

Mt. Tam Bikes Camp - Registration Summer 2012

Campers First & Last Name: m/f	Grade & School in fall	Participants Birth date	How did you hear about us?	
Home Street Address:	City:	Zip Code:	Home Phone:	Camper Height:
Parent Name:	Parent Cell Phone #	Parent Work Phone #		
Parent Name:	Parent Cell Phone #	Parent Work Phone #		
Parent Email: (confirmation & camp updates are sent via email)		Parent Email: (confirmation & camp updates are sent via email)		

2012 SESSIONS DATES

STILL OPEN	<input type="checkbox"/>	SESSION 1 -\$495	(June 11-15)
STILL OPEN	<input type="checkbox"/>	SESSION 2 -\$495	(June 18-22)
STILL OPEN	<input type="checkbox"/>	SESSION 3 -\$495	(June 25-29)
STILL OPEN	<input type="checkbox"/>	SESSION 4 -\$495	(July 9-13)
STILL OPEN	<input type="checkbox"/>	SESSION 5 -\$495	(July 16-20)
STILL OPEN	<input type="checkbox"/>	SESSION 6 -\$495	(July 23-27)
STILL OPEN	<input type="checkbox"/>	SESSION 7 -\$495	(July 30-Aug 3)
STILL OPEN	<input type="checkbox"/>	SESSION 8 -\$495	(Aug 6-10)
STILL OPEN	<input type="checkbox"/>	SESSION 9 -\$495	(Aug 13-17)
STILL OPEN	<input type="checkbox"/>	SESSION 10 \$495	(Aug 20-24)
STILL OPEN	<input type="checkbox"/>	SESSION 11 \$495	(Aug 27-31)
STILL OPEN	<input type="checkbox"/>	SESSION 12 \$495	(Sept 3-7)

PAYMENT INFORMATION

All sessions will be paid in full by the session date and are non-refundable. Please make all checks payable to: Ryan Loften

TOTAL DUE: \$495.00 (Deduct \$40 for registering before April 30th)
Amount Enclosed: \$ _____ check

GENERAL WAIVER

I hereby agree to indemnify and hold Ryan Loften, 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. I acknowledge that camp activities, mountain biking and hiking 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: ____ / ____ / ____

**Please Mail Registration and Payment to: Mt Tam Bikes Camp
 104 Lovell Ave, Mill Valley CA 94941**

Mt. Tam Bikes Camp - Health Form Summer 2012

(Please fill out all that is available; completed form not necessary)

GENERAL QUESTIONS

Explain any restrictions of activity (e.g. what cannot be done, what adaptations or limitations are necessary)

		YES	NO			YES	NO
Has/does the participant:							
01. Had any recent injury, illness or infectious disease? . . .	<input type="checkbox"/>		<input type="checkbox"/>	15. Ever been diagnosed with a heart murmur?	<input type="checkbox"/>		<input type="checkbox"/>
02. Have a chronic or recurring illness/condition?	<input type="checkbox"/>		<input type="checkbox"/>	16. Ever had back problems?	<input type="checkbox"/>		<input type="checkbox"/>
03. Ever been hospitalized?	<input type="checkbox"/>		<input type="checkbox"/>	17. Ever had problems with joints (e.g., knees, ankles)?	<input type="checkbox"/>		<input type="checkbox"/>
04. Ever had surgery?	<input type="checkbox"/>		<input type="checkbox"/>	18. Have an orthodontic appliance being brought to camp?	<input type="checkbox"/>		<input type="checkbox"/>
05. Have frequent headaches?	<input type="checkbox"/>		<input type="checkbox"/>	19. Have any skin problems (e.g., itching, rash, acne)?	<input type="checkbox"/>		<input type="checkbox"/>
06. Ever had a head injury?	<input type="checkbox"/>		<input type="checkbox"/>	20. Have diabetes?	<input type="checkbox"/>		<input type="checkbox"/>
07. Ever been knocked unconscious?	<input type="checkbox"/>		<input type="checkbox"/>	21. Have asthma?	<input type="checkbox"/>		<input type="checkbox"/>
08. Wear glasses, contacts or protective eye wear?	<input type="checkbox"/>		<input type="checkbox"/>	22. Had mononucleosis in the past 12 months?	<input type="checkbox"/>		<input type="checkbox"/>
09. Ever had frequent ear infections?	<input type="checkbox"/>		<input type="checkbox"/>	23. Had problems with diarrhea/constipation?	<input type="checkbox"/>		<input type="checkbox"/>
10. Ever passed out during or after exercise?	<input type="checkbox"/>		<input type="checkbox"/>	24. Ever fainted at the sight of blood?	<input type="checkbox"/>		<input type="checkbox"/>
11. Ever been dizzy during or after exercise?	<input type="checkbox"/>		<input type="checkbox"/>	25. Ever had an eating disorder?	<input type="checkbox"/>		<input type="checkbox"/>
12. Ever had seizures?	<input type="checkbox"/>		<input type="checkbox"/>	26. Does your child have any special needs or conditions?	<input type="checkbox"/>		<input type="checkbox"/>
13. Ever had chest pain during or after exercise?	<input type="checkbox"/>		<input type="checkbox"/>	27. Ever had emotional difficulties for which professional help was sought?	<input type="checkbox"/>		<input type="checkbox"/>
14. Ever had high blood pressure?	<input type="checkbox"/>		<input type="checkbox"/>				

Please explain any "YES" answers, noting the number of the questions. _____

AUTHORIZED CHECK-OUT / PICK UP LIST

The following people have my complete permission to take away / pick up my child(ren) at anytime, from Camp. (Do **not** list mother & father).
 If the pickup person is a parent of another camper, you can leave the Drivers License # section blank, but be sure to indicate who they are the parent of.

First & Last Name (one adult or family per space)	Primary Phone #:	Please write the adult's drivers license # or, if their child goes to our camp, write their child's first and last name as their DL # will already be in our system.
		Drivers License # (or the parents of): <i>(Write Campers Name Here)</i>
		Drivers License # (or the parents of): <i>(Write Campers Name Here)</i>

YES, I give my full permission for my child(ren) to check-out of and leave Mt. Tam Bikes Camp on their own, without a parent or guardian.

ADDITIONAL COMMENTS / NOTES TO THE CAMP STAFF:

Please feel free to list anything here that may help us get to know him/her better.

YES, additional notes (e.g. copy of insurance card) regarding my child are listed on an attached, letter size form.

PARENT / GUARDIAN AUTHORIZATIONS:

This health history is correct and complete as far as I know, and the person/people herein described has/have permission to engage in all camp activities excepted as noted. I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records for insurance purposes or medical transport. I give permission to the camp to arrange any related transportation for me/my child/children. I hereby give my full permission to any medically trained personnel and/or physician selected by the camp to secure and administer any treatment, including hospitalization, for my child/children and/or the person/people named on the previous page, Page 1 of 2. I give my full permission for the above named people to drop off and/or pick my child(ren) up from camp, at any time. This completed form may be photocopied.

Signature of parent/guardian	Printed Name	Today's Date

For Camp Staff Use Only

Medications Received: _____

"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 mp3 players, 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 in and around Marin 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 that 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.

**Please Mail Registration and Payment to: Mt Tam Bikes Camp
104 Lovell Ave, Mill Valley CA 94941**

Date:_____ Signature:_____