

# Camp Quien Sabe "Family Weekend Camp" Registration Form

For more information on Camp Quien Sabe, turn to page 15.  
 DATES FOR 2008 HAVE BEEN SET FOR JULY 11-13.

FAMILY CONTACT PERSON: FIRST \_\_\_\_\_ LAST \_\_\_\_\_  
 HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_  
 CITY \_\_\_\_\_ ZIP \_\_\_\_\_

**PARTICIPANTS ATTENDING:**

NAME	DATE OF BIRTH	AGE	GRADE

We have a limited number of tents that we loan out to families. If you have a tent of your own you could bring, please check below. Tent set up help is available.  
 Tents are generally NOT essential at camp except for poor weather or for young children. We will bring a tent:  YES  NO  
 If you are attending with another family and wish to be located near them, please give the other family's name: \_\_\_\_\_

We will do our best to locate families together; however, we cannot assure such placement.

FEES: \$60 ADULTS (15 and over); \$50 CHILDREN (1-14); FREE INFANTS (1-11 Months)

PLEASE GIVE ANY FAMILY MEMBER MEDICAL INFORMATION INCLUDING ANY FOOD ALLERGIES YOU FEEL IMPORTANT FOR US TO KNOW IN THE EVENT OF AN EMERGENCY:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

ARE YOU VEGETARIAN?  YES  NO

DOCTOR'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

FRIEND OR RELATIVE IN THE AREA TO BE CONTACTED IN CASE OF EMERGENCY:

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

AUTHORIZATION TO TREAT: I authorize the adult agents and employees of the Monterey Recreation & Community Services Department in charge of the program to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to my above named minor child under the general special supervision and upon the advice of a physician and surgeon licensed under the provision of the Medical Practice Act, pursuant to Section 25.8 of the California Civil Code and agree to be responsible for all cost thereby incurred.

The undersigned, in consideration of participation in this program, agrees to indemnify, hold harmless and release the City of Monterey, its agents and employees, from any and all liability for any injury which may be suffered by the above named individual registered in this program arising out of or in any way connected with participation in this program. I have read the above application and agreement and fully understand that I assume all risks for any injuries received.

PARENT  GUARDIAN SIGNATURE X \_\_\_\_\_

PLEASE PRINT YOUR NAME X \_\_\_\_\_

REFUND POLICY: (APPLICABLE TO ALL PROGRAMS) NO REFUNDS AFTER PROGRAM BEGINS. A 25% SERVICE CHARGE WILL BE APPLIED TO REFUNDS BEFORE PROGRAM BEGINS.

Rules for acceptance and participation in this program are the same for everybody without regard to race, color, national origin, age, sex or handicap.

MAIL-IN FORMS. NOTE: It is essential that you enclose a return self-addressed stamped envelope along with this form and payment. Additional camp information will be forwarded along with our receipt of registration. Mail forms to us at: 546 Dutra Street, Monterey, CA 93940.

**METHOD OF PAYMENT:**  MasterCard  Visa  American Express

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name of card holder \_\_\_\_\_ Signature \_\_\_\_\_  
 (Please print)