

Mt. Tam Bikes Camp - Registration Summer 2010

Participants First & Last Name:	Grade & School in fall	Participants Birthdate	How did you hear about us?	
M/F	Ent. grade at			
Home Street Address:	City:	Zip Code:	Home Phone:	
Parent Name:	Parent Cell Phone #	Parent Work Phone #	Parent Drivers License #	
Parent Name:	Parent Cell Phone #	Parent Work Phone #	Parent Drivers License #	
Parent Email: (confirmation & camp updates are sent via email)		Parent Email: (confirmation & camp updates are sent via email)		

SESSION REGISTRATIONS

STILL OPEN	<input type="checkbox"/>	SESSION 1 -\$495	(June 14 - June 18)
STILL OPEN	<input type="checkbox"/>	SESSION 2 -\$495	(June 21 - June 25)
STILL OPEN	<input type="checkbox"/>	SESSION 3 -\$495	(June 28 - July 2)
STILL OPEN	<input type="checkbox"/>	SESSION 4 -\$495	(July 5 - July 9)
STILL OPEN	<input type="checkbox"/>	SESSION 5 -\$495	(July 12 - July 16)
STILL OPEN	<input type="checkbox"/>	SESSION 6 -\$495	(July 19 - July 23)
STILL OPEN	<input type="checkbox"/>	SESSION 7 -\$495	(July 26- July 30)
STILL OPEN	<input type="checkbox"/>	SESSION 8 -\$495	(Aug 2 - Aug 6)
STILL OPEN	<input type="checkbox"/>	SESSION 9 -\$495	(Aug 9 - Aug 13)
STILL OPEN	<input type="checkbox"/>	SESSION 10 \$495	(Aug 16 - Aug 20)
STILL OPEN	<input type="checkbox"/>	SESSION 11 \$495	(Aug 23 - Aug 27)

PAYMENT INFORMATION

All sessions will be paid in full by the sessions date and are non-refundable. Please make all checks payable to: Ryan Loften	TOTAL DUE: \$495.00 Amount Enclosed: \$_____ check Deduct \$40 for early registration discount
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GENERAL WAIVER

I hereby agree to indemnify and hold Ryan Loften and Mt. Tam Bikes Camp and all its officers, directors, employees, representatives and volunteers harmless from and against any and all liabilities for any injury which may be suffered by me or by my child(ren) arising out of or in any way connected with participation in Mt. Tam Bikes Camp program. In case of a medical or surgical emergency, I hereby give permission to any medical personnel selected by the camp staff, to secure proper treatment. I give my full permission for my child(ren) to leave camp us on excursions, including but not limited to frequent walking, car or other trips to locations. Off road Mt. Biking and hiking. I acknowledge that camp activities may contain inherent risk of injury. Any controversy or claim arising out of or related to my child(ren)'s participation in this camp will be attempted to be settled by a professional mediation service, then by binding arbitration pursuant to the applicable rules of the American Arbitration Association. I understand and agree that my child(ren)'s and/or my own health/medical insurance is primary and agree to be responsible for medical expenses in excess of, or not included in, the camps policy. I have read, understood and agree to **("The Conditions of Enrollment")**. All questions about policies and operations of Mt. Tam Bikes Camp have been answered to my satisfaction. I hereby consent to my child(ren) participating in any and all camp activities and **I agree to the conditions set forth above.**

Parent / Legal Guardian Signature: _____	Today's Date: ____ / ____ / ____
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Please Mail Registration to: Mt Tam Bikes Camp
104 Lovell Ave Mill Valley Ca 94941

Mt. Tam Bikes Camp - Health Form Summer 2010
(Please fill out all that is available; completed form not necessary)

Participant CAMPER IDENTIFICATION / FAMILY CONTACT INFORMATION:

First & Last Name:	Grade & School <u>in fall</u>	Birth Date:	Hair Color:	Eye Color:	Height:	
(male / female)	___ grade at					- -
Home Street Address:	City:	Zip Code: 94 _ _ _				
Parent Name:	Parent Cell Phone #	Parent Work Phone #	Parent Home Phone #			
Parent Name:	Parent Cell Phone #	Parent Work Phone #	Parent Home Phone #			

IF PARENT NOT AVAILABLE IN AN EMERGENCY, PLEASE CONTACT:

Emergency Contact Name:	Address:	Pager/Cell:	Home Phone:	Work Phone:
Child's Physician:	Physician's Address:	Physicians Phone:	Is the participant covered by family medical / hospital insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Child's Dentist/Orthodontist:	Dentist's Address:	Dentist's Phone:	Carrier or plan name: _____	
We recommend attaching a photocopy of front and back of health insurance card.			Policy / Group #: _____	
			Hospital Preference: <input type="checkbox"/> Kaiser <input type="checkbox"/> Marin General	

LIST OF ALL KNOWN ALLERGIES

Medication Allergies (list) **Describe reaction and management of the reaction** (attach a separate piece of paper, if needed)

Food Allergies (list) _____

Other Allergies (list) – include bee/insect stings, hay fever, asthma, poison oak, etc.

