

TANC Summer Camp 2025 Registration Form

Age Group: Children aged 7 to 13 years Location: TANC, 5200 Dalai Lama Ave, Richmond, CA 94804 Dates: June 15 - July 12, 2024 Duration: 4 Weeks (9AM-5PM)

Participant Information

Child's Name:	
Age:	
Date of Birth:	
Allergies/Medical Conditions:	

Parent/Guardian Information

Name:	
Contact Number:	
Email Address:	
Emergency Contact:	

If registering a sibling, please provide the following

Sibling's Name: ______ Sibling's Age: ______ Date of Birth: ______ Allergies/Medical Conditions: ______ SIBLING DISCOUNT - If registering an additional sibling, receive a discount of \$50 for every 2 weeks enrolled.

Select Program Option times No. of kids:

[] Full 4 Weeks (June 15 - July 12): (\$800) x _____

[] First 2 Weeks (June 15 - June 28): (\$450) x _____

[] Last 2 Weeks (June 29 - July 12): (\$450) x _____



Payment Information

Total Amount Due: \$_____ 50% of the total fee is due upon registration. The remaining balance \$_____ is due by the start of the camp.

Terms and Conditions

1. Space is limited; registration is on a first-come, first-served basis.

2. Cancellations must be made at least 4 weeks before the camp start date for a full refund. After that, fees are non-refundable.

3. By signing this form, I agree to the terms and conditions that

I, the parent/guardian of the above-named participant, understand and acknowledge that participation in the summer camp involves certain risks, including but not limited to physical activity-related injuries and other unforeseen hazards. I voluntarily assume all risks associated with participation in camp activities.

I hereby release, discharge, and hold harmless the organizers of TANC Summer Camp 2025 including its manager, instructors, aides, and volunteers from any and all claims, liabilities, demands, actions, or causes of action arising out of or in connection with my (or my child's) participation in the summer camp, including but not limited to injury, illness, property damage, or death, whether caused by negligence or otherwise.

I understand that emergency medical treatment may be necessary during camp activities, and I authorize camp staff to seek medical care on my (or my child's) behalf. I accept full financial responsibility for any medical treatment deemed necessary.

I further acknowledge that I (or my child) must adhere to all camp rules and safety instructions. Failure to comply may result in removal from the camp without a refund.

By signing below, I confirm that I have read and understand this liability waiver, and I agree to its terms voluntarily.

Parent/Guardian Signature:	Date:
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Thank you for choosing TANC Summer Camp! We look forward to an educational and fun-filled summer!