



## 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 - \$155 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 - \$165 per session**

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

### **Late Registration - \$185 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](mailto: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).

## 2016 Payment Schedule

Session	Dates	Pre-\$155	Regular-\$165	Late-\$185
		Payments received by	Payments received by	Payments received on/after
1	June 13-17	May 16	June 6	June 7
2	June 20-24	May 23	June 13	June 14
3	June 27-July 1	May 30	June 20	June 21
4	July 5-8	June 6	June 27	June 28
5	July 11-15	June 13	July 4	July 5
6	July 18-22	June 20	July 11	July 12
7	July 25-29	June 27	July 18	July 19
8	Aug. 1-5	July 4	July 25	July 26
9	Aug. 8-12	July 11	Aug. 1	Aug. 2
10	Aug. 15-19	July 18	Aug. 8	Aug. 9

\*Camp will be closed on July 4th.

Rate reduction for session #4 is as follows:

\$125 Pre-Registration, \$135 Early Registration, \$150 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) \$155 will be due by May 16, \$155 by May 23 & \$155 by July 4th.

or

(2) Pay the full \$465 on May 16.

*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		2016	
<b>Camp Dates</b> Mark sessions for which you are registering		<input type="text"/>		<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
<input type="checkbox"/> Session 1	June 13-17	Camper's Name		Date of Birth	
<input type="checkbox"/> Session 2	June 20-24	/		Grade in Fall 2016	
<input type="checkbox"/> Session 3	June 27-July 1	Parent's Names			
<input type="checkbox"/> Session 4	July 5-8*	Street Address		City	State Zip
<input type="checkbox"/> Session 5	July 11-15	E-Mail Address		Home Phone	
<input type="checkbox"/> Session 6	July 18-22	/		/	
<input type="checkbox"/> Session 7	July 25-29	Mother's Cell Phone & Work Phone		Father's Cell Phone & Work Phone	
<input type="checkbox"/> Session 8	August 1-5	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.)			
<input type="checkbox"/> Session 9	August 8-12				
<input type="checkbox"/> Session 10	August 15-19				
Camp will be closed on July 4th.					
<b>Release Authorization &amp; Medical Info</b>					
Please note any special concerns of which we should be aware (allergies, etc.):		<input type="checkbox"/> May be picked up from camp by the following person(s) (other than self):			
_____		Name _____ Phone# _____			
_____		Name _____ Phone# _____			
_____		<input type="checkbox"/> May NOT be picked up from camp by the following person(s):			
_____		Name _____			
Family Doctor: _____		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.			
Insurance Company _____					
Policy # _____		Parent or Guardian's Name (please print) _____			
In case of emergency, if parent/guardian cannot be reached, please contact:		Parent or Guardian's Signature _____ Date _____			
Name _____ Phone _____					
<input type="checkbox"/> May leave unattended after camp is over each day					
<input type="checkbox"/> May NOT leave unattended after camp is over each day					

Don't forget to sign both release forms!

## 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 2016

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 card

\_\_\_\_\_  
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](http://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

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

Total \$ \_\_\_\_\_

**DO NOT FAX**



University of California, Santa Barbara

# 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 \_\_\_\_\_