

2017 DACA SUMMER CAMP REGISTRATION FORM

How to Register:

Register by Mail: This registration form must be post-marked by **Monday, June 5th, 2017**. Complete this registration form. Read and sign the release below.

Mail this registration form with payment to:

**DACA SUMMER CAMPS
1080 S. DE ANZA BLVD.
SAN JOSE, CA 95129**

Confirmation of Camp Registration: Confirmation of your registration will be made via phone message.

Child's Name: _____			Age: _____	Sex: M F	Date of Birth: _____
Last	First	Middle		Circle	MM/DD/YY
Parent's Name: _____			Home Address: _____		
Day Phone : _____			City and Zip: _____		
Email Address: _____			Emergency Contact - Name & Phone: _____		

Camp Schedule (Please circle choice):

	<u>Location</u>	<u>Cost</u>
Water Polo Camp (Ages 7-18) June 26-29	8:00AM to 12:00PM	Saratoga High School \$310.00
Swimming Camp (Ages 7-18) June 19-23	8:00AM to 1:00PM	Saratoga High School \$310.00

Payment: Registration can now be completed online or by mail. Online registration is available at www.DACA.org. To register by mail: complete the registration form and payment option form. Payment is *non-refundable*.

SARATOGA SUMMER CAMP AGREEMENT AND RELEASE OF ALL LIABILITY

I, _____, on behalf of myself and my child, _____, have voluntarily requested to participate in swim lessons offered by De Anza Cupertino Aquatics (DACA). I am aware that attending or participating in these activities involves risk of injury to person and property. I voluntarily accept and assume all risk from attending or participating in these activities.

In consideration of being permitted to participate in these activities, I agree, on behalf of myself and my child, our heirs, personal representatives and assignees, not to make any claim against or sue the City of Saratoga, Los Gatos-Saratoga High School District, Saratoga High School, DACA or their employees, officers, directors, agents, members or board members (collectively referred to as the "RELEASED PARTIES") for any injury or damage to my child or myself arising from the negligence, or other acts, however caused, of the Released Parties.

In addition, I release and discharge the Released Parties for all actions, claims or demands that I or my child, our heirs, personal representatives or assignees, have or may hereafter have for personal injuries to my child or myself, or property damage resulting for the activities described above. This release includes injury or damage caused by negligence, active or passive, or other actions of the released parties.

I HAVE CAREFULLY READ THIS AGREEMENT, I UNDERSTAND THIS IS A COMPLETE RELEASE OF ALL LIABILITY, AS WELL AS A PROMISE NOT TO SUE OR MAKE A CLAIM.

Date: _____
Name of Participant Signature of Participant (Parent or guardian if under 18 years of age)

The undersigned parent hereby gives permission for any necessary medical care to be given to my child in the case of an accident or illness. I agree to assume full responsibility for the costs of any treatment provided.

Date: _____
Parent's Full Name Signature of Participant (Parent or guardian if under 18 years of age)

DACA Payment Option Form

Parent/Guardian's Name: _____

Swimmer (s) Name: _____

Phone Number: _____ Alternate: _____

Credit Card Information:

Master Card: _____ Visa: _____ Discover: _____

Credit Card Number: _____

Name as it appears on the card: _____

Security Code: _____

Expiration Date: _____

Credit Card Billing Address:

Street Address: _____

City, State, and Zip Code: _____

Authorization:

I understand that by signing this form I am entering into a legally enforceable agreement with DACA.

I authorize DACA to charge my credit card.

Cardholder Signature: _____