



Registration 2009

Balboa City School's Summer Camp with Coach Marty

**Location: Balboa Park / Balboa City School Campus
For Boys and Girls ages 5 - 14 • June 22nd – July 31st**

Please use one form per child

Camper's Last Name: _____ First Name: _____ M/F _____ DOB / Grade Level Fall '09 _____

Parent/Guardian Name: _____ Relation: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone-Day: _____ Telephone-Evening: _____ Email: _____

Does the Camper have special requirements, needs or food allergies that we should be aware of? If so, please list:

Session Dates: _____ Regular Day _____ Extended Day Care _____
Check all that apply 12:00 pm - 3:00 pm 3:00 pm - 5:30 pm

_____ Week 1: June 22-26	_____	_____
_____ Week 2: June 29 - July 2	_____	_____
_____ Week 3: July 6-10	_____	_____
_____ Week 4: July 13-17	_____	_____
_____ Week 5: July 20-24	_____	_____
_____ Week 6: July 27 - 31	_____	_____

Camp Pricing
1-2 Weeks \$110 per week
3-4 Weeks \$100 per week
5-6 Weeks \$80 per week
*Field Trip additional cos
Additional Extended Day Care
3:00 pm - 5:30 pm
\$40.00 per week

Camp Cost: _____ X _____ = _____
Number of Weeks (See chart for price)

Extended Day Care: _____ X \$40.00 = _____
Number of Weeks Extended Care Cost

Total Amount Enclosed: _____

Make Checks Payable to: Balboa City School

Mail Payment to: Balboa City School 525 Hawthorn Street • San Diego • California • 92101

Camp hours are 12:00 pm - 3:00 pm.
Extended Day Care is available 3:00 pm - 5:30 pm.
Campers picked up after 5:30 pm will incur a \$15 per fifteen minute (or portion thereof) late fee.

For more information, contact Monica Studevent at (619) 298-2990 x208 or mstudevent@balboaschool.com.



Emergency Contact 2009 Balboa City School's Summer Camp

Please use one form per child

Camper's Last Name: _____ First Name: _____ M/F _____ Age / Grade Level Fall '09 _____

Parent/Guardian Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone-Day: _____ Telephone-Evening: _____ Email: _____

EMERGENCY RELEASE:

I, _____ do hereby release and exempt Balboa City School's Summer Camp with Coach Marty and their employees from any liability arising from the participation of _____ in the summer sports camps. I also grant permission to Balboa City School's Summer Camp with Coach Marty and its representatives to make decisions and/or to provide emergency medical treatment for the above named child should the necessity arise, or to transport him or her to a medical facility for treatment in case of injury.

Signature: _____

My son/daughter, _____ is/is not covered by medical insurance.

Insurance Company: _____ Policy#: _____

Doctor: _____

Doctor's Phone: _____

Dentist: _____

Dentist's Phone: _____

Parent or Guardian's Emergency Contact Information

Name: _____ Relationship to Child: _____

Phone # to call in case of emergency: _____

In the event I am not reachable, please contact:

Name: _____ Relationship to Child: _____

Phone # to call in case of emergency: _____