CAMP FAIRFAX Registration Form 2019

| Camper Information: | | | | |
|--|--|---|---|--|
| Child 1 First Name | | Last Name | Birthdate | |
| School | | | | |
| | | | | |
| Child 2 First Name | | | | |
| School | Grade in Fall 2019 | Tee Shirt Size | Returning Camper? ☐ Yes ☐ No | |
| Child 3 First Name | | | | |
| School | Grade in Fall 2019 | Tee Shirt Size | Returning Camper? ☐ Yes ☐ No | |
| Parent Information: | | | | |
| Down t 4 | | Dalatianahin ta Chi | ld/ram) | |
| Parent 1 Home Phone | | | | |
| Address | | | | |
| Email (required) | | | | |
| | | | | |
| Parent 2 | | | | |
| Home Phone | | | | |
| Address | | | | |
| Email (required) | | (confirmations and ir | nportant camp updates sent via email) | |
| Registration: | | | | |
| Camp Fairfax is 10-4pm with AM ext Early bird deadline is July 1, 2019. Any far an additional \$100. There also will be \$20 | nilies submitting forms to us AF | TER July 1, 2019, there will be | a second tier registration time period a | |
| Please select the week and extended ca | re option(s): | | number of children | Weekly Total |
| Week 1: July 29- Aug 2 ☐ \$280 | ☐ \$330w/AM care ☐\$330 | w/PM care ☐\$380 Full D | | |
| Week 2: August 5-9 \$280 | ☐ \$330 w/AM care ☐ \$330 | | • | |
| Week 3: August 12-16 | □ \$330 w/AM care □ \$330 |) w/PM care □\$380 Full D | | |
| | | | | |
| INDICATE METHOD OF DAVMENT | Chock payable to "Town | of Fairfay" Cash | Total Amount Due | <u> </u> |
| INDICATE METHOD OF PAYMENT: | , , | OF Fairlax Casil | | |
| ☐ Credit Card Visa or Mastercard of | • | F | O divit and o | of any look #\ |
| Credit Card # | | Exp/ | 3 digit code: (on back o | of card, last #) |
| Notes: | | | | |
| Anything you need us to know or you | d like to clarify (ie multipl | le kids attending, kids per | sonality etc)? | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| How did you hear about Camp Fairfa | x? (please be specific so v | ve can continue to get the | word out and keep our prices de | own) |
| How did you hear about Camp Fairfa | x? (please be specific so v | ve can continue to get the | word out and keep our prices do | own) |
| | | ve can continue to get the | word out and keep our prices de | own) |
| Release/Waiver/Agreement/Po | olicies/Permissions: | airfax and all it's officers, employees, re | presentatives and volunteers from and against ar | ry and all liabilities for any injury which may b |
| Release/Waiver/Agreement/Po General Release:I hereby agree to indemnify and hold ha suffered by me and/or by my child(ren) arising out of in in permission to any medical personnel selected by the cam | plicies/Permissions: armless Camp Fairfax and the Town of F any way connected with participation in p staff to secure treatment I give permiss | airfax and all it's officers, employees, re a Camp Fairfax program. Medical Trea sion for the camp staff to apply or provid | presentatives and volunteers from and against ar tment Consent & Sunscreen Permission In cas le sunscreen to my child(ren). Medical Insurance | ny and all liabilities for any injury which may b se of a medical emergency, I hereby give s: I understand and agree that it is my |
| Release/Waiver/Agreement/Po General Release: I hereby agree to indemnify and hold ha suffered by me and/or by my child(ren) arising out of in in permission to any medical personnel selected by the cam responsibility to provide accident and health coverage for walking field trips. Authorization for use of photography | plicies/Permissions: armless Camp Fairfax and the Town of Fany way connected with participation in potaff to secure treatment I give permiss the child or children named above while //videos:Use of any pictures, text and o | airfax and all it's officers, employees, re a Camp Fairfax program. Medical Trea sion for the camp staff to apply or provio they are attending Camp Fairfax. Trip/T r videos of/by me or my child/ren) may I | presentatives and volunteers from and against ar tment Consent & Sunscreen Permission In cas le sunscreen to my child(ren). Medical Insurance ravel Permission: I give my full permission for m pe used for camp training, advertising and market | ny and all liabilities for any injury which may b se of a medical emergency, I hereby give s: I understand and agree that it is my ny child(ren) to leave campus on regular ing without any compensation to me or my |
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Mail to: Camp Fairfax - 142 Bolinas Road Fairfax CA 94930 Phone: 415-458-2340 Email: amannes@townoffairfax.org