

# Steve & Kate's Camp

## 2010 REGISTRATION FORM

### Location

Check one  Tam Valley  Bacich  Town  Fairmeadow  Sonoma Country Day  
 The Berkeley School  Lu Sutton  Lycée Français (Ortega Campus)

### Camper Information

Child 1 \_\_\_\_\_ Birthdate \_\_\_\_\_

School \_\_\_\_\_ Grade, Fall '10 \_\_\_\_\_

T-shirt size (Youth)  S  M  L  XL Returning camper?  Yes  No  Male  Female

Child 2 \_\_\_\_\_ Birthdate \_\_\_\_\_

School \_\_\_\_\_ Grade, Fall '10 \_\_\_\_\_

T-shirt size (Youth)  S  M  L  XL Returning camper?  Yes  No  Male  Female

Child 3 \_\_\_\_\_ Birthdate \_\_\_\_\_

School \_\_\_\_\_ Grade, Fall '10 \_\_\_\_\_

T-shirt size (Youth)  S  M  L  XL Returning camper?  Yes  No  Male  Female

### Parent Information

Parent 1 \_\_\_\_\_

Relation to Child/Children \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

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

Occupation \_\_\_\_\_

Parent 2 \_\_\_\_\_

Relation to Child/Children \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

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

Occupation \_\_\_\_\_

Child or children live with:  Both parents together  Both parents separately

Parent 1 only  Parent 2 only  Other \_\_\_\_\_

### Emergency Contact (other than parents)

Name \_\_\_\_\_

Relation to Child/Children \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### People authorized to pick up your child or children anytime (other than parents)

Name(s) \_\_\_\_\_

### Medical Information

Health Insurance Company \_\_\_\_\_

Policy No.(s) \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Please list allergies, dietary restrictions, and medications used for each child.

\_\_\_\_\_

\_\_\_\_\_

### Payment Options

**Daily:** No. of days for family account \_\_\_\_\_ X \$75.00 = \$ \_\_\_\_\_

**Dividend:** After a camper attends 5 days, you'll get \$10 back for every additional day that camper uses.

- Dividends are only applicable on a per camper basis.
- The first 5 days must be paid in full to qualify for a Dividend thereafter.
- Dividends are not applied to scholarship days.

**Membership:** No. of memberships\* \_\_\_\_\_ X \$2000.00 = \$ \_\_\_\_\_

Name(s) of member(s) \_\_\_\_\_

Total = \$ \_\_\_\_\_

\* To bring a deeper experience to more campers, we're introducing Steve & Kate's Membership: \$2000 for the summer. Here are a few simple details regarding membership:

- One camper per membership. Good for 2010 only.
- If you buy a membership, but end up using fewer than 30 days, we'll calculate what you would have paid on a per-day basis, including any applicable dividends, and refund the difference to you automatically.
- Days purchased on the daily plan cannot be applied toward membership.

Check enclosed (payable to Steve & Kate's Camp)

Bill my credit card:  Visa  MC

Card No. \_\_\_\_\_

Exp. Date \_\_\_\_\_ Card security code \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Signature \_\_\_\_\_

Billing Address \_\_\_\_\_

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

### Fine Print

I, the parent or legal guardian of the child or children named above, hereby authorize the staff of Steve & Kate's Camp, LLC to act for me according to their best judgment in any emergency requiring medical attention for the child or children named above. I understand that it is my responsibility to provide accident and health coverage for the child or children named above while they are attending Steve & Kate's Camp, LLC. I also authorize the child or children named above to participate in all Steve & Kate's Camp, LLC activities on site and off site. In addition, I agree that photos and video and audio recordings including the child or children named above may be used by Steve & Kate's Camp, LLC for marketing purposes.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return this form with your check to:**  
 Steve and Kate's Camp, P.O. Box 1179, Mill Valley, CA 94942



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