

2010 SUMMER CAMP REGISTRATION

June 21 to August 13, 2010 • For girls 1st thru 9th grade and at least 6 years old
 1724 Santa Clara Ave. • Alameda, CA • 94501 • (510) 521-1743

**ONE REGISTRATION
FORM & ONE
PAYMENT PER CHILD**

Please **PRINT** all information below **CLEARLY**

Entering Grade: _____ 2010-2011

Girl's Name: _____, _____ Age: _____ Birthdate: _____
Last Name First Name

Parent / Guardian Name: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Cell Phone: (_____) _____ E-mail Address: _____

How did you hear about Girls Inc.? _____

Registration for girls entering 1st - 6th

		Camp \$125 9:00 - 4:00	A.M. Care \$30 7:00 - 9:00	P.M. Care \$30 4:00 - 6:00
June 21 - 25	Week 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
June 28 - July 2	Week 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 6 - 9 (Closed Mon., July 5)	Week 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 12 - 16	Week 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 19 - 23	Week 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 26 - 30	Week 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
August 2 - 6	Week 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
August 9 - 13	Week 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Camp Buddy Request: _____

CALCULATE 1st - 6th FEES HERE

ITEM	# OF WEEKS	COST	TOTAL (Multiply # of weeks by cost)
Camp		\$125	\$
Extended A.M. Care		\$30	\$
Extended P.M. Care		\$30	\$
TOTAL			\$
1/2 DEPOSIT (due with this form)			\$

PAYMENT PROCEDURE

A deposit of at least half of all fees are due at the time of registration. You will be sent a confirmation of all your girls camps, your remaining balance and an envelope to remit payment. The remaining balance must be **RECEIVED** by **June 1, 2010 by 5:30 p.m.** If the balance is not paid, your girl cannot attend and no refund will be given. You will be assessed a \$10 fee for any form turned in that is incomplete.

Registration for girls entering 7th - 9th

- July 6 - 9 Design Time
 (Closed Mon. July 5)
- July 12 - 16 & Girls enCourage*
 July 19 - 23 *Girls must attend both weeks
- July 26 - 30 Science & Cooking

Extra Field Trips (see brochure for more info)

- Wed. June 23 Oakland A's Game
- Wed. June 30 Oakland Zoo
- Wed. August 4 Shadow Cliffs

CALCULATE 7th - 9th FEES HERE

ITEM	COST	#	TOTAL
Design Time	\$100		\$
Girls enCourage	\$225		\$
Cooking & Science	\$115		\$
Extra Field Trips	\$25		\$
TOTAL			\$
1/2 DEPOSIT (due with this form)			\$

TRANSFER & CHANGE POLICY

All requests for transfers and changes must be submitted in writing to the Program Director. A \$25 fee will be charged per transaction for all transfers and changes. These will be honored as long as space is available. There are no transfers between campers.

REFUND POLICY

All requests for refunds must be submitted in writing to the Program Director and must be **RECEIVED** by **June 1, 2010 by 5:30 p.m.** No refunds will be considered after that date. Girls Inc. will retain at least 50% of fees collected.

I understand and agree to the Payment Procedure, Transfer & Change Policy and Refund Policy listed above.

Parent or Guardian Signature _____ Date _____

This information will be kept anonymously and in confidence. It will only be used strictly for anonymous statistical data reports to Girls Inc. National Organization and potential funders.

Thank you for your help.

My Girl's Name: _____

Please mark all appropriate boxes.

AGE

- 6 to 8 12 to 14
- 9 to 11 15 to 18

MY GIRL QUALIFIES FOR

- Free Lunch
- Reduced Lunch
- Neither

FAMILY CONFIGURATION

- Living with two parents
- Living with mother only
- Living with father only
- Living with one parent at a time (joint custody)
- Living with parent & step-parent
- Living with neither parent

ETHNICITY

Multi-ethnic

- Asian American
- Black/African American
- Native American
- White / Causasian
- Hispanic/Latina
- Pacific Islander
- Filipina
- Other: _____

PRIMARY LANGUAGE SPOKEN IN THE HOME

- English Spanish
- Farsi Mandarin
- Tagolog Vietnamese
- Other: _____

RESIDENCE AREA

- Alameda San Lorenzo
- Oakland Livermore
- Castro Valley Pleasanton
- Hayward Dublin
- San Leandro Berkeley
- Other: _____

ANNUAL HOUSEHOLD INCOME

- Below \$10,000
- \$10,000 to \$15,000
- \$15,000 to \$20,000
- \$20,000 to \$25,000
- \$25,000 to \$30,000
- \$30,000 to \$40,000
- \$40,000 to \$50,000
- \$50,000 to \$60,000
- \$60,000 to \$70,000
- \$70,000 to \$80,000
- \$80,000 to \$90,000
- \$90,000 to \$100,000
- Over \$100,000

_____ **TOTAL NUMBER OF PEOPLE LIVING IN THE HOUSEHOLD**

PLEASE LIST MEDICAL, PHYSICAL OR EMOTIONAL CONDITIONS (including disabilities).

