

Official Junior Sports Camp Registration Form

July 9th-15th 2017

Name: _____ Hm Ph: (_____) _____

Address: _____ Wk Ph: (_____) _____

City: _____ Cell Ph: (_____) _____

State: _____ Zip: _____ Email: _____

Age: _____ Gender: M F T-shirts Size (Adult): (Circle One) S M L XL

Disability: _____

Wheelchair User: Yes No Power W/C Manual

Do you need special assistance? Yes No

If yes, explain

Please Circle Camper Choice: Residential Day Camp

Preferred Roommate: _____

Please complete other side...

Registration Fees (Registrations are due by **June 10th 2016**)

Junior Sports Camp

_____ Week 1 (Residential**)	July 10th-16th	\$675
_____ Week 1 (Day)	July 10th-16th	\$450

Extended Day Options

_____ Evening Activities (includes dinner and activities until 8:30pm. Camper must provide own transportation) - Additional \$35 per evening.	# of evenings x \$35 = _____
_____ Single Overnight Rate - Additional \$75 per night.	# of nights x \$75 = _____

To request a scholarship application please contact **Lisa Yarn** at **408-794-1690**
A limited amount of 50% scholarships will be available to those with the greatest need.

**Prices include: room, board, special day trips and a t-shirt.

\$_____ Amount Enclosed (Checks payable to Far West Wheelchair Athletic Association)

A confirmation letter will be sent to registered participants detailing logistics of the week.

A current physical exam form is required for participation. Please complete this form along with enclosed medical forms and return by **June 10th 2016 via mail or fax **408-280-5030**

Attn: Alexandria Donaldson

I hereby grant permission for _____
to participate in the "Northern California Junior Sports Camp for the Physically Disabled" co-sponsored by the City of San Jose Department of Parks, Recreation & Neighborhood Services, Office of Therapeutic Services and Far West Wheelchair Athletic Association. I agree to hold harmless the City of San Jose employees, Far West Wheelchair Athletic Association and any sponsor from all liability for any injury that may arise from participation in this program. Also, I release the above named organizations and sponsors from any claims that may arise from the use of any photographs taken at camp.

Applicant's Signature: _____ Date _____

Parent/Guardian Signature: _____ Date _____

Parent/Guardian Name (please print): _____

Return completed form with check **by Fri June 10th 2016**

Attn: Junior Sports Camp
Alexandria Donaldson
1000 S. Bascom Ave.
San Jose, CA 95128

Please complete both sides...

REGISTRATION FORM City of San José Department of Parks, Recreation & Neighborhood Services

PRINT CLEARLY & COMPLETE ALL INFORMATION REQUESTED

revised 2015




Parent/Legal Guardian Information

First Name _____ Last _____ Address _____ Apt# _____ City _____ Zip _____
 Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____ Is this a new address? Y N
 Gender M F Adults Birth Date _____ School Child Attends _____ Email Address* _____
 I agree to receive text messages Y N Carrier _____ *An automatic email confirmation will be sent

Emergency Contact Information

First Name _____ Last _____ Relationship _____
 Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Participant FIRST Name	LAST Name	Age	Gender	Birthdate	First Choice		Second Choice	
					Course Title	Course Number	Course Title	Course Number
#1			M F	/ /		• •		• •
#2			M F	/ /		• •		• •
#3			M F	/ /		• •		• •
#4			M F	/ /		• •		• •
#5			M F	/ /		• •		• •
Help Us Help Others - Youth Activities Grant Fund Donation. Enter amount here →								
TOTAL FEES								

Check — payable to City of San José
 Cash
 Credit Card
 
 
 
 Credit Card Number _____ CCV # _____ Expiration Date _____ Signature _____

FOR SPORTS LEAGUE & CAMP PARTICIPANTS ONLY

Child Shirt Size (Check One)

Child S Child M Child L
 Adult S Adult M Adult L Adult XL

Special Accommodations: City of San José Department of PRNS welcomes individuals with disabilities into programs. Please indicate participant, any medical problems, and describe any accommodations needed for successful inclusion in the program(s). (Allergies, food/medicine/environment, medical conditions, medications, etc.) To ensure the consideration of the requested accommodation, please notify the specific facility where the program is provided at least two weeks in advance.
 Name: _____ Special Accommodations: _____

YES, I want to volunteer for Sports League! To have a successful sports league, we are dependent upon volunteers to coach our teams. If you are interested in volunteering your time, please complete the information below.
 Name: _____ Home Number: _____ Work Number: _____ Cell Number: _____
 SPORTS LEAGUE: We will make every effort to place your child with a friend. Please put on the same team as (no more than 2 names): 1 _____ 2 _____

The Applicant has read the PRNS policies and procedures set forth within in consideration of the application to participate in classes/programs at a City facility or in a City sponsored class/program. Applicant agrees to defend, indemnify and hold harmless City, its officers, agents and employees (collectively referred to hereinafter as "City") from and against any and all claims, demands, causes of action, or liabilities incurred by City arising, in whole or in part, directly or indirectly, from Applicant's acts or omissions in connection with participation in the classes and programs described above, except as may arise from the gross negligence or willful misconduct of City. In any action or claim against City in which Applicant is defending City, the City shall have the right to approve legal counsel providing City's defense and such approval shall not be unreasonably withheld. Applicant further agrees to release City from any and all claims for any damages, including property damage, injury or death occurring or arising out of use of City's property, except as may be caused by the City's gross negligence or willful misconduct. I HAVE READ THE ABOVE AGREEMENT AND FULLY UNDERSTAND THAT I ASSUME ALL RISKS FOR INJURY RECEIVED.

Signature: _____ Date: _____
 I understand the City of San José may photograph or videotape the events or activities in which I am (or my child is) participating. I give my permission for the City to use photographs or videotape of me (or my child) for the purpose of promoting the City of San José and its services/programs or for educational purpose. I give my permission with the following understanding: No compensation of any kind will be paid to me (or my child) at this time or in the future for the use of my (or my child's) likeness. Permission is not required to participate in City events.
 Signature: _____ Date: _____