



2019 Registration Form

Session 1

Week one- June 10- June 14
 Week two- June 17 – June 21
 Week three– June 24 – June 28
 Week four– July 1 – July 5 (no camp July 4th)
THERE WILL BE NO SUMMER FUN JULY 8-12th!

Session 2

Week five- July 15– July 19
 Week six- July 22 – July 26
 Week seven- July 29 – August 2
 Week eight- August 5 – August 9

RESIDENTS		NON RESIDENTS	
Week 1	\$32 <input type="checkbox"/>	Week 1	\$50 <input type="checkbox"/>
Week 2	\$32 <input type="checkbox"/>	Week 2	\$50 <input type="checkbox"/>
Week 3	\$32 <input type="checkbox"/>	Week 3	\$50 <input type="checkbox"/>
Week 4	\$32 <input type="checkbox"/>	Week 4	\$50 <input type="checkbox"/>
Week 5	\$32 <input type="checkbox"/>	Week 5	\$50 <input type="checkbox"/>
Week 6	\$32 <input type="checkbox"/>	Week 6	\$50 <input type="checkbox"/>
Week 7	\$32 <input type="checkbox"/>	Week 7	\$50 <input type="checkbox"/>
Week 8	\$32 <input type="checkbox"/>	Week 8	\$50 <input type="checkbox"/>

Notice: Program spots will be reserved after payment is received.

Campus Site	<input type="checkbox"/> Goodnight Middle School 1301 N. State Highway 123	Total Fees Paid \$ _____
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PLEASE MAKE CHECKS PAYABLE TO: CITY OF SAN MARCOS

Refunds for camp programs will ONLY be issued if the spot can be filled from the waiting list.

GENERAL INFORMATION: Please Print Legibly

CHILDS NAME: _____

ADDRESS: _____ **CITY:** _____ **ZIP:** _____

DATE OF BIRTH: ___/___/___ **GENDER:** F M **AGE:** _____ **GRADE (completed):** _____

BIRTH CERTIFICATE: On file: New Copy: **E-MAIL ADDRESS:** _____

CONTACT INFORMATION:

CONTACT	NAME OF GUARDIAN(S)	CELL PHONE	HOME PHONE	WORK PHONE
PARENT/ GUARDIAN				
PARENT/ GUARDIAN				
EMERGENCY CONTACT (Other than Parents)				
PHYSICIAN				

Can we register you for text message updates about the program via Remind? We will send out no more than 7 messages per week and standard text message rates do apply. You can unsubscribe at any time. YES NO

HEALTH INFORMATION:

Please list any health restrictions that will require special accommodations:

Medication required during program hours? YES NO

Medication of any kind will not be administered by staff.

PERMISSION TO ATTEND SPECIFIED ACTIVITIES:

By checking the form box and signing the document I acknowledge that I have given/denied my authorization for the enrolled student to participate in the approved activities.

Activity	Yes, I authorize my son/daughter	No, I do not authorize my son/daughter
Ride the Bus	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bowling	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Movies	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Swimming	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PERMISSION FOR PHOTOGRAPHY:

The City uses photographs of children in the Summer Fun Program to promote the program. The City will not use photographs of your child without your permission. Do you grant permission for use of photographs of your child by the city? Yes No

PICK UP POLICY:

A late fee will be assessed if your child is not picked up by 5:30 pm. at a rate of \$6.00 for every fifteen minutes that you are late.

Please list below anyone you give permission to pick your child up from the program besides those listed on front of form: (they will be required to show ID, if person is not on the list we will require a signed note from legal guardian, before we release the participant)

NAME	PHONE #	RELATIONSHIP TO PARTICIPANT

RELEASE OF LIABILITY

I, the undersigned, certify that my child is at **least seven (7) years old or has completed the first grade.** I understand that falsification of any information of any information on this form may disqualify my child from this program.

In consideration of the acceptance of my child's registration in the SUMMER FUN PROGRAM, I hereby release the CITY OF SAN MARCOS, the SAN MARCOS CONSOLIDATED INDEPENDENT SCHOOL DISTRICT, and their agents, employees, officers and servants from any and all damages and injuries which might occur while my child is enrolled in the SUMMER FUN PROGRAM, I certify that I have the legal authority to execute this release on behalf of my child. I also certify that I have read the program guidelines. I understand that violation of these guidelines may result in the removal of my child from this program without refund.

Child's Name

Signature of Parent or Guardian

Printed Name of Parent or Guardian

____/____/____
Date