



**OUTDOOR EDUCATION CAMP
CAMP SACRAMENTO**

June 21-June 23, 2009

(Sunday-Tuesday) \$400.00

Open to Teens with disabilities

**THIS CAMP IS VENDORED THROUGH THE
REGIONAL CENTER Vendor # HAO611**

Application Form

Outdoor Education Camp 2009

NAME _____ M F AGE _____

ADDRESS _____ CITY _____ ZIP _____

PHONE# _____ Cell # _____

Campers Disability and Special Info (be specific) _____

Emergency Contact and Number _____ (_____) _____

T-Shirt Sizes:

Adult S Adult M Adult L Adult XL Adult XXL

Liability Release: I agree to hold the City of Sacramento, their directors, employees and committeemen harmless of any nature whatsoever for accident or injury to participants/myself arising out of or in any way connected with participation in city programs. I agree to give my consent to any medical treatment deemed necessary by a doctor.

SIGNATURE OF CAMPER _____ DATE _____

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

Regional Center Camp Fee Information : \$400.00

Private Pay – Payment due upon submission of registration packet. Payment may be made by check or money order.

I will be paying by: Check _____ Money Order _____

Regional Center Client -You will receive a form to be submitted to your Regional Center Case Manager along with your registration packet

() I will be requesting Regional Center Support