MEDICATIONS BEING TAKEN

Please list ALL medications (including over-the-counter or non-prescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

This person **takes NO medications** on a regular basis. OR This person **takes medications** as follows:

Med #1 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med #2 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Identify any medications taken during the school year that participant does/may not take during the summer (Ritalin, etc.): _____

MEDICAL INFORMATION **IMMUNIZATION RECORD (optional)**

Which of the following has the participant had?	VACCINE NAME	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
<input type="checkbox"/> Measles <input type="checkbox"/> Hepatitis A	D T P						
<input type="checkbox"/> Chicken Pox <input type="checkbox"/> Hepatitis B	TD (tetanus / diphtheria) . . .						
<input type="checkbox"/> German Measles <input type="checkbox"/> Hepatitis C	Varioella (chicken pox)						
<input type="checkbox"/> Measles <input type="checkbox"/> _____	Polio						
<input type="checkbox"/> Mumps	Haemophilus influenza B . . .						
Tuberculosis (TB) Mantoux Test	Hepatitis B						
Date of last test _____ Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative							

"THE CONDITIONS" (OF ENROLLMENT)

By signing the camp registration form you are indicating to us that you had read, understood and agree to the following "Conditions" of enrollment. Please contact us with any questions or concerns you may have before registering for camp. One recommendation is to have all of our policies clearly listed, most of which are common sense. The policies and procedures have been adapted from other similar programs.

IMPORTANT INFORMATION FOR PARENTS:

We want our relationship to be a most pleasant and friendly one. Please carefully read through these Conditions of Enrollment and all other information available to you. It will help you to be fully informed on matters concerning Mt. Tam Bikes Camp, your child(ren), and you. We want to serve you and yours well. If you are ever in doubt, please feel free to contact us.

SAFETY FIRST

At Mt. Tam Bikes Camp we practice safety first, always and everywhere. However, the camp does not assume responsibility for accidents and illnesses. The camp provides limited medical insurance coverage for each camper, but each family is expected to possess Health and Medical insurance for their child(ren), which will be used first, with the camp insurance as a backup.

MEDIATION/ARBITRATION

Any controversy or claim arising out of or related to my child(ren)'s participation in this camp will be attempted to be settled by a professional mediation service, then by binding arbitration pursuant to the applicable rules of the American Arbitration Association.

TUITION AND REFUND POLICY

Formal enrollment for summer 2010 begins as soon as the Registration Form is completed, signed as indicated, and returned to the camp office with the required payment. A full payment must accompany the application. It is understood that Mt. Tam Bikes Camp has a limited enrollment and reserves the right to refuse entry and acceptance into the camp program or remove a child for any reason. All sessions will be paid in full upon formal enrollment and are nonrefundable due to the small size and limited enrollment of this course.

RETURNED CHECKS:

In the event the bank returns a check with "insufficient funds", we require a replacement check in the original amount plus \$25.00, to cover administrative fees and the charge assessed to our account by our bank due to this matter.

HEALTH

If Mt. Tam Bikes Staff, in its judgment believes my child(ren) requires medical attention and/or in the event of a medical or surgical emergency, we hereby give permission to any EMT, paramedic, nurse, physician, first responder and/or first-aid trained personnel selected by the camp staff to secure, at the parents expense, proper treatment, including hospitalization if necessary, for my child(ren). I understand that it is my responsibility to provide my child(ren) with the necessary precautions and clothing against the natural elements (sun, etc.). While Mt. Tam Bikes Camp does carry limited medical insurance coverage, I agree that my and/or my child(ren)'s medical insurance will be primary.

WAIVERS OF LIABILITY

We agree that Mt. Tam Bikes Camp is not responsible for the loss or damage to the camper's personal belongings by fire, water damage, theft, etc. We understand that Mt. Tam Bikes Camp recommends against campers bringing along walkmans, game boys, toys or anything of emotional or financial value besides bikes. I give consent for my child(ren) to travel in a passenger van to ride locations around Marin and County.

Summer camp activities take place mainly in the out-of-doors, in natural and man-made environments, and contain inherent risks of serious injury, including partial or full paralysis, death. This disclosure is not meant to alarm you or to suggest that camp activities are unsafe. By enrolling your child(ren) in Mt. Tam Bikes Camp, you agree to accept and assume any and all risk of such injury, death, and damages or property damage to your child(ren), which may arise out of or in connection with your child(ren)'s participation.

We hereby release, and agree to indemnify and hold harmless, Mt. Tam Bikes Camp, and all of its officers, directors, employees, agents and representatives whatsoever from any and all losses claims, damages, and liabilities, costs and expenses (including attorney fees) which they or any of them, or camper may sustain or incur in any way arising out of or in connection with the camper's participation in any and all camp activities. We understand and acknowledge Mt. Tam Bikes Camp and all its officers, directors, employees, agents, and representatives are relying upon this representation in enrolling the campers for summer camp and without this waiver, the camper will not be enrolled.

GENERAL MATTERS

- * We agree that the camper and his/her parents and relatives will abide by the rules and regulations set by the camp for health, safety and welfare of the camper.
- * We understand that the camp reserves the right to dismiss a camper whose conduct is dangerous, illegal, or, in the discretion of the Camp Director, detrimental to the camp and/or to other campers or otherwise unsatisfactory.
- * We agree that there will be no refund in the event of a dismissal.

* We agree that the camp reserves the right to cancel, change or substitute sessions when necessary.

* We understand that some activities require more stamina than our camper is exposed to for much of his daily routine life-style. We certify to you that the camper suffers from no physical or medical condition that could make his/her participation unsafe or unusually dangerous to the camper or others.

* Possession or use of any drugs, alcohol, and weapons is strictly prohibited at Mt. Tam Bikes Camp.

Mt. Tam Bikes Camp has a ZERO TOLERANCE for violence. Any violence. (pushing, hitting, kicking, etc), inappropriate touching or language may result in an immediate dismissal from camp.

I understand and certify that my child(ren)'s participation in Mt. Tam Bikes Camp and its activities is completely voluntary and I have familiarized myself with the camp's programs, policies and activities.