

# HOLIDAY CAMP

## December/January 2018/2019

Holiday Camp is a fun & festive way for your children to enjoy their break from school. Our great facilities & talented staff offer a variety of activities including: Arts & Crafts, Cooking Projects, Snacks, Lunch, Sports, Outdoor & Indoor Games, Tennis & Swimming (weather permitting)  
Drop-ins Welcome!

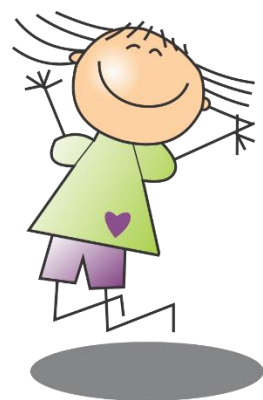
Session 1: DECEMBER 26-28

Session 2: JANUARY 2 - 4

9AM - 3PM

Wednesday - Friday

AGES 4 - 12



## CAMP RATES

### 3 DAY SESSION RATE:

\$200 Member  
\$245 Non Member

### FULL DAY RATE:

\$70 Member  
\$85 Non Member

### HALF DAY RATE:

\*includes lunch  
\$45 Member  
\$50 Non Member

# HOLIDAY CAMP DAILY SCHEDULE

9:00	ARRIVALS
9:00 - 9:45	GAMES ON THE FIELD
9:45 - 10:30	ARTS & CRAFTS
10:30 - 10:45	SNACK
10:45 - 11:00	SUNSCREEN / GET READY FOR TENNIS
11:00 - 11:45	TENNIS
11:45 - 12:15	LUNCH
12:15 - 12:45	SPORTS ACTIVITY
12:45 - 1:00	GET CHANGED FOR SWIMMING / SUNSCREEN
1:00 - 1:45	SWIMMING
2:00 - 2:30	ARTS & CRAFTS / GAMES
2:30	SNACK
2:45	CLEAN-UP & PACK-UP
3:00	PICK-UP

## WHAT TO BRING

Sunscreen  
Swimsuit  
Towel  
Tennis Shoes  
Tennis Racket  
(optional)

## LUNCH MENU

Served with fruit or chips and a dessert

11:45am

MONDAY:	CHICKEN CAESAR SALAD OR HOT DOG
TUESDAY:	TURKEY SANDWICH OR MAC N' CHEESE
WEDNESDAY:	CHICKEN TENDERS OR QUESADILLA
THURSDAY:	PASTA OR PIZZA
FRIDAY:	GRILLED CHEESE OR GRILLED CHICKEN SANDWICH

MEMBERS Register by faxing, emailing, or mailing registration/medical release form to Susanna Perez at camp@ucpaloalto.com.

NON-MEMBERS are welcome! Please send in full payment by check made out to "UCPA" with registration/medical release form.

Confirmation of registration will be made by December 21st, 2018.

Registration Form (please circle the date or dates of each session the camper will be attending)	Member Number	Age	Session \$200 Mem \$245 NM Full Day Half Day \$70 Mem. \$45 Mem. \$85 NM \$50 NM 12/26, 12/27, 12/28	Session \$200 Mem \$245 NM Full Day Half Day \$70 Mem. \$45 Mem. \$85 NM \$50 NM 1/2, 1/3, 1/4	Total
Camper's Name			Wed Thu Fri Circle Days	Wed Thu Fri Circle Days	
Camper's Name			Wed Thu Fri Circle Days	Wed Thu Fri Circle Days	

Medical Release Form

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 & medical information (i.e. 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 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 camp activities. I/we assume all risks & hazards incidental to such participation including transportation to & from the activities & release the University Club of Palo Alto, its members, officers, directors, agents, & employees from any such liability to such participation.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_