Will Rogers Beach & Surf Camp Registration

310-676-2000 info@beachsports.org www.beachsports.org FAX 310-676-0115
Mail Application & Payment: BeachSports 1601 N Sepulveda Blvd #603 Manhattan Beach 90266

Camper Name_____ Age _____

Address_____ City _____ State _____ Zip _____

Home Phone _____Work_____ Cell _____Email _____

Emergency Phone # Name

Select Your Weeks and Time: Sessions are Mon - Fri: (2 to 3 week sessions are recommended)

____ June 22 ____ June 29 ____ July 6 ____ July 13 ____ July 20 ____ July 27

____ Aug 3 ____ Aug 10 ____ Aug 17 ____ Aug 24 ____ Aug 31

____ 9:00 am – 2:00 pm 5-Hour $250.00

____ 9:00 am – 12:00 pm 3-Hour $155.00

Three Day Camp Tue-Wed-Thur ___ AM Full Day $205.00

___ Extended day from 8:00 am per week $27.00

___ Extended day to 3:30 pm per week $27.00

Family Discount: $20.00 off weekly camp fee per additional child per individual week

Rashguard Size: ___ Youth Med ___Youth Lg ___ Adult Sm ___ Med ___ Lg ___ XL

Final Payment Due June 4, 2009 _____ Amount Visa _____ MC _____ Payment in Full Only

__ __ __ __--__ __ __ __--__ __ __ __--__ __ __ __ Exp Date __ __ / __ __ Cardholders Name_____

Refund Policy Please read this carefully.

There are a limited number of positions in each session. We hold your position with a completed application. Personal problems, illness or circumstances, which change your plans, do not change this policy. We must adhere to the policy below.

Full Refund: If we cancel a session your options are a full refund or transfer to another session.

Partial Refund: If you choose to cancel two weeks or more before your session we will refund your program fee less a $30.00 cancellation fee.

No Refund Cancellation less than two weeks prior to your session, disciplinary action, personal problems, illness, or change of plans. Release and hold harmless agreement/Authorization for treatment of a Minor. For in consideration of the participation in all BeachSports, Inc. programs, and with complete understanding said participant shall (may) take a physical test of swimming skills and also engage in various physical activities in the beaches and waters of the Pacific Ocean. I (we), understand (Father and Mother and or Guardian) of said participant, a minor, do forever release, acquit, discharge and hold harmless BeachSports, Inc., Jack Tingley, City of Santa Monica, County of Los Angeles, State of California its successors, officers, volunteers, servants, agents, from any and all action, causes of action, claims, demands, damages, costs, loss of service, expenses, and compensation, on account of or in any way growing out of any and all known and unknown personal injuries and property damage which we may not or hereafter have as parents and or guardian of said minor, and also all claims of rights for damages which said minor has hereafter have, either before or after he has reached majority, resulting or to result from or in connection with or participation in or arising out of travel to or returning from said programs.

Photo Release: I understand from time to time BeachSports representatives may photograph activities of the BeachSports programs and participants. By signing this form, I authorize BeachSports to use on the BeachSports website or publish in articles or ads any photographs taken by BeachSports representatives showing my child's/children's participation.

We the undersigned, hereby acknowledge to be the lawful parents and or guardian of the above mentioned minor and we therefore, acknowledge our qualifications to sign the agreement on behalf of said minor. Furthermore, in accordance with chapter 1524. Section 25.8 of the Civil Code of California, I give authorization to any physician or surgeon, licensed under the provisions of Medical Practice Act, for the said participant to receive medical care and/or emergency treatment when necessary. Any expenditure for care and treatment is my responsibility.

Signature of Parent or Guardian Print Your Name Date