Mill Valley Parks & Recreation

Camp Drop-In Fast Pass

Adult/Guardian Information	
Main Contact:	2nd Adult Name:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Address: City, State: Zip:	Address: City, State: Zip:
Email:	Email:

List children who will be participating on this family's Fast Pass.
Children must be from same family/household. Each child will be issued their own Fast Pass Card.

Child's First & Last Name:	Date of Birth:	M F
Child's First & Last Name:	Date of Birth:	M F
Child's First & Last Name:	Date of Birth:	M F
Child's First & Last Name:	Date of Birth:	M F

- The Camp Drop-In Fast Pass is issued to a family. Multiple children in the same family can use the pass.
- Campers must have a current Day Camp Health Form on file.
- Passes are good for 10 drop-in days of camp.
- Camp Drop-In Fast Pass can be used for Camp Kaleidoscope & Splash Camp. (Cannot be used for JUMP Splash Camp)
- Fast Pass/Drop-In campers **DO NOT** receive a swim lesson during participation in Splash Camp.
- Camp Drop-In Fast Pass is valid for Summer 2014, June 23-August 15, 2014.
- Camp Drop-In Fast Pass **CANNOT** be used for designated bus trip days. Camper must pre-register for bus trips using the regular registration form & course number.
- Camp Drop-In Fast Pass **DOES NOT** include extended care. Extended care must be paid separately.
- At the end of summer 2014, any unused portion of the Camp Fast Pass fees will be credited to the family's account.

WAIVER & RELEASE OF LIABILITY – READ BEFORE SIGNING: I hereby agree to indemnify and hold harmless the City of Mill Valley and its officers and employees from and against any and all liabilities for any injury which may be suffered by me or by my child arising out of or in any way connected with participation in the program noted above. In case of emergency, my child may be treated by a qualified physician. I give permission to use mine or my child's photograph in Mill Valley Recreation brochures, website or publicity. I understand & agree with the above terms of this agreement.

Signature:_____ Date:_____/_____/_____

FEE: $550/10 days PAY BY: ❑Cash ❑Check, Payable to MVPR **❑Mastercard ❑Visa ❑AmEx ❑Discover:**

Cardholder Name (as it appears on card):_____

Credit Card #:_____Exp. Date:_____ V-code:_____

Mill Valley Parks & Recreation ◆ 180 Camino Alto, Mill Valley, CA. 94941 ◆ Phone: (415) 383-1370 ◆ Fax: (415) 383-1377

Office Use Only	Fee Paid	Registrar	Date Processed	COA	Cash	Check#	Credit Card