



Town of Colma  
**Recreation Services Department**

2022 Day Camp Quick Payment Form - Resident



Payee: \_\_\_\_\_ Child(ren): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	AMOUNT
<b>Week 1: Spring into Summer</b>	6/13	6/14	6/15	6/16	6/17	
Early Morning Care - \$1 per day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
General Day Camp - \$25 per session	<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> _____
<b>Week 2: Blast from the Past</b>	6/20	6/21	6/22	6/23	6/24	
Early Morning Care - \$1 per day	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	_____
General Care - \$20 per session (M, T, W, F) 6/22, 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> _____
<b>Week 3: Happy Holidays!</b>	6/27	6/28	6/29	6/30	7/1	
Early Morning Care - \$1 per day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
General Day Camp - \$25 per session	<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> _____
<b>Week 4: Culinary Creators</b>	7/4	7/5	7/6	7/7	7/8	
Early Morning Care - \$1 per day	No Camp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
General Day Camp - \$20 per session	No Camp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Afternoon Care - \$1 per day	No Camp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
						<i>Total:</i> _____
<b>Week 5: Camp's Got Spirit</b>	7/11	7/12	7/13	7/14	7/15	
Early Morning Care - \$1 per day	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	_____
General Care - \$20 per session (M, T, Th, F) 7/13, Giants Game - \$16 (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> _____
<b>Week 6: Wilderness Explorers</b>	7/18	7/19	7/20	7/21	7/22	
Early Morning Care - \$1 per day	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	_____
General Care - \$20 per session (M, T, Th, F) 7/20, Stagecoach Greens - \$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> _____
<b>Week 7: Around the World</b>	7/25	7/26	7/27	7/28	7/29	
Early Morning Care - \$1 per day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
General Day Camp - \$25 per session	<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> _____
<b>Week 8: Lab Rats</b>	8/1	8/2	8/3	8/4	8/5	
Early Morning Care - \$1 per day	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	_____
General Care - \$20 per session (M, T, Th, F) 8/3, Exploratorium - \$16 (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> _____
<b>Week 9: Wizarding World of Colma</b>	8/8	8/9	8/10	8/11	8/12	
Early Morning Care - \$1 per day	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	_____
General Care - \$20 per session (M, T, Th, F) 8/3, Ripley's Believe it or Not - \$16 (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> _____

\* 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.