

MEYERS CAMP REGISTRATION

**ONE REGISTRATION
FORM & ONE
PAYMENT PER CHILD**

For all Boys & Girls attending school in Alameda - Grades K thru 5th
Camp Times 8:00 a.m. to 6:00 p.m. daily
1724 Santa Clara Ave. • Alameda, CA • 94501 • (510) 521-1743

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Please **PRINT** all information below **CLEARLY**

Attending _____ School for 2012-2013

Child's Name: _____, _____ Age: _____ Grade: _____ Birthdate: _____
Last Name First Name

Parent / Guardian Name: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Cell Phone: (_____) _____ E-mail Address: _____

How did you hear about Meyers Camp? _____ Currently attending AIK? YES NO circle one

MEYERS CAMP SESSIONS

AUSD Staff Development Day
October 19, 2012. Friday

AUSD Fall Recess
November 21 Wednesday ...

AUSD Winter Recess
closed Mon. 12/24/12 & Tues. 12/25/12
December 26 Wednesday ...
December 27 Thursday
December 28 Friday
closed Mon. 12/31/12 & Tues. 1/1/13
January 2 Wednesday ...
January 3 Thursday
January 4 Friday

Lincoln Day
February 15, 2013 .. Friday

AUSD Spring Break
April 1 Monday
April 2 Tuesday
April 3 Wednesday ...
April 4 Thursday
April 5 Friday

**FIRST COME, FIRST SERVED
SPACE IS LIMITED!**

**Registration Deadline is 3
business days before camp
session begins.**

Liability Agreement Release (required for participation)
I hereby authorize, as parent or legal guardian, for my child to participate in Girls Inc. Programs. In consideration for this participation, I do hereby, for myself and my heirs and assigns, release and agree to indemnify and hold harmless Girls Inc. of the Island City, its employees and volunteers from all liability, loss, claim, demand, action or cause of action which arises or may arise or be occasioned in any way by such participation. I also release and hold harmless Girls Inc. of the Island City, its employees and volunteers from all liability, loss or claim which may occur in transporting my child for the purposes of participating in any Girls Inc. activities.

Parent/Guardian Signature _____ Date _____

Field Trip Permission (required for participation)
I grant permission for my child to attend all field trips and I hereby give my permission to the physician selected by the adult leader in charge to provide any necessary medical attention. All children must attend field trips. No on-site supervision will be provided.

Parent/Guardian Signature _____ Date _____

Media/Photo Release
I hereby authorize Girl Inc. of the Island City, its agents and others working for it or on its behalf to use my child's image/ likeness/voice/artwork/writing in still photos, slides video productions, radio coverage, television coverage, interviews, testimonials and/or any other media purposes, including Girls Inc. website, for promoting and representing Girls Inc. and its programs, and do hereby grant and convey unto Girls Inc. all rights, title, and interest in the above media including but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

Parent/Guardian Signature _____ Date _____

_____ X \$40 = \$ _____
of days Make checks payable to **GIRLS INC.**

All fees are due upon registration and are non-refundable and non-transferable, REGARDLESS OF ATTENDANCE.

Bring your registration forms to one of our 7 CONVENIENT LOCATIONS TO REGISTER!

Alameda Island Kids Sites
(registration taken from 7:00 to 8:30 a.m. & 4:00 to 6:00 p.m. daily)

BAY FARM SCHOOL
200 Aughinbaugh Way
Alameda, CA 94502
Portable 9 & MPR
(510) 769-7426

FRANKLIN SCHOOL
1433 San Antonio Avenue
Alameda, CA 94501
MPR & Room 16
(510) 521-0121

EARHART SCHOOL
400 Packet Landing Road
Alameda, CA 94502
Portable B & MPR
(510) 769-8545

LUM SCHOOL
1801 Sandcreek Way
Alameda, CA 94501
Portable A
(510) 522-4729

EDISON SCHOOL
2700 Buena Vista Avenue
Alameda, CA 94501
Room 20 & MPR
(510) 769-1975

OTIS SCHOOL
.3010 Fillmore Street
Alameda, CA 94501
Room 115 & MPR
(510) 523-6510

Girls Inc. of the Island City
(registration taken from 4:00 - 6:00 p.m. daily)

GIRLS INC. OF THE ISLAND CITY
1724 Santa Clara Ave.
Alameda, CA 94501
(510) 521-1743 X 206

**NO mail-in
registration available
at this time.**



STAFF USE ONLY

Total Paid \$ _____

Date _____

Time of Day _____

Receipt # _____

Staff Initial _____

P.D. _____



You are only required to fill out this info the first time you register your child during the 2012-2013 school year or unless there are changes.

PLEASE PRINT ALL OF THE INFORMATION BELOW

Child's Last Name: _____ First Name: _____ Birthdate: _____ Age: _____

Special Medical Limitations: _____

Allergies to

Food: _____

Medicine: _____

Other: _____

Please List ALL medications (including OTC) taken by your child: _____

Check all that apply

Special Disabilities: Learning Developmental Emotional Visual Hearing Mobility

Other Special Needs: _____

Parent/Guardian - Please read and sign: I give my permission to obtain all emergency medical or dental care prescribed by a duly licensed Physician (M.D.) Osteopath (D.O) or Dentist (D.D. S.) for my child. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of the child named above.

Parent/Guardian Signature _____ Date _____ Dentist Name & Phone Number _____

Medical Insurance & Coverage Number _____ Physician Name _____ Physician's Phone Number _____

EMERGENCY AND IDENTIFICATION INFORMATION

Attending _____ School _____ School Year: 20 ____ - 20 ____

PLEASE PRINT ALL OF THE INFORMATION BELOW

Child's Last Name: _____ First Name: _____ Birthdate: _____ Age: _____ Grade: _____

Parent/Guardian Name: _____ Work Phone: (____) _____ Home Phone: (____) _____

Address: _____ City: _____ Zip Code: _____ Cell Phone: (____) _____

Parent/Guardian Name: _____ Work Phone: (____) _____ Home Phone: (____) _____

Address: _____ City: _____ Zip Code: _____ Cell Phone: (____) _____

In addition to the parents/guardians, the following adults (18 years and older) are authorized to take this child from the facility. These names will also serve as emergency contacts. These contacts must be reachable and available for immediate pick-up or response.

Name	Phone	Name	Phone
1. _____	(____) _____	3. _____	(____) _____
2. _____	(____) _____	4. _____	(____) _____

Based on court documents on file at site

DO NOT RELEASE - My child should NEVER be released to: _____

Parent/Guardian Other: _____

Parent/Guardian Signature _____ Date _____

STAFF USE ONLY	_____
	Initial _____ Date _____

