



2011 SLIDE RANCH DAY CAMP REGISTRATION

Registration forms are accepted by mail only.
Please allow 2-3 weeks for notification of acceptance or wait list status.
Please complete a separate application for each child.

Camper's Name: _____ Female: ____ Male: ____
 Birth date: _____ Age during camp: ____ Grade child will enter in the Fall: _____
 Parent or Guardian Name (primary contact): _____
 Address: _____ City: _____ Zip: _____
 Daytime Phone: _____ Home Phone: _____ Cell Phone: _____
 Fax: _____ E-mail address: _____
 Parent or Guardian Name (secondary contact): _____
 Address: _____ City: _____ Zip: _____
 Daytime Phone: _____ Home Phone: _____ Cell Phone: _____
 Fax: _____ E-mail address: _____

CAMP SESSION(S)

In how many Camp Sessions would you like to enroll your child? _____ (Limit of 3 sessions.)

- | | |
|---|--|
| <input type="radio"/> June 13 – 17 Ranch Rangers (ages 5 – 8) | <input type="radio"/> July 18 – 22 Junior Farmers (ages 8 – 12) |
| <input type="radio"/> June 20 – 24 Ranch Rangers (ages 5 – 8) | <input type="radio"/> July 25 – 29 Ranch Rangers (ages 5 – 8) |
| <input type="radio"/> June 27 – July 1 st Ranch Rangers (ages 5 – 8) | <input type="radio"/> July 25 – 29 <i>Jr. Camp Counselors</i> (ages 13 – 18) |
| <input type="radio"/> July 5 – 8 Ranch Rangers (<u>All Ages!</u> 5 – 12*) | <input type="radio"/> August 1 – 5 Junior Farmers (ages 8 – 12) |
| <input type="radio"/> July 11 – 15 Ranch Rangers (ages 5 – 8) | <input type="radio"/> August 8 – 12 Ranch Rangers (<u>All Ages!</u> 5 – 12*) |
| <input type="radio"/> July 11 – 15 <i>Jr. Camp Counselors</i> (ages 13 – 18) | <input type="radio"/> August 15 – 19 Ranch Rangers (<u>All Ages!</u> 5 – 12*) |

*The July 5–8, August 8–12, and August 15–19 Ranch Rangers weeks are open to 9-12-year-olds as well; the hours will be 9:00 AM to 1:30 PM. The fee is \$395/child, except for the July 5–8 week which is \$316/child.

PLEASE NOTE: In the event we are not able to accommodate your first request, we will try to place your child into a second choice session or on a wait list until space permits. 2nd choice session: _____

SLIDE RANCH CAMP HISTORY

Has your child been to Slide Ranch day camp before? YES NO If so, which year(s)? _____

FRIEND REQUEST

We may be able to place your child and a friend in the same, age-based camp group within their week of camp, however we cannot guarantee that a request will be granted. A friend must be within **one year** of your child's age. More than one request **cannot** be accommodated. We thank you for your cooperation. Requested friend: _____

PAYMENT INFORMATION

Ranch Rangers \$395/week; Junior Farmers \$420/week; Junior Camp Counselors \$150/week; July 5–8 week \$316

Payment by: Check made payable to **Slide Ranch**. (Preferred method of payment).

VISA/ MasterCard# _____ Exp. _____

Name on Credit Card: _____

Amount Enclosed for Camp(s): \$ _____

Your generosity will help a low-income child experience the beauty of Slide Ranch.

Please contribute to our scholarship fund today!

Amount enclosed for the Slide Ranch Scholarship: \$ _____

Total Payment \$ _____

IMAGE RELEASE

By enrolling your child in our Summer Camp, you authorize that any photographs, motion pictures and/or video recordings taken of him/her during his/her participation in a Slide Ranch program may be used by Slide Ranch for the purpose of promotion in perpetuity. These photographs, motion pictures and/or video recordings will be fully owned by Slide Ranch and you won't make any claim against Slide Ranch or the photographer for their use for any reason whatsoever.

It is understood by the party enrolling the child in the Slide Ranch Summer Camp that the scope of the Consent is as described above, and that there will be no consideration, monetary or otherwise, required from Slide Ranch in exchange for such consent.

CANCELLATION & CHANGE POLICY

If you must cancel your registration you will be eligible for a full refund (minus a \$50 processing fee) if the cancellation is made at least 6 weeks before the camp starting date. ***Cancellations received with less than 6 weeks' notice will not be eligible for any refund unless a replacement is available to take your camper's spot.*** If you would like to reschedule your camp week, a \$25 processing fee will be charged and changes will be accommodated only when there is space available.

I have read and agree to abide by the cancellation and image release policies.

X

Signature of parent or guardian

Date

MEDICAL RELEASE INFORMATION

Child's Name: _____

Primary emergency contact name: _____

Daytime phone number: _____ Relationship: _____

Secondary emergency contact name: _____

Daytime phone number: _____ Relationship: _____

Doctor's Name: _____ Doctor's Phone Number: _____

Does your child have any allergies, medical conditions, or other special needs? Please specify what your child is allergic to and what reaction is typical. It is especially important that we learn about allergies to bee stings and foods.

Will your child be taking any medication while at Slide Ranch? If so, please detail:

(Any medication your child will be bringing to camp should be in a ziploc bag clearly labeled with his or her name.)

In the event of an emergency, if we cannot reach you, please indicate your permission to authorize emergency care by signing below:

X

Signature of parent or guardian

Date

SLIDE RANCH SCHOLARSHIP PROGRAM

Scholarships are available for low-income families and will be awarded on the basis of need and availability. Please indicate how much of the normal camp fee you can afford: \$_____

**Note: Families applying for scholarship assistance should not send in a fee with this application.*

FOR INFORMATION www.slideranch.org

**Return to: Slide Ranch 2025 Shoreline Hwy Muir Beach CA 94965
Tel: (415) 381-6155**