

2012 Camp Golden Hills Summer Camp Application

Camp Location: Diocese of Oakland Youth Retreat Center, 1977 Reliez Valley Road, Lafayette, CA 94549

<input type="checkbox"/> Overnight Camper 4PM Sunday, July 15 – 4PM Friday, July 20, 2012 ○ Fee: \$400 Requires non-refundable \$100 Deposit before March 30, 2012 * ○ Fee: \$450 After March 30, 2012 *			
<input type="checkbox"/> Day camper Monday, July 16 – Friday, July 20, 2012 (9:15-4PM Daily, Includes Mass at 9:30AM) ○ Fee: \$200 *			
<input type="checkbox"/> * Sibling Discount \$25, if applicable <input type="checkbox"/> If application is accepted, I wish to make three monthly installments, to be fully paid by June 15, 2012			
CAMPER NAME:			
DOB:		GRADE ENTERING NEXT FALL:	
ADDRESS:			
CITY:	STATE/ZIP CODE:	TELEPHONE:	
PARENT'S EMAIL:			
FATHER'S NAME;		DAYTIME TELEPHONE:	
MOTHER'S NAME:		DAYTIME TELEPHONE:	
HOW DID YOU HEAR ABOUT THE CAMP?			
IS YOUR DAUGHTER INVOLVED WITH A LEADERSHIP CLUB?			
IF SO, INDICATE THE NAME OF THE CLUB:			
MY DAUGHTER CAN SWIM: YES NO			
MY DAUGHTER WISH TO PARTICIPATE IN THE FOLLOWING:			
○ COOKING	○ DRAMA	○ DANCE	○ ART
○ SWIMMING	○ BASKETBALL	○ HIKING	○ VOLLEYBALL
PARTICIPATION AGREEMENT: To preserve our standards, the number of campers is limited. The directors reserve the right to refuse admission or request withdrawal of any camper if it is deemed necessary to protect the program's welfare. I understand that any photographs or videos taken of my daughter during the camp activities may be used in future camp promotional materials. The camp is not responsible for lost and/or damaged personal property. Parents agree to abide by camp rules regarding phone calls, visitors, etc. Parents also agree to hold the organizers harmless from liability on account of injuries shall be limited to the insurance coverage available for camp purposes.			

MEDICAL RELEASE FORM:

- NO, my daughter has NO medical condition & may participate in any of the activities of Camp Golden Hills
- YES, my daughter has a medical condition that require the following restrictions:

- ALLERGY: _____

- TAKES MEDICATION(S): _____

- OTHER: _____

PHYSICIAN'S NAME & TELEPHONE:

MEDICAL INSURANCE DATA: COMPANY & POLICY #

CAMP INSURANCE COVERAGE: I hereby give permission for my daughter to receive emergency medical care should it be necessary during her stay in the Leadership Camp. I also certify that I have read the Participation Agreement and agree to its terms.

CHECKS PAYABLE TO: EXCEL EDUCATION FOUNDATION

- **Application must include: Camper PICTURE & \$100 Non-Refundable Deposit**
- **To Qualify For Early Registration DISCOUNT, APPLICATION MUST BE RECEIVED NO LATER THAN MARCH 30, 2012**
- **Once application is accepted, FULL PAYMENT Must Be Received by JUNE 15, 2012 including installment plans.**

MAIL COMPLETED APPLICATION TO:
352 BRIDGECREEK WAY
HAYWARD, CA 94544

For Registration Questions: (510) 487-1334

PARENT/GUARDIAN SIGNATURE:

DATE: