



**APPLICATION**

1. Please complete an application for each camper. Make additional copies as necessary.
2. Make your check payable to Camp Kerns.
3. Mail to: P.O. Box 7827, Menlo Park CA 94026-7827

Child's Full Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Contacts Email Address \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Boy: \_\_\_\_\_ Girl: \_\_\_\_\_

T-Shirt Size: Child: \_\_\_\_\_ Adult: \_\_\_\_\_

Entering Grade \_\_\_\_\_ in September, 2010 at \_\_\_\_\_ School.

Please circle which sessions you would like to attend... (\$325 per Session)

Session #1 – June 14 <sup>th</sup> – 18 <sup>th</sup>	Wide World of Sports	Adventures Camp
Session #2 – June 21 <sup>st</sup> – 25 <sup>th</sup>	Wide World of Sports	Adventures Camp
Session #3 – June 28 <sup>th</sup> – July 2 <sup>nd</sup>	Wide World of Sports	Adventures Camp
Session #4 – July 12 <sup>th</sup> – 16 <sup>th</sup>	Wide World of Sports	Adventures Camp
Session #5 – July 19 <sup>th</sup> – 23 <sup>rd</sup>	Wide World of Sports	Adventures Camp
Session #6 – July 26 <sup>th</sup> – 30 <sup>th</sup>	Wide World of Sports	Adventures Camp

Additional siblings attending (please complete and enclose a separate application for each camper)

Please list siblings names: \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Address (if different from camper) \_\_\_\_\_ Address (if different from camper) \_\_\_\_\_

\_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Emergency contact other than parent \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Please include additional information and any pertinent medical history (allergies, medications, etc.)

\_\_\_\_\_  
\_\_\_\_\_



Aside from myself, the following people may pick-up my son/daughter from Summer Camp:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

My child is authorized to leave campus by: ( ) parent pick-up ( ) bicycle ( ) walking ( ) other \_\_\_\_\_

### **REGISTRATION AGREEMENT**

I hereby authorize the Camp Kerns staff to act for me according to their best judgment in any emergency requiring medical attention, and hereby waive and release the camp, its staff and St. Raymond's School for any and all liability for any injuries or illnesses while my child is at camp. I take complete responsibility for any and all medical expenses incurred. No application is accepted and no spaces will be reserved for children until full payment has been received. The instructional nature of our program necessitates constant expenses and the employment of specialized and full-time personnel. Therefore, there will be no make up days, credits or refunds given for absence. If a child cannot return to camp due to illness or accident, a doctor's note must accompany the withdrawal request. In that case, refund will be prorated. **Cancellation Policy:** Fees will be refunded if written cancellations are received by June 1<sup>st</sup>, 2010, less a \$50 service charge. No refunds will be made for cancellations received after June 1<sup>st</sup>, 2010. Camp Kerns reserves the right to cancel any camp due to insufficient enrollment. Camp Kerns may use photos taken during camp for promotional purposes.

**I have read this agreement and agree to all terms and conditions.**

Signature of parent \_\_\_\_\_ Date \_\_\_\_\_