

DECATHLON SPORTS CLUB of WOODSIDE - APPLICATION FORM

Summer 2012

Camper Information	Child #1	Child #2	Child #3
Your child's <u>first & last</u> names			
Gender			
Birth date	/ /	/ /	/ /
School			
CURRENT ('11 - '12) grade level			
Please list the first and last names of a few friends with whom your child would like to be grouped.	_____	_____	_____
	_____	_____	_____
T-Shirt Size Our shirts are 100% cotton, pre-shrunk. All campers receive a free t-shirt.	<input type="checkbox"/> Children's Small (6-8) <input type="checkbox"/> Children's Med. (10-12) <input type="checkbox"/> Children's Large (14-16) <input type="checkbox"/> Adult Small <input type="checkbox"/> Adult Medium <input type="checkbox"/> Adult Large	<input type="checkbox"/> Children's Small (6-8) <input type="checkbox"/> Children's Med. (10-12) <input type="checkbox"/> Children's Large (14-16) <input type="checkbox"/> Adult Small <input type="checkbox"/> Adult Medium <input type="checkbox"/> Adult Large	<input type="checkbox"/> Children's Small (6-8) <input type="checkbox"/> Children's Med. (10-12) <input type="checkbox"/> Children's Large (14-16) <input type="checkbox"/> Adult Small <input type="checkbox"/> Adult Medium <input type="checkbox"/> Adult Large
Swimming ability	<input type="checkbox"/> Strong <input type="checkbox"/> Strong/Intermediate <input type="checkbox"/> Intermediate <input type="checkbox"/> Intermediate/Weak <input type="checkbox"/> Weak <input type="checkbox"/> Unable to Swim	<input type="checkbox"/> Strong <input type="checkbox"/> Strong/Intermediate <input type="checkbox"/> Intermediate <input type="checkbox"/> Intermediate/Weak <input type="checkbox"/> Weak <input type="checkbox"/> Unable to Swim	<input type="checkbox"/> Strong <input type="checkbox"/> Strong/Intermediate <input type="checkbox"/> Intermediate <input type="checkbox"/> Intermediate/Weak <input type="checkbox"/> Weak <input type="checkbox"/> Unable to Swim
Please describe any special social, emotional, or physical needs your child may have (e.g. extremely athletic, best if grouped below grade level, sportsmanship issues, extremely shy, ADHD, etc.)			
Do you plan to use our Extended Care program somewhat consistently? (No payment required upfront. You will be billed at the end of the session only for time used.)	<input type="checkbox"/> No. <input type="checkbox"/> Yes. AM only <input type="checkbox"/> Yes. PM only <input type="checkbox"/> Yes. AM and PM	<input type="checkbox"/> No. <input type="checkbox"/> Yes. AM only <input type="checkbox"/> Yes. PM only <input type="checkbox"/> Yes. AM and PM	<input type="checkbox"/> No. <input type="checkbox"/> Yes. AM only <input type="checkbox"/> Yes. PM only <input type="checkbox"/> Yes. AM and PM
PLEASE NOTE: Half Session (TWO WEEK) spaces are available on a very limited basis! Therefore, if possible, please consider listing a four week option in addition to a two week option if your summer plans allow for flexibility. Thanks!			
Interested in enrolling your child/children into Session One? If so, in the boxes provided rank your top choice with a "1", your second choice with a "2", etc. Rank only those choices that would work for you.	Session 1 = 4 wks (6/18 - 7/13) <input type="checkbox"/> Full session - MTWThF <input type="checkbox"/> Full session - MTWTh <input type="checkbox"/> Full session - MWF <input type="checkbox"/> Full session - TThF <input type="checkbox"/> 1st half only - MTWThF <input type="checkbox"/> 2nd half only - MTWThF	Session 1 = 4 wks (6/18 - 7/13) <input type="checkbox"/> Full session - MTWThF <input type="checkbox"/> Full session - MTWTh <input type="checkbox"/> Full session - MWF <input type="checkbox"/> Full session - TThF <input type="checkbox"/> 1st half only - MTWThF <input type="checkbox"/> 2nd half only - MTWThF	Session 1 = 4 wks (6/18 - 7/13) <input type="checkbox"/> Full session - MTWThF <input type="checkbox"/> Full session - MTWTh <input type="checkbox"/> Full session - MWF <input type="checkbox"/> Full session - TThF <input type="checkbox"/> 1st half only - MTWThF <input type="checkbox"/> 2nd half only - MTWThF
	Session 2 = 4 wks (7/16 - 8/10) <input type="checkbox"/> Full session - MTWThF <input type="checkbox"/> Full session - MTWTh <input type="checkbox"/> Full session - MWF <input type="checkbox"/> Full session - TThF <input type="checkbox"/> 1st half only - MTWThF <input type="checkbox"/> 2nd half only - MTWThF	Session 2 = 4 wks (7/16 - 8/10) <input type="checkbox"/> Full session - MTWThF <input type="checkbox"/> Full session - MTWTh <input type="checkbox"/> Full session - MWF <input type="checkbox"/> Full session - TThF <input type="checkbox"/> 1st half only - MTWThF <input type="checkbox"/> 2nd half only - MTWThF	Session 2 = 4 wks (7/16 - 8/10) <input type="checkbox"/> Full session - MTWThF <input type="checkbox"/> Full session - MTWTh <input type="checkbox"/> Full session - MWF <input type="checkbox"/> Full session - TThF <input type="checkbox"/> 1st half only - MTWThF <input type="checkbox"/> 2nd half only - MTWThF
Requests or Questions? Please note them here.			

