



Town of Colma
Recreation Services Department

2019 Day Camp Quick Payment Form - Resident



Payee: _____ Child(ren): _____

Address: _____ Phone: _____

Email: _____

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	AMOUNT
	6/17	6/18	6/19	6/20	6/21	
Early Morning Care - \$1 per day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
General Day Camp - \$5 per day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Afternoon Care - \$1 per day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
						<i>Total:</i> _____
	6/24	6/25	6/26	6/27	6/28	
Early Morning Care - \$1 per day	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	_____
General Care - \$5 (M,T,Th,F) 6/26, MOCHA - \$6 (W)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Afternoon Care - \$1 per day	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	_____
						<i>Total:</i> _____
	7/1	7/2	7/3	7/4	7/5	
Early Morning Care - \$1 per day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No	No	_____
General Day Camp - \$5 per day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Camp	Camp	_____
Afternoon Care - \$1 per day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			_____
						<i>Total:</i> _____
	7/8	7/9	7/10	7/11	7/12	
Early Morning Care - \$1 per day	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
General Care - \$5 (M,W,Th,F) 7/9, Aqua Adventure - \$12 (T)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Afternoon Care - \$1 per day	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
						<i>Total:</i> _____
	7/15	7/16	7/17	7/18	7/19	
Early Morning Care - \$1 per day	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	_____
General Care - \$5 (M,T,Th,F) 7/17, Santa Cruz - \$20 (W)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Afternoon Care - \$1 per day	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	_____
						<i>Total:</i> _____
	7/22	7/23	7/24	7/25	7/26	
Early Morning Care - \$1 per day	<input type="checkbox"/>	X	X	<input type="checkbox"/>	<input type="checkbox"/>	_____
General Care - \$5 (M,Th,F) 7/23-24, Overnight - \$14 (T-W)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Afternoon Care - \$1 per day	<input type="checkbox"/>	X	X	<input type="checkbox"/>	<input type="checkbox"/>	_____
						<i>Total:</i> _____
	7/29	7/30	7/31	8/1	8/2	
Early Morning Care - \$1 per day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
General Care - \$5 (M, T, Th, F) 7/31, Lake Don Castro - \$11 (W)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Afternoon Care - \$1 per day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
						<i>Total:</i> _____
	8/5	8/6	8/7	8/8	8/9	
Early Morning Care - \$1 per day	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	_____
General Care - \$5 (M, T, Th, F) 8/7, Giants Game - \$12 (W)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Afternoon Care - \$1 per day	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	_____
						<i>Total:</i> _____
	8/12	8/13	8/14	8/15	8/16	
Early Morning Care - \$1 per day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
General Care - \$5 (M, T, Th, F) 8/14, Stagecoach - \$10 (W)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Afternoon Care - \$1 per day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
						<i>Total:</i> _____

* Please complete Liability Release on reverse

GRAND TOTAL:



Liability Release Waiver

In consideration of the acceptance of my application for entry into each above activity, I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have, or which hereafter accrue to me, against the Town of Colma as a result of my participation in the activity. This release is intended to discharge the Town of Colma, its officers, officials, employees and volunteers, any other involved municipalities or public agencies from and against any and all liability arising out of or connected in any way with my participation in the activity, even though that liability may arise out of the negligence or carelessness on the part of persons or Town of Colma. I further understand that accidents and injuries can arise out of the activity; knowing the risks, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all of the persons or agencies mentioned above who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I am aware of the cancellation policy and the penalties involved for activities for which I have registered myself and family. I realize that while participating in any Town sponsored activities myself or a family member may be photographed and that photo may be used for a future Town of Colma publication, report, flier and/or advertisement.

Signature: _____ Date: _____

Parental Consent: (To be completed if participant is under 18 years of age). I give my consent for my son/daughter _____ to participate in the above activity and I execute the above liability release on his/her behalf.