

Art-in-the-Park Registration Form 2007

Girl _____ Boy _____ New to program Returning camper Birth date ____/____/____ Age at camp start date _____

CHILD'S FIRST NAME

CHILD'S LAST NAME

PARENT FIRST NAME

PARENT LAST NAME

Address: _____ City/State: _____ Zip: _____

Day Phone: _____ Cell: _____ Eve: _____

E-mail: _____

Emergency Name: _____

Day Phone: _____ Cell: _____

Allergies or special needs: _____

Waiver of Liability. As the parent or guardian of a minor child (hereafter "my child") participating in activities of the City and County of San Francisco Recreation and Park Department, I hereby waive and release any claims I or my child may have, now or in the future, against the City and its officers, employees, contractors, servants and agents (hereafter referred to collectively as "the City") arising from injuries to my child or damages to my child's or my property, sustained while my child is (1) at the city's facilities, (2) participating in the City's activities, or (3) being transported to or from the City's facilities or activities, regardless of whether such injuries or property damage is caused in whole or in part by the City's active or passive negligence. The San Francisco Recreation and Park Department is neither certified nor licensed as a day care provider. In the event of an injury to my child, I hereby give the City permission to arrange transportation for my child to a hospital, and/or provide my child with Emergency treatment or first aid, although I understand that the City does not assume any responsibility to take any of these actions. This waiver and release shall be valid for the duration of the sessions in which my child is enrolled. I have carefully read this waiver and release and agree to the terms stated. I certify that I am the parent or legal guardian of the child whose name is listed above.

Date Signature of Parent or Legal Guardian

ART IN THE PARK & TGIF

Check # / Check Date

AIP1	Art in Park	06/25-07/12 (no camp 07/04)	Ages 11 - 15	\$225	\$ _____	_____	_____
AIP2	Art in Park	07/16-07/26	Ages 11 - 15	\$150	\$ _____	_____	_____
AIP3	Art in Park	07/30-08/09	Ages 11 - 15	\$150	\$ _____	_____	_____
AIP4	Art in Park	08/13-08/16	Ages 11 - 15	\$75	\$ _____	_____	_____
TGIF1	TGIF	06/29, 07/06, 07/13	Ages 11 - 15	\$45	\$ _____	_____	_____
TGIF2	TGIF	07/20 & 07/27	Ages 11 - 15	\$30	\$ _____	_____	_____
TGIF3	TGIF	08/03 & 08/10	Ages 11 - 15	\$30	\$ _____	_____	_____
TGIF4	TGIF	08/17	Ages 11-15	\$15	\$ _____	_____	_____

***** Note: Attendance at full session is mandatory. If a student cannot attend the 1st day of session, please sign up for a different session. You may not have friends substitute for your child.**

Total Fee: \$ _____

Checks payable to FOSAS
Write code on memo line

IMPORTANT REGISTRATION INFORMATION:

- ◆ Fees must be paid by check or money order. No credit cards or cash will be accepted.
- ◆ Please make checks payable to FOSAS (Friends of Sharon Art Studio).
- ◆ Print child's name & session on memo line of check.
- ◆ Please bring proof of age of child to registration.