

# Medical Release & Registration

## When to Register...

Members may register at any time.

## How to Register...

Online [camp@ucpaloalto.com](mailto:camp@ucpaloalto.com)

By Fax 650.493.0479

By Mail University Club of Palo Alto, 3277 Miranda Avenue, Palo Alto CA, 94304, Attn: Susanna Perez

## Registration...

Completed registration & medical release must be received before attendance.

## Session Fees...

Member: \$320/session \$70/Full Day \$45/Half Day

Non-Member: \$395/session

## Cancellation Policy...

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

## Additional Information...

Contact Susanna Perez at [Camp@ucpaloalto.com](mailto:Camp@ucpaloalto.com)

**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 (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 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 \_\_\_\_\_

# Fun in the Sun Registration

	Dates	Weekly Member	Weekly Non-Member	Camper 1	Camper 2	Total
<b>1</b>	June 3 – June 7	\$320	\$395	\$	\$	\$
<b>2</b>	June 10 – June 14	\$320	\$395	\$	\$	\$
<b>3</b>	June 17– June 21	\$320	\$395	\$	\$	\$
<b>4</b>	June 24 – 28	\$320	\$395	\$	\$	\$
<b>5</b>	July 8 - 12	\$320	\$395	\$	\$	\$
<b>6</b>	July 15 – July 19	\$320	\$395	\$	\$	\$
<b>7</b>	July 22 – July 26	\$320	\$395	\$	\$	\$
<b>8</b>	July 29 – Aug 2	\$320	\$395	\$	\$	\$
<b>9</b>	Aug 5 – Aug 9	\$320	\$395	\$	\$	\$
<b>Total</b>				<b>\$</b>	<b>\$</b>	<b>\$</b>

Please circle all appropriate & total.