

Summer Day Camp

Registration/Payment

Space availability in all sessions is based on a first-come, first-served basis.

You will only be registered in sessions for which payment is made.

We do not accept deposits to hold space.

A detailed information packet will be mailed to you before camp begins.

: : Now Accepting VISA & MasterCard : :

Pre-Registration - *\$175 per session*

(Payment received 4 weeks or more before session begins)

Guarantee your spot in camp by paying for all of your sessions at once or you can follow the payment schedule and still receive the discounted price.

Regular Registration - *\$185 per session*

(Payment received at least 1 full week before session begins)

Late Registration - *\$205 per session*

(Payment received after the Tuesday before session begins)

Depending on space availability.

Family Discount

If you have more than one child between the ages of 5 and 14, you can save \$15 per additional child when they attend the same session(s). This discount is valid for siblings only and does not apply to the first child.

Applies only when both (all) children attend the full day at the Summer Day Camp. Does not apply to Surf & Kayak Camp, Jr. Lifeguards, Jr. Counselor/CIT program or other UCSB Sports Camp.

For instance if one child is at the Summer Day Camp and the other is combining the Day Camp with Surf & Kayak Camp, there is no sibling discount allowed.

Cancellation Policy

All cancellations must be made in writing (faxes and e-mails will be accepted). Fax cancellations to (805) 893-7054 or e-mail us at camps@recreation.ucsb.edu.

- Cancel two weeks or more before a session begins and receive a refund less administration fees. \$25 processing fee plus \$5 per session cancellation fee.
- Cancel up to one week (the preceding Monday) before a session begins and receive a refund less administration fees. \$25 processing fee plus \$20 per session cancellation fee.

There will be no refunds granted if cancellation occurs less than one week before your session begins.

Exceptions may be made in cases of sickness, injury or family emergency. Refund request exceptions must be made in writing and include supporting documentation (ie. doctor's note).

2019 Payment Schedule

Session	Dates	Pre-\$175 Payments received by	Regular-\$185 Payments received by	Late-\$205 Payments received on/after
1	June 17-21	May 20	June 10	June 11
2	June 24-28	May 27	June 17	June 18
3	July 1-5*	June 3	June 24	June 25
4	July 8-12	June 10	July 1	July 2
5	July 15-19	June 17	July 8	July 9
6	July 22-26	June 24	July 15	July 16
7	July 29-Aug 2	July 1	July 22	July 23
8	Aug. 5-9	July 8	July 29	July 30
9	Aug. 12-16	July 15	Aug. 5	Aug. 6

*Camp will be closed on July 4th.

Rate reduction for session #3 is as follows:

\$140 Pre-Registration, \$150 Early Registration, \$170 Regular Registration

Payments must be received by the above dates to qualify for advertised price.

Postmarks will NOT be accepted.

Price increases take effect online at midnight on dates indicated.

In person payments must be made by 5pm on dates indicated.

Example:

You would like your child to attend sessions 1, 2 & 8 and take advantage of the Pre-Registration Discount.

(1) \$175 will be due by May 20, \$175 by May 27 & \$175 by July 8th.

or

(2) Pay the full \$525 on May 20.

Please note that this application has four pages.

Please follow payment schedule on page 1 to determine your fees
You will only be registered in sessions for which payment is received, regardless of the
number of boxes you mark on the application.

Make checks payable to UC REGENTS
Mail to: RECREATION/DC
UCSB
SANTA BARBARA, CA 93106-3025

Application

UCSB Summer Day Camp

2019

Camp Dates

Mark sessions for which you are registering

- Session 1 June 17-21
- Session 2 June 24-28
- Session 3 July 1-5*
- Session 4 July 8-12
- Session 5 July 15-19
- Session 6 July 22-26
- Session 7 July 29-Aug 2
- Session 8 August 5-9
- Session 9 August 12-16

*Camp will be closed on July 4th.

