



SAN GERONIMO VALLEY COMMUNITY CENTER
 VAST IMPROVEMENT CAMP REGISTRATION FORM



Camper's Name _____ Age/Grade _____

Parent/Guardian Name _____

Mailing Address _____ City _____ Zip _____

Home Ph. _____ Work _____ Cell _____

Email _____

Doctor's Name & Phone _____

Medical/physical conditions/ including allergies _____

The following person(s) are authorized to pick up my child at the end of camp or in an emergency:

Emergency/Alternate Contact _____

Emergency/Alternate Contact _____

The VAST Improvement August 5-8

	Monday	Tuesday	Wednesday	Thursday
10:00am to 10:15am	Introduction & Discussion	Discussion	Supplies & Accessories	Discussion
10:15am to 11:15am	Morning Check-in with Cory	Morning Check-in with Cory	Morning Check-in with Cory	Morning Check-in with Cory
11:15am to 11:30am	Break	Break	Break	Break
11:30am to 12:30pm	Language Arts	Language Arts	Language Arts	Language Arts
12:30pm to 1:00pm	Lunch	Lunch	Lunch	Lunch
1:00pm to 2:00pm	Math	Math	Math	Math-Study Skills

Credit Card/Visa/MC/Other _____ Exp. Date _____

Amount to be charged _____ Check # _____ Check Amt _____

Pay online at sgvcc.org or make checks payable to SGVCC. Memo - VAST Improvement and mail to:
 San Geronimo Valley Community Center P.O. Box 194, San Geronimo, CA 94963

I give permission to the San Geronimo Valley Community Center to use my child's photograph for future promotional material, including but not limited to websites and brochures. Names will not be used with the photographs.

The San Geronimo Valley Community Center or Staff may not be held liable for any injury my child may sustain while attending the SGVCC VAST Improvement. As a parent or guardian, I give my permission for my child to receive emergency medical treatment if I cannot be reached.

Signature _____ Date _____