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FAMILY CONTACT INFORMATION

Parent #1 Information (Primary Contact)		Parent #2 Information (leave blank if same as parent #1)
	First & Last Name	
	Address	
	City	
	State	
	Zip	
	Home Phone	
	Work Phone	
	Cell Phone	
	Email*	

*Camp confirmations, reminders, mid-summer notices, photos, etc. will be sent to these email addresses.

CARPOOL INFORMATION

Would you like to be included on and receive a carpool mailing list of campers attending from your neighborhood?

Yes No

If you answered "Yes", please write down the school &/or major cross streets closest to your house:

Closest School = _____ Nearest Major Cross Streets = _____

AS PARENT(S) / GUARDIAN(S) WE UNDERSTAND THAT.....

- ...all photography and videography taken at camp may be used for promotional purposes.
- ...by signing below, I am agreeing to pay the tuition as per the published schedule for this season.
- ...that if my child, prior to the start of the session, is unable to attend because of appropriately documented illness or injury, all monies will be refunded. I understand that no refund will be made for missed days, late arrival, early departure or dismissal for cause. I understand that the Camp's tuition and fees are agreed to be the reasonable amount as and for liquidated damages. I understand that if my child is absent for documented medical reasons tuition may be refunded or a credit given at the discretion of the camp director. I understand that I must submit a physician's note to qualify for that refund or credit.
- ...for the general welfare of all campers, the Camp reserves the unrestricted right to dismiss any camper, without refund, whose conduct or influence, in the opinion of the Director, is inimical to the best interests of the Camp.

Parent(s)/Guardian(s) Signature _____ Date _____

DEPOSIT & MAILING INFORMATION

Please mail this completed form along with a deposit check of \$250 *per child per session* to:

Decathlon Sports Club • 741 Temescal Way • Redwood City CA • 94062

- \$100 of each \$250/child/session deposit is nonrefundable once a spot has been reserved in camp for your child. •
 - Your full deposit/payment will be refunded if we are unable to fit your child into our camp. •
- Once your child is enrolled, cancellation deadlines and associated penalties will apply. See our website for more info •
- We are unable to take credit card payments • Session 1 balance due on May 1 • Session 2 balance due on June 1 •

DECATHLON SPORTS CLUB of WOODSIDE - MEDICAL/HEALTH FORM

Camper Information	Child #1	Child #2	Child #3
Your child's first & last names --->>>			
Current health conditions:			
Epilepsy/Convulsions	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Heart Defect/Disease	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Diabetes	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Bleeding/Clotting Disorder	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Asthma	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Other	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
My child's immunities/vaccinations are current for:			
Chicken Pox (Varicella)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
MMR (Measles/Mumps/Rubella)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
DPT(Diphtheria/Tetanus/Pertussis)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
HIB(Hib Meningitis)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Hepatitis B	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Polio	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
SERIOUS allergies:			
Life threatening insect sting allergy	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Penicillin	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Other Drugs	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Life threatening food allergy	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Other	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Please comment on "Yes" answers to "Current Health Conditions" or "Allergies"			
Please note any medication(s) that must be taken/administered at camp on a regular basis:			

DOCTOR / DENTIST CONTACT INFORMATION

Family Doctor	Doctor's Office Phone	Family Dentist	Dentist's Office Phone

EMERGENCY MEDICAL CARE - PERMISSION/RELEASE

In the event of a perceived emergency injury or illness to my child while attending Decathlon Sports Club (DSC) , I hereby authorize DSC to consent to medical treatment on behalf of my child.

