



**Return this page to:** Monkey Business Camp  
 2880-A Sacramento Street  
 Berkeley, CA 94702  
 P: 510.540.6025 -- F: 510.540.4708  
 Or sign, scan and e-mail to:  
[office@monkeybusinesscamp.com](mailto:office@monkeybusinesscamp.com)

## NEW Camper Registration Form

### Camper Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_ Gender: **Female**

### Sibling:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_ Gender: **Female**

### Parent/Guardian Info:

Parent(s)'s Name(s) \_\_\_\_\_  
 Mailing/Billing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Email Address(es) \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone(s) \_\_\_\_\_ Cell Phone(s) \_\_\_\_\_

### Emergency Contact Information: *In case of emergency...*

Please list **3 names & phone numbers, including yourself**, you would like us to call in order of preference (list 1 or 2 phone #s per person and indicate if that number is Home, Cell or Work (H, C, W)).

1. Name:	Relation:	Phone	Phone
2. Name:	Relation:	Phone	Phone
3. Name:	Relation:	Phone	Phone
<b>PHYSICIAN:</b>	Phone:	Hospital	
<b>DENTIST:</b>	Phone:		

**Medical/Behavioral information** Include known allergies and medications. Attach additional page with desired plan of action in case of reaction :

----- Requirement to Disclose Special Needs-read details in Policies on page 2 -----

**Sign Out Information** List all people authorized to pick-up your child (aside from parent/guardians and emergency contacts above):

Are you interested in sharing your contact info with families interested in carpooling? **Yes**  
 Current School: \_\_\_\_\_ Where did you hear about our camp? \_\_\_\_\_

### Indemnification Waiver (MBC =Monkey Business Camp)

I certify that the children named are in normal health and give permission for them to participate in program activities. I hold blameless MBC and all involved in the program from any liability for any harm that befalls the child(ren) as a result of participation in the programs. I authorize the employees of MBC to consent to medical care to be rendered to said child(ren) upon the advice of a licensed physician. The undersigned further agrees that the employees of MBC are not legally or financially liable for any claim arising out of consent given in good faith in connection with such diagnosis and treatment.

**Name:** \_\_\_\_\_ **Signature** (if sent by mail): \_\_\_\_\_ **Date:** \_\_\_\_\_

### Photo Release (MBC =Monkey Business Camp)

I hereby grant MBC the right and permission, in connection with photos and video taken of my child, his/her artwork or written work, the following: the right to use the above items, *without the use of names*, for promotional/advertising purposes, e.g. the internet and camp fairs.

**Name:** \_\_\_\_\_ **Signature** (if sent by mail): \_\_\_\_\_ **Date:** \_\_\_\_\_