

# S U M M E R R E G I S T R A T I O N F O R M

Resident\* Registration Begins March 11<sup>th</sup> • Nonresident Registration Begins March 18<sup>th</sup>

## Participant Information

Full Name \_\_\_\_\_  
 Sex M/F Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Ph \_\_\_\_\_ Cell \_\_\_\_\_  
 Email \_\_\_\_\_  
 Special Needs/Medications/Allergies \_\_\_\_\_  
 Cultural/Ethnic Background (Optional) \_\_\_\_\_

## Parent/Guardian Information

Full Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Ph \_\_\_\_\_ Cell \_\_\_\_\_  
 Email \_\_\_\_\_

## SECTION A: Camps, Classes & Activities

Week	Session #	Class/Camp Name	Fee*
<b>Total Fees</b>			

\*Santa Monica residents, please include copy of current utility bill and photo id.

## SECTION C: Form of Payment

- Check (Payable to City of Santa Monica)
- Money Order
- Credit Card (circle): MasterCard / Visa / Discover  
           Exp \_\_\_ / \_\_\_  
 Cardholder Name \_\_\_\_\_  
 Cardholder Signature \_\_\_\_\_
- Youth Financial Assistance (To apply call 310-458-8540.)

## SECTION B: Release Authorization

List LOCAL adults over age 18 that we are authorized to release your child to in the event that you cannot be reached during an emergency.

Name	Relationship	Phone

My child is at least 12 years old and may sign him/herself out of camp at the end of the program day. (Circle one) Y / N



**Mail Form To**  
 Youth Office at Reed Park  
 ATTN: Summer Registration  
 Community & Cultural Services  
 1133 7<sup>th</sup> Street, Santa Monica, CA 90401  
 ph 310-458-8540 fax 310-451-3569  
 summerguide.smgov.net

**Refund Policy** Refunds will only be issued with medical documentation or if requested within 5 calendar days prior to the first day of camp/session. Refunds will be prorated. A \$15.00 processing fee applies for each activity session refunded. Requests must be made in writing by submitting a refund request form to program supervisor in person or by fax, mail or email.

**Waiver, Release and Assumption of Risk** In consideration of the applicant's participation in the above activity, I waive and release all claims for damages for death, personal injury or property damage that may occur as a result of engaging in that activity. This discharges in advance the City of Santa Monica, its employees and other agents from liability even though that liability may arise out of their negligence. I know that this activity involves a risk of accidents, and I willingly assume the risk. This waiver, release and assumption of risk is binding on my heirs and assigns. I give permission for any medical care that the leaders of the above deem necessary.

**Photo Release** I hereby consent to the photographing, recording and reproduction in any other manner (including use of video and audiotapes) of the likeness, voice and/or activities of the participant and further authorize the City of Santa Monica, its agents or assigns, to make unlimited use of such reproductions, including but not limited to broadcasting of the reproductions over radio, television and on the internet. I understand that I will not receive any monetary compensation now or in the future for participating. I do hereby release and hold harmless the City of Santa Monica, its officers and employees from any claims.

Please circle: Parent / Legal Guardian / Participant

Signature \_\_\_\_\_ Date \_\_\_\_\_ Print Name \_\_\_\_\_