<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Camper's Name	Date of Birth	Grade in Fall 2019		
/				
Parent's Names _____				
Street Address _____		City _____	State _____	Zip _____
E-Mail Address _____		Home Phone _____		
Parent/Guardian #1 Phone & Work Phone _____		Parent/Guardian #2 Cell Phone & Work Phone _____		
/		/		

I would like the above listed friends to be in my group
(Requested friends must be aged within 2 years of your child, please include first & last names.)

Release Authorization & Medical Info

Please note any special concerns of which we should be aware
(allergies, etc.): _____

Insurance Company _____

Policy # _____

In case of emergency, if parent/guardian cannot be reached, please contact:

Name _____ Phone _____

May leave unattended after camp is over each day

May be picked up from camp by the following person(s) (other than self):

Name _____ Phone# _____

Name _____ Phone# _____

May NOT be picked up from camp by the following person(s):

Name _____

I hereby authorize the staff of the UCSB SUMMER DAY CAMP to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release the camp from any and all liability for any injuries or illnesses incurred while at camp. I understand that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment, regardless of whether or not my medical insurance would cover such costs. I further understand that I am required to maintain and carry accident insurance coverage for the camper listed on this application, and verify that the coverage information is accurate and true. I have no knowledge of any physical or mental impairment that would be affected by the above named camper's participation in the camp program as outlined in the brochure. I also understand the camp retains the right to use photographs of campers taken at camp for publicity and advertising purposes.

Parent or Guardian's Name (please print) _____

Parent or Guardian's Signature _____ Date _____

Don't forget to sign above and the Liability Release!

Payment by Check

If you would like to pay for camp with a check please make it payable to the **UC Regents** and mail it with your application and liability release.
See the camp cancellation policy for refund information.

Mail To:
Recreation/Camps
UCSB
Santa Barbara, CA 93106-3025

Payment by Credit Card

If you would like to pay for camp with Visa or Mastercard please fill out this form and mail it with your application and liability release.
See the camp cancellation policy for refund information.

Credit Card Payment - UCSB Summer Camps 2019

NO DEPOSITS

Cardholder Information (Please Print Clearly)

Name(As it Appears on Card) _____

Billing Address _____

City _____ State _____ Zip _____

Day Time Phone _____ E-mail Address _____

Credit Card # _____

Expiration Date _____ Credit Card (CCV) Security Code _____

The 3 digit code that appears on the back of your

Cardholder's Signature

Now Accepting
Visa & MasterCard



Cancellation Policy:

Refer to website for cancellation policy on the programs for which you are registering.

www.recreation.ucsb.edu

(805) 893-3913

1	_____	_____	_____
	Camper's Name	Camp Name/Session	Fee
2	_____	_____	_____
	Camper's Name	Camp Name/Session	Fee
3	_____	_____	_____
	Camper's Name	Camp Name/Session	Fee

Total \$ _____

DO NOT FAX

Mail To:
Recreation/Camps
UCSB
Santa Barbara, CA 93106-3025



Waiver of Liability, Assumption of Risk & Indemnity Agreement

Elective/Voluntary Activities Waiver

Department _____

Class/Activity _____

Waiver: In consideration of being permitted to participate in any way in

hereinafter called "The Activity", I, for myself, my heirs, personal representative or assigns, **do hereby release, waive, discharge, and covenant not to sue** The Regents of the University of California, its officers, employees, and agents from liability **from any and all claims including the negligence of The Regents of the University of California, its officers, employees and agents**, resulting in personal injury, accidents, or illnesses (including death) and property loss arising from, but not limited to, participation in The Activity.

Assumption of Risks: Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Activity. I hereby **assert that my participation is voluntary and that I knowingly assume all such risks.**

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in The Activity and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Print Name of Participant

Date

Age (if Minor)

Signature of Parent/Guardian of Participant if Minor

Print Name of Parent/Guardian of Participant if Minor

Date