



Please fill out completely and return to camp office. Please complete one form per child.
Camp Office: 415.292.1250 • Fax: 415.276.1561 • 3200 California Street, San Francisco, CA 94118

Camper Information

Camper's Name _____ Home Tel _____

Mailing Address _____ City _____ Zip _____

Date of Birth _____ Grade _____ Male Female JCCSF Member? Yes No

Parent's Name 1 _____ Work Tel _____ Cell _____

Parent's Name 2 _____ Work Tel _____ Cell _____

Emergency Contact (other than parent) _____ Relationship _____

Home Tel _____ Work Tel _____ Cell _____

Email Address _____ Additional Email Address _____

Does your child have any allergies, medical conditions, special needs, or dietary restrictions?

Has your child attended JCCSF camp programs in the past? Yes No

How did you hear about camp? Flyer JCCSF Catalog Ad Word of Mouth Other _____

Does your child participate in other JCCSF programs? HYC ECE Other _____

What school does your child currently attend? _____

PARENTAL RELEASE FORM

- I understand that it is the responsibility of every individual and his or her parents or legal guardian to provide for his or her own accident or health coverage while participating in all JCCSF activities.
- I authorize the JCCSF and its adult staff or representatives to consent to any emergency medical treatment and/or hospital care which is rendered to the minor named above, under the supervision of any physician licensed under the California Medical Practices Act.
- I authorize approved staff members to transport my child in a personal vehicle in case of a medical emergency or if my child must be removed from a field trip or overnight and understand that the JCCSF will verify the clean driving record and auto insurance of all drivers.
- I grant permission for the above-named minor to participate in all camp activities, to attend all field trips and camp overnights and to swim under the supervision of certified lifeguards.
- I grant permission for photos including the above-named minor to be used for JCCSF marketing purposes unless otherwise indicated in writing.
- I understand that my child and I are expected to honor JCCSF's camp policies.

RELEASE OF LIABILITY – This is a release. Please read this release carefully. By signing this release, you are giving up important legal rights, including your and your Child's rights to sue.

Acknowledgment and Assumption of Risk

My Child and I are aware that there are many risks inherent in the activities offered in connection with the Summer Camp, which activities may include (but are not limited to): sports, hikes, arts and crafts, aquatics, dance, gymnastics, overnight trips and/or field trips to public parks, water parks, theme parks, museums and various other locations by walking, public and/or private transportation (including but not limited to buses, trains, ferries, cars and JCCSF rented or chartered vehicles) (collectively "the Activities"). My Child and I understand that some of these risks cannot be eliminated, altered or controlled, and that these risks can be the cause of my Child's injury, illness or death or damage to my or my Child's belongings.

My Child and I knowingly and freely assume all risks and hazards in these Activities, both known and unknown, whether caused by the action, inaction or negligence of the JCCSF, its agents, employees, representatives and affiliates (the "Released Parties"), and we assume full responsibility for the participation of my Child in the Activities.

Release

In consideration for my Child being permitted to participate in the Summer Camp, my Child and I agree not to make a claim against or sue the Released Parties, and my Child and I release and hold harmless the Released Parties for all demands, actions or claims of liability arising out of the negligence or any other act or omission by the Released Parties that causes my Child's illness, injury, death and/or damage to my or my Child's belongings as a result of my Child's participation in the Summer Camp.

Knowing and Voluntary Execution

I have carefully read this Release of Liability in its entirety, fully understand its terms, and acknowledge that it is a binding and fully enforceable contract between me, my Child and the JCCSF.

Signature of Parent or Guardian _____ Name of Parent or Guardian _____ Relationship _____ Date _____

Registrations will not be processed without a completed health form. (Turn over for program registration form)

Program Registration Form

Camp Kochav (Grades K – 5):

Register by the day. Please mark the box for the **days** you are selecting.

MON 12/21 TUES 12/22 WED 12/23 THURS 12/24 MON 12/28 TUES 12/29 WED 12/30 THURS 12/31

of Days _____ x \$75/day (Members) or \$85/day (Public) = \$ _____ (YKWCAMP)

Sports Camp (Grades 3 – 6):

Please mark the box for the **Camp** you are selecting.

Basketball Camp: 12/21 – 12/24, 9:00 am – 12:00 pm or 12/28 – 12/31, 1:00 pm – 4:00 pm
Members \$155 or Public \$165 = \$ _____ (RCAMP1)

Futsal Camp: 12/21 – 12/24, 1:00 – 4:00 pm or 12/28 – 12/31, 9:00 am – 12:00 pm
Members \$155 or Public \$165 = \$ _____ (RCAMP2)

Futsal and Basketball Camp: 12/21 – 12/24, 9:00 am – 4:00 pm or 12/28 – 12/31, 9:00 am – 4:00 pm
Members \$300 or Public \$310 = \$ _____ (RCAMP3)

Specialty Camps:

Please mark the box for the **Camp** you are selecting.

Gymnastics, Art, Dance and Swim (GADS) Camp
(Grades 1 – 4): 12/21 – 12/24, 9:00 am – 4:00 pm = \$ _____ (RGADS)
Members \$310 or Public \$320

Culinary Kids (Grades K – 2): 12/28 – 12/31, 9:00 am – 4:00 pm
Members \$310 or Public \$320 = \$ _____ (YKCOOK)

Teen Extreme
(Grades 6 – 8): 12/28 – 12/31, 9:00 am – 4:00 pm = \$ _____ (YKTEEN)
Members \$325 or Public \$335

Extended Care:

Please mark the box next to the days you will need either AM or PM Care, total and add to camp fee, total again at bottom.

AM: MON 12/21 TUES 12/22 WED 12/23 THURS 12/24 MON 12/28 TUES 12/29 WED 12/30 THURS 12/31

PM: MON 12/21 TUES 12/22 WED 12/23 THURS 12/24 MON 12/28 TUES 12/29 WED 12/30 THURS 12/31

of Days of Extended Care _____ x \$6/AM (8:00 – 9:00 am) = \$ _____

_____ x \$15/PM (4:00 – 6:00 pm) = \$ _____

Camp Fee = \$ _____

TOTAL AMOUNT DUE = \$ _____

Payment:

All fees are due in full at time of registration. There will be no refunds after December 1. There will be a \$35 transaction fee assessed per transaction for camp transfers and drops. Financial aid is available for qualified applicants. You may pay by check, American Express, Visa or MasterCard. You will receive a confirmation letter and further information about Camp once we have processed your registration.

Check enclosed Please charge my credit card Type of Card _____

CC# _____ Exp.Date _____ Signature _____

REGISTER NOW! FOR MORE INFORMATION, CALL 415.292.1250 OR VISIT WWW.JCCSF.ORG/WINTERCAMPS