



Registration 2009

Balboa City School's Summer Camp with Coach Marty

Location: Balboa Park / Balboa City School Campus For Boys and Girls ages 5 - 14 • June 22nd – July 31st

Please use one form per child

Camper's Last Name: First Name: M/F DOB / Grade Level Fall '09

Parent/Guardian Name: Relation:

Address:

City: State: Zip:

Telephone-Day: Telephone-Evening: Email:

Does the Camper have special requirements, needs or food allergies that we should be aware of? If so, please list:

Session Dates: Check all that apply Regular Day 12:00 pm - 3:00 pm Extended Day Care 3:00 pm - 5:30 pm

Week 1: June 22-26 Week 2: June 29 - July 2 Week 3: July 6-10 Week 4: July 13-17 Week 5: July 20-24 Week 6: July 27 - 31

Camp Pricing 1-2 Weeks \$110 per week 3-4 Weeks \$100 per week 5-6 Weeks \$80 per week \*Field Trip additional cos Additional Extended Day Care 3:00 pm - 5:30 pm \$40.00 per week

Camp Cost: Number of Weeks (See chart for price) X =

Extended Day Care: X \$40.00 = Number of Weeks Extended Care Cost

Total Amount Enclosed:

Make Checks Payable to: Balboa City School

Mail Payment to: Balboa City School 525 Hawthorn Street • San Diego • California • 92101

Camp hours are 12:00 pm - 3:00 pm. Extended Day Care is available 3:00 pm - 5:30 pm. Campers picked up after 5:30 pm will incur a \$15 per fifteen minute (or portion thereof) late fee.

For more information, contact Monica Studevent at (619) 298-2990 x208 or mstudevent@balboaschool.com.



# Emergency Contact 2009 Balboa City School's Summer Camp

*Please use one form per child*

Camper's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M/F \_\_\_\_\_ Age / Grade Level Fall '09 \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone-Day: \_\_\_\_\_ Telephone-Evening: \_\_\_\_\_ Email: \_\_\_\_\_

## **EMERGENCY RELEASE:**

I, \_\_\_\_\_ do hereby release and exempt Balboa City School's Summer Camp with Coach Marty and their employees from any liability arising from the participation of \_\_\_\_\_ in the summer sports camps. I also grant permission to Balboa City School's Summer Camp with Coach Marty and its representatives to make decisions and/or to provide emergency medical treatment for the above named child should the necessity arise, or to transport him or her to a medical facility for treatment in case of injury.

Signature: \_\_\_\_\_

My son/daughter, \_\_\_\_\_ is/is not covered by medical insurance.

Insurance Company: \_\_\_\_\_ Policy#: \_\_\_\_\_

Doctor: \_\_\_\_\_

Doctor's Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_

Dentist's Phone: \_\_\_\_\_

### **Parent or Guardian's Emergency Contact Information**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone # to call in case of emergency: \_\_\_\_\_

In the event I am not reachable, please contact:

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone # to call in case of emergency: \_\_\_\_\_