Girl/Participant Name _____
Girl/Participant Birth Date _____
Parent/Guardian Name _____

Media/Photo Release

I hereby authorize Girl Inc. of the Island City, its agents and others working for it or on its behalf to use my girl’s image/likeness/ voice/artwork/writing in still photos, slides video productions, radio coverage, television coverage, interviews, testimonials and/or any other media purposes, including Girls Inc. website, for promoting and representing Girls Inc. and its programs, and do hereby grant and convey unto Girls Inc. all rights, title, and interest in the above media including but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

Parent/Guardian (signature) _____ Date _____

Liability Agreement Release - Required for Participation

I hereby authorize, as parent or legal guardian, for my girl to participate in Girls Inc. Programs. In consideration for this participation, I do hereby, for myself and my heirs and assigns, release and agree to indemnify and hold harmless Girls Incorporated of the Island City, its employees and volunteers from all liability, loss, claim, demand, action or cause of action which arises or may arise or be occasioned in any way by such participation. I also release and hold harmless Girls Inc of the Island City, its employees and volunteers from all liability, loss or claim which may occur in transporting my child for the purposes of participating in any Girls Inc. activities.

Parent/Guardian (signature) _____ Date _____

Field Trip Permission - Required for Participation

I grant permission for my girl to attend all field trips and I hereby give my permission to the physician selected by the adult leader in charge to provide any necessary medical attention. All girls must attend field trips. No on-site supervision will be provided.

Parent/Guardian (signature) _____ Date _____

Circuits Active Entertainment

Assumption of Risk and Waiver of Liability - Required for Participation

See brochure for dates and www.circuitsofalameda.com for info

I am the parent or legal guardian of the Participant identified above. I wish the Participant to participate in the programs offered by Circuits, LLC, and to use its play area and equipment (collectively, the “Activities”). I state and agree as follows:

- 1) I understand that the Activities involve strenuous physical activity which may involve the risk of injury. The Participant is physically fit and has no medical condition which would prevent his or her full participation in Activities.
- 2) Acting for myself and my heirs, personal representatives and assigns, and on behalf of myself and the Participant, I agree to waive and release all claims arising out of my participation in the Activities that I or the Participant have or may have in the future against Circuits, LLC, or its agents, employees, officers, managers, members, or other participants in the Activities (collectively the “Releasees”). I release the Releasees from all liability whatsoever for any claims or causes of action that I, the Participant, or our estate, heirs, executors or assigns may have for personal injury, property damage or wrongful death resulting from the Participant’s participation in the Activities, whether caused by active or passive negligence of the Releasees or otherwise, to the full extent that such waiver and release is permitted by law.
- 3) I voluntarily assume the risk of, and I agree to hold the Releasees harmless for, any injury, property damage, or loss of life which may occur to the Participant during the Activities.
- 4) In entering into this agreement, I am not relying on any written or oral representation other than what is set forth in this document.

Parent/Guardian (signature) _____ Date _____

Parent/Guardian (please print) _____

PLEASE PRINT ALL OF THE INFORMATION BELOW

Child's Last Name: _____ First Name: _____ Birthdate: _____ Age: _____ Grade: _____

Parent/Guardian Name: _____ Work Phone: (____) _____ Home Phone: (____) _____

Address: _____ City: _____ Zip Code: _____ Cell Phone: (____) _____

Parent/Guardian Name: _____ Work Phone: (____) _____ Home Phone: (____) _____

Address: _____ City: _____ Zip Code: _____ Cell Phone: (____) _____

In addition to the parents/guardians, the following adults (18 years and older) are authorized to take this child from the facility. These names will also serve as emergency contacts. These contacts must be reachable and available for immediate pick-up or response.

<i>Name</i>	<i>Phone</i>	<i>Name</i>	<i>Phone</i>
_____	(____) _____	_____	(____) _____
_____	(____) _____	_____	(____) _____

ALTERNATIVE CHECKOUT OPTIONS

Leave-on-your-own Plan [for girls 10 years old and older]- My girl has permission to have a staff member sign her out at the end of the day and she will then transport herself home. Girls on this plan leaving camp before 3:30 p.m. must give the Program Director a note from her parent/guardian stating what time she is leaving. See Parent/Guardian Handbook for more information.

Do Not Release - Based on court documents on file at Girls Inc., my girl should NEVER be released to:



Parent/Guardian Signature

Date

HEALTH INFORMATION

Is there anything we should know about your daughter that will help us provide her with the best and safest possible experience? _____

Special Medical Limitations: _____

Allergies to

Food: _____

Medicine: _____

Other: _____

Please List ALL medications (including OTC) taken by your child: _____

Special Disabilities: Learning Developmental Emotional Visual Hearing Mobility

Other Special Needs: _____

Medical Insurance Name _____ Physician Name _____ Dentist Name _____

Medical Insurance Coverage Number _____ Physician's Phone Number _____ Dentist's Phone Number _____

Parent/Guardian - Please read and sign: I give permission to obtain all emergency medical or dental care prescribed by a duly licensed Physician (M.D.) Osteopath (D.O.) or Dentist (D.D.S.) for my child. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of the child named above.



Parent/Guardian Signature

Date

STAFF USE ONLY	_____
	Initial _____ Date _____