Member# _____

Camper name _____ date of birth _____ age _____

Camper name _____ date of birth _____ age _____

Father's Name _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Address _____

Mother's Name _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Address _____

Please list any special needs and medical information (ie. allergies) pertaining to your child/children that our staff should be aware of:

In case of emergency, I/we authorize treatment and/or care of the above named child/children at any hospital. If there is an emergency and I/we cannot be reached, please contact the person listed below who is authorized to act on my/our behalf:

Name _____ Phone _____

Address _____

Relationship _____

Doctor's Name _____ Phone _____

Dentist's Name _____ Phone _____

I/we the parents of the above named child/ children give my/our approval to participate in any and all day camp activities. I/we assume all risks and hazards incidental to such participation including transportation to and from the activities and release the University Club of Palo Alto, its members, officers, directors, agents, and employees from any liability to such participation.

Signature of Parent/Guardian _____ Date _____

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PLEASE CIRCLE ALL APPROPRIATE & TOTAL

	Dates	Weekly Member	Weekly Non-Member	Camper 1	Camper 2	Total
		\$305	\$380			
1	June 6 – June 10	\$305	\$380	\$	\$	\$
2	June 13 – June 17	\$305	\$380	\$	\$	\$
3	June 20 – June 24	\$305	\$380	\$	\$	\$
4	June 27 - July 1	\$305	\$380	\$	\$	\$
5	July 11 – July 15	\$305	\$380	\$	\$	\$
6	July 18 – July 22	\$305	\$380	\$	\$	\$
7	July 25 – July 29	\$305	\$380	\$	\$	\$
8	Aug 1 – Aug 5	\$305	\$380	\$	\$	\$
9	Aug 8 – Aug 12	\$305	\$380	\$	\$	\$
Total				\$	\$	\$