

HOLIDAY CAMP

December 2016

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!

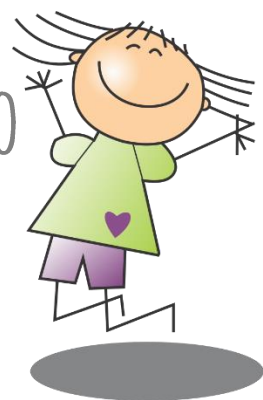
Session 1: DECEMBER 19-23

Session 2: DECEMBER 26-30

9AM - 3PM

Monday - Friday

AGES 4 - 12



CAMP RATES

SESSION RATE:

\$305 Member
\$380 Non Member

FULL DAY RATE:

\$65 Member
\$80 Non Member

HALF DAY RATE:

\$40 Member
\$50 Non Member

HOLIDAY CAMP DAILY SCHEDULE 2016

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 Erika Everly.

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 12th, 2016.

Registration Form (please circle the date or dates of each session the camper will be attending)	Member Number	Age	Session	Session	Total
			Full Day Half Day \$65 Mem. \$40 Mem. \$80 NM \$50 NM 12/19, 12/20, 12/21, 12/22, 12/23	Full Day Half Day \$65 Mem. \$40 Mem. \$80 NM \$50 NM 12/26, 12/27, 12/28, 12/29, 12/30	
Camper's Name			Mon Tues Wed Thu Fri Circle Days	Mon Tues Wed Thu Fri Circle Days	
Camper's Name			Mon Tues Wed Thu Fri Circle Days	Mon Tues 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 _____