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CAMP SACRAMENTO
2010 Reservation Form

Staff Use Cabin Number _____ (One cabin per sheet)

Dates:

Mini Vacations:

_____ Mini 1: June 20-23 _____ Mini 2: June 23-26 _____ Mini 3: June 27-30
 _____ Mini 4: June 30- July 3 _____ Mini 5: July 11-14 _____ Mini 6: July 14-17
 _____ Mini 7: July 25-28 _____ Mini 8: July 28-31

Weekly Vacations:

_____ Week 1: July 5-10 _____ Week 3: July 19-24 _____ Week 5: August 2-7
 _____ Week 6: August 9-14 _____ Labor Day Weekend Sept 3-6

Address: _____ City _____ zip _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Email Address: _____

Camper Information

	First Name	Last Name	Age (next summer) Adult =A	Birthdays during session	Official Use Rate
1				Y N	
2				Y N	
3				Y N	
4				Y N	
5				Y N	
6				Y N	

Total Cost: \$ _____

Deposit: \$ _____

Balance Due May 14th, 2010 \$ _____

Please Pick One Payment Method

_____ One Time Payment by May 14th, 2010

_____ Payment Plan

_____ (Initial) I have read the Hold Harmless Agreement and Reservation Policy and confirm my reservation.
(Located on back of form.)

Staff Only

Paid \$ _____ Cash Check # _____ Visa MC Received By _____ Reconciled By _____ Entered By _____

Hold Harmless Agreement for Participation in City of Sacramento Recreation Programs

Hold Harmless Agreement: I understand that serious accidents occasionally occur during recreation programs. Knowing the risk and in consideration of being permitted to participate in the City of Sacramento Camp Sacramento experiences and recreation programs, I agree to assume all risks connected therewith. I agree to release and discharge in advance the City of Sacramento, its officers, employees and agents from any and all liability for personal injury, death, or property damage connected with my participation even though that liability may arise out of their negligence or carelessness. This release shall remain in effect until revoked in writing. I also assume full responsibility for the behavior of the children listed above and agree to pay for all damages to property or persons caused by the aforementioned. If a participant's behavior interferes with the program or jeopardizes camp in anyway, I will be contacted. Further problems may result in expulsion from camp activities or camp all together.

Permission For Medical Treatment: In case of an accident or injury, I authorize a staff member of the City of Sacramento to call the 911 emergency number. I give my consent to any medical treatment felt necessary by an attending physician for the physical well being of the children or adults mentioned above. I further understand that the responding medical emergency team will provide emergency treatment as they deem necessary for the safety and protection of the children and adults (listed above) at my expense.

Consent to Photograph, Film, or Tape: I agree to have photographs, film, videotapes or tape recordings taken of everyone in my cabin under my signature while participating at Camp Sacramento. I permit these photographs, films or tapes to be released for use in publications, promotional materials, web site, and for other public information purpose by the City of Sacramento. If I do not consent, Parks and Recreation staff leading the program for which I am registered will be informed by me and record my non-consent.

Privacy Statement: The information you provide is accessible only by Department of Recreation registration staff. Course Coordinators and Instructors will receive only the name, current age, address, and phone numbers of participants. Email address will only be used for Department correspondence related to your registration, program promotions, and upcoming events. Your information will not be shared with other agencies, departments, businesses or individuals, except as required by law.

CAMP SACRAMENTO RESERVATION & CANCELLATION POLICY

1. Reservations require a **Flat Rate NON-REFUNDABLE** deposit, which is due at the time of reservation.
2. Payment in full for all reservations must be made by May 14, 2010. Reservations not paid in full by May 28, 2010 are subject to cancellation with no refund. **All payments need to be made prior to attending Camp unless a person is added at Camp.**

RESERVATION DEPOSITS ARE NON-REFUNDABLE and NON TRANSFERABLE TO ANOTHER YEAR.

3. Refunds will be made only in the event that a guest is forced to leave Camp due to illness or accident. In this event, the guest will be charged the daily rate for the days attended. The balance of monies received for the reservations will be refunded less the initial deposit, or daily rate, whichever is applicable. Guests leaving Camp due to illness or accident **MUST MAKE A REQUEST FOR A REFUND IN WRITING.**
4. For reservation paid in full, the Camp Sacramento office needs to be notified four weeks prior to the session dates that there will be a change or cancellation. If cancellation is made prior to your arrival at camp you must make a request for refund in writing to be considered for a refund. All cancellations of reservations before July 1, 2010 sessions need to be into the office before July 17, 2010. No refunds will be granted if the refund request is received after the deadline.
5. All minors in their assigned cabin must be chaperoned by a parent or guardian.
6. A \$25 processing fee will be deducted from all approved refunds.
7. To ensure maximum utilization of the Camp, the Department of Parks and Recreation reserves the right to make adjustments in cabin assignments after reservations are made if minimum cabin occupancy is not met. A \$30 charge may be assessed if minimum cabin occupancy is not met.
8. Camp Sacramento rates are subject to change without notice.