



3443 Laguna Blvd
Elk Grove, Ca 95758
(916) 676-4747
www.sxsac.com
facebook.com/SXSac

Child
First _____ Middle _____ Last _____ Gender: Male __ Female __
School Name _____ Grade _____ Birth date ____/____/____ Age ____
Street Address _____
City _____ State _____ Zip code _____ Child's Home Phone _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____ Ms. Mrs. Mr. Other _____
Street Address _____
City _____ State _____ Zip Code _____ Home Phone _____ Work Phone _____
Cell phone _____ FAX _____ E-mail _____
Occupation _____ Employer _____

Parent/Guardian #2

First _____ Last _____ Ms. Mrs. Mr. Other _____
Street Address _____
City _____ State _____ Zip code _____ Home Phone _____ Daytime phone _____
Cell phone _____ FAX _____ E-mail _____
Occupation _____ Employer _____
Child lives with: _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Insurance Information

Policy Number _____ Name of Health Insurance Provider _____
Primary Physician _____
Address _____
Phone _____ Hospital Preference _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called for this particular issue?</u>
_____	_____	Yes/No
_____	_____	Yes/No

Yes, I give **Surf Xtreme** permission to call 911 if an emergency takes place, and I take full responsibility for any and all costs associated.

Guardian Signature: _____ Date: _____

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?
Yes __ No __ If yes, explain: _____

Is your child allergic to any type of food or medication?
Yes __ No __ If yes, explain: _____

Does your child require a special diet?
Yes __ No __ If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem, which may interfere with or alter treatment.

Surf Xtreme Day Camp(s)

Open from 9 a.m. to 4 p.m.	Expected Drop of/ Pick-up times	Lunch Provided 25.00/wk.	Sibling Discount
June 5 th - 9th		\$25.00	1 st Sibling 5% 255.00 2 nd Sibling 10% 242.00 3 rd Sibling 15% 228.00
June 12 th – 16th		\$25.00	
June 19 ^h – 23rd		\$25.00	
June 26 th - 30th		\$25.00	
July 10 th - 14th		\$25.00	
July 17 th - 21st		\$25.00	
July 24 th - 28th		\$25.00	
July 31 st – August 4th		\$25.00	

***Sibling discount is for children in the same household.**

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. Parents will always be notified, but in the event of a critical emergency, 911 will be called first.

Parent's/Guardian's Initials _____

I understand that the **Surf Xtreme** will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

TUITION INFORMATION - \$249.00 if paid by May 1, 2017 an additional 20.00 will be added after 5/1/17

Please circle how you heard about the Surf Xtreme's Day Camp.

After School Program Website Social Media School Word of Mouth Flyer Other _____

Terms of Agreement

Photo Release

I hereby give permission for my child to be photographed during **Surf Xtreme's Day Camp**. I understand the photos will be used to keep a journal of activities, promotional purposes including flyers, brochures, newspaper, social media, and on the internet. I understand that although my child's photograph, or quote may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of **Surf Xtreme** and its affiliates.

Parent's/Guardian's Initials _____

Transportation Release

I hereby give permission for **Surf Xtreme** and their employees to walk my child to Strikes Bowling, and/or Laguna Party Palace for off campus activities.

Parent's/Guardian's Initials _____

Surf Xtreme and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. A doctor's note is required. In the event your child becomes ill, the fees may be transferred to an alternate week with a 24-hour notice prior to the first day of camp. There will be no refunds if a child becomes ill or misses any days of camp once the first day of session begins.

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____