

Charter School Outdoor Education Week

Name of adult responsible for your child while at camp: _____

Parent's Name _____

Child Name _____ Grade _____ Age _____

Child Name _____ Grade _____ Age _____

Child Name _____ Grade _____ Age _____

Child Name _____ Grade _____ Age _____

Address _____

City _____ State _____ ZIP _____

Home Phone (____) _____ Work Phone (____) _____

E-mail _____@_____

Charter School: _____

FEES

STUDENTS \$235 x _____ = \$ _____

PARENT \$75 x _____ = \$ _____

NON-PARTICIPATING STUDENT \$75 x _____ = \$ _____

Children 3 years and under are FREE. \$ _____

Enter Total Fees Here and Below

All meals, lodging, program and snacks are included in the listed prices.

Financial assistance is available upon request -- please call Jeremy Geels (831) 335-9133.

Consent and Release of Liability

THIS RELEASE MAY LIMIT YOUR LEGAL RIGHTS. Mission Springs Christian Camps & Conference Center (hereinafter, "Mission Springs"), also known as Frontier Ranch, offers an array of camp and conference services and facilities. While Mission Springs strives to operate safe programs and maintain safe facilities, there is always a risk of injury when participants engage in activities involving physical exertion in the natural, dim, and rustic setting of Mission Springs. By signing below, I attest that I have disclosed all known health conditions that may affect Participant's participation in the Mission Springs camp or conference. Further, I acknowledge that Participant is in good physical condition, on the basis of a physician's examination, within six months of the scheduled conference or camp. I acknowledge that Mission Springs shall not be responsible for personal belongings that may be lost or stolen during a camp or conference. In the event of an emergency, I hereby give permission to Mission Springs (and physicians selected by Mission Springs) to secure any medical treatment that may become necessary, including injections, anesthesia, and/or surgery. I acknowledge that Participant has my permission to fully participate in conference and/or camp activities, both on and off Mission Springs grounds, except as otherwise noted on the conference or camp application. I also give Mission Springs permission to use Participant's photo in future promotional materials. My signature below acknowledges that I, as a participant in a camp or conference to be held at Mission Springs, and on behalf of my child (or other person over whom I hold a legal guardianship or conservatorship) who will participate in a camp or conference at Mission Springs, am aware of the inherent hazards and risks associated with such participation. **By signing below, I attest that I have a full understanding of the inherent hazards and risks associated with participation in the conference or camp, including the activities included therein, which may involve areas of poor lighting, rough terrain, and other natural and man-made elements that could result in injury, and hereby assume all risk of loss, damage or injury that may be sustained by myself, my child, or other person over whom I have a legal guardianship or conservatorship. FURTHERMORE, I HEREBY RELEASE MISSION SPRINGS AND ITS BOARD OF DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, AND/OR VOLUNTEERS FROM ALL LIABILITY, REGARDLESS OF WHETHER SUCH LIABILITY STEMS FROM THE NEGLIGENCE ACTS OR FAILURES TO ACT OF MISSION SPRINGS EMPLOYEES, AGENTS, DIRECTORS, OFFICERS, AND/OR VOLUNTEERS.** The undersigned agrees that the foregoing Release of Liability is intended to be as broad and inclusive as permitted by the laws of the state of California, and if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, remain in full force and effect.

PARENT OR GUARDIAN SIGNATURE _____ DATE _____

Participation in Mission Springs programs is open to everyone without regard to race, age, national origin, religion, sex, or disability.

MSOE Charter School Financial Information

Payment Options:

CHECK OR CREDIT CARD

Total Amount from Above:
\$ _____

Total Amount from Above:
\$ _____

Total to Charge: \$ _____

Check Amount \$ _____
Payable to Mission Springs
Minimum deposit of \$75 per student

**Full Payment Required
with Credit Card**

Balance Due \$ _____

In the event of cancellation, a \$75 non-refundable deposit (included in camp fee) will be retained.

Full payment is required with credit card.

In the event of cancellation, a \$75 non-refundable deposit will be retained.

Credit Card: Visa Master Card

Name on Card: _____

#: _____ / _____ / _____

Exp. Date: Month _____ Year _____ V-code (3-digit number on back of card): _____

Billing address: _____

Cardholder signature _____

Mail Registration Form and payment to:

Mission Springs Outdoor Education, 1050 Lockhart Gulch Road, Scotts Valley, CA 95066

Reg# _____
Office Use

ADVANCE NOTICE OF SPECIAL NEEDS:

Examples of information we must know: food allergies, vegetarian diets, recent illness or injury, use of canes/walkers/wheelchairs, and other special concerns. Use another sheet if necessary.