The undersigned, as parent or legal guardian of the child identified on this form, hereby authorizes DSC and its adult officers, employees and agents into whose care the registered child has been entrusted, to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a licensed physician or surgeon. To also disclose any personal medical information regarding said minor to medical professionals. This authorization is given pursuant to the provisions of section 6910 of the Family Code of California. It is understood that if time and circumstances reasonably permit, the DSC will endeavor, but is not required, to communicate with the parent or guardian prior to consenting to such treatment.

The undersigned further agrees to RELEASE, WAIVE, DISCHARGE AND COVENANTS NOT TO SUE EITHER Decathlon Sports Club, Inc, Camp Consultants, Inc., its employees, officers and agents on behalf of the undersigned, the registered minor and their personal representatives, assigns, heirs, and next of kin for any loss, damage, or claim therefore on account of any injury to the minor associated with any medical care performed or provided with consent given pursuant to this authorization.

This authorization to consent to treatment of the minor identified above is given to DSC in conjunction with any activity or event in which the minor's care is entrusted to DSC

It is understood that in the event that this Agreement is executed by one parent or guardian, the signor acknowledges that he/she is also acting as agent of the other parent/guardian with authority to execute this Agreement on his or her behalf.

Mother's Signature
Father's Signature
Date

DECATHLON SPORTS CLUB of WOODSIDE
Parent / Guardian Release Form
Summer 2012

THE UNDERSIGNED AGREES TO THE FOLLOWING.....

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE Decathlon Sports Club, Inc., Camp Consultants, Inc., Sequoia Union School District, Woodside High School, its employees, offices, and agents (all hereinafter referred to as "releasees") from all liability to the undersigned, his or her personal representatives, assigns, heirs, and next of kin for any loss, damage, or claim therefore on account of injury to the person or property of the undersigned, whether caused by any negligent act or omission of the releasees or otherwise while the undersigned is participating in any Decathlon Sports Club activity including but not limited to swimming, field trips to water parks and/or the beach, traveling to/from a field trip or off-site swimming pool, eating prepared food, or using any facilities or equipment in connection with the activity.

2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND HOLD HARMLESS releasees from all liability, claims, demands, causes of action, charges, expenses, and attorney fees (including attorney fees to establish the releasees right to indemnity or incurred on appeal) resulting from involvement in this activity whether caused by any negligent act or omission of the releasees or otherwise.

3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE while upon property leased or utilized by the releasees or participating in the activity or using any facilities and equipment leased or utilized by the releasees whether caused by any negligent act or omission of releasees or otherwise. THE UNDERSIGNED EXPRESSLY AGREES that the foregoing release and waiver, indemnity agreement and assumption of risk are intended to be as broad and inclusive as permitted by California law and that if any portion thereof be held invalid, notwithstanding, the balance shall continue in full legal force and effect.

4. I ACKNOWLEDGE THAT I HAVE READ THE FOREGOING and that I am aware of the legal consequences of this agreement, including that it prevents me from suing Decathlon Sports Club, Inc., Camp Consultants, Inc., Sequoia Union School District, Woodside High School, its employees, offices, and agents if my child/children is/are injured or damaged for any reason as a result of participation in this activity. I further acknowledge that no oral representations, statements or inducements have been made.

5. IT IS UNDERSTOOD THAT THIS CONTRACT CONSTITUTES THE FULL UNDERSTANDING of the parties hereto and no change, modification or waiver of any of the terms shall be effective unless in writing and signed by both parties.

Parent or legal guardian must read and execute this agreement.....

IT IS UNDERSTOOD THAT IN THE EVENT THAT THIS AGREEMENT IS EXECUTED BY ONLY ONE PARENT OR GUARDIAN, the signor acknowledges that he/she is also acting as agent of the other parent/guardian with authority to enroll the child at camp and to execute this Agreement on his or her behalf.

I hereby warrant that I am the custodial parent or legal guardian of.....

_____ *Print full name(s) of all participants* _____

who is a minor, on my own and said minor's behalf to the terms and conditions of the foregoing agreement.

Parent(s)/Guardian(s) Full Name(s) _____

Print full name(s) of parent(s) or guardian(s)

Parent/Guardian Signature(s) _____

Date _____