



2008 SUMMER CAMP ENROLLMENT & RELEASE FORM

CAMPS ENROLLING IN:

GOLF CAMP (\$45)
ADVANCED GOLF CAMP (\$45 PER WEEK)
TENNIS CAMP (\$45 PER WEEK)
BASKETBALL CAMP (\$85)
FOOTBALL SKILL CAMP (FREE)
FENCING CAMP (\$195)
SOCCER CAMP (\$50)
CALISTOGA "AMIGOS" GOLF PROGRAM

CHECK EACH

CHILDS FULL NAME _____ SEX _____ GRADE _____

CHILD'S BIRTH DATE _____ AGE _____ FOOD/MEDICINE ALLERGIES _____

NAME OF PARENT/GUARDIAN _____

ADDRESS _____

PHONE (DAY) _____ (EVENING) _____

EMERGENCY CONTACT _____ PHONE _____
(OTHER THAN SELF)

CHILD'S DOCTOR _____ PHONE _____

MEDICAL COVERAGE AND POLICY NUMBER _____

In the event of a medical emergency requiring treatment under the care of a physician or general first aid, I hereby give my consent to the appropriate designated on duty Recreation Supervisor to make arrangements for such medical care as may be necessary. I also agree to be financially responsible for any damage to property my child may cause during the program.

I hereby give my consent for _____ (child's name) to participate in the City of Calistoga sponsored **SUMMER CAMP**. I further agree to defend, indemnify and hold harmless the City of Calistoga, its officers, agents, employees, contracted staff and volunteers acting under the City of Calistoga Recreation Department from and against any and all claims of whatever nature resulting from my child's participation in the **SUMMER CAMP** clinics, practices, drills or games.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

Please return this completed form and \$ (player fee) to:

**CALISTOGA RECREATION DEPARTMENT
1232 WASHINGTON ST.
CALISTOGA, CA 94515
PHONE: (707) 942-2838**

For official use only: Check number _____
Amount _____
Date _____