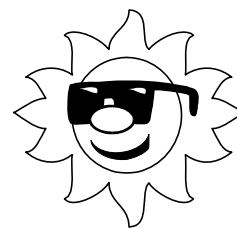




Southside Community & Senior Center, S.J.A.S. Program  
5585 Cottle Road  
San José, CA 95123  
Phone: 408-629-3336  
Fax: 408-365-7135



# SUNSHINE DAY CAMP 2009

**Sunshine Day Camp** will feature trips, enrichment activities, sports, games, arts and crafts, barbecues, cooking crafts, special events and more. *Space is limited*, so don't delay!

**Boys & Girls - 5 to 12 years old**

**Los Paseos Youth Center 121 Avenida Grande**

**Monday through Friday: (Plan A) 9:00 a.m. to 4:00 p.m. or (Plan B) 8:00am to 5:30pm**

Camp Sessions	Course #	Time	Cost	Date	Major Trips
<b>Session I</b>					
I Plan A	216.1.1009	9am-4pm	\$228	6/29 to 7/10	San Jose Skate/ Great America
I Plan B	216.1.1010	8am-5:30pm	\$288		
<b>Session II</b>					
II Plan A	216.1.1011	9am-4pm	\$248	7/13 to 7/24	Morgan Hill Aquatics/ Ice Center
II Plan B	216.1.1012	8am-5:30pm	\$308		
<b>Session III</b>					
III Plan A	216.1.1013	9am-4pm	\$248	7/27 to 8/7	Olympic Days/ Golfland & Waterslides/ Santa Cruz Boardwalk
III Plan B	216.1.1014	8am-5:30pm	\$308		

## **REGISTRATION**

Registration will begin on **Saturday, March 14, 2009**, and will continue until all spaces are filled. We strongly encourage you to use the now available online registration system at [www.sanjoseca.gov](http://www.sanjoseca.gov). Fast, friendly and convenient. This will instantly make you aware of your status in the program. You may still chose to register by fax, mail, or walk-in. However, these registrations will not be processed until on /or after March 14, 2009. Registration is taken on a first come, first served basis. **SPACE IS LIMITED, SO PLEASE REGISTER EARLY.**

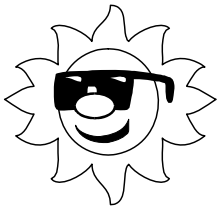
**COST:** See above for details. Check, Cash, Visa, MasterCard, Discover, or money order's are accepted. (All checks should be made out to *City of San José*)

**REFUNDS:** Requests need to be made 14 calendar days prior to the start date of the session. There will be a \$10.00 processing fee for all refunds. Refunds take approximately 8 to 11 weeks.

This program is recreational in nature, and not licensed child care. All individuals registering for camp must have reached the minimum age specified on or before the first day of the activity. If a session fills up during registration, you can request to be placed on a waiting list, and will be notified by telephone should an opening become available. For future reference, please copy this side of the Sunshine Day Camp information. Please call Richard or Monica at 629-3336 for any further information or questions.

**Note:** Trip days may depart earlier and/or return slightly later. Trips may be subject to change. Parent notification will be sent home with campers, time permitting. Check with Camp Staff if you have any questions. Childs age is subject to Birth Certificate verification.

***Approval for distribution of these materials does not imply endorsement by the Morgan Hill Unified School District (Board Policy 1325).***



# SUNSHINE DAY CAMP REGISTRATION FORM

## SOUTHSIDE REFUND POLICY

All refund requests must be made within 14 working days prior to the beginning of the session you are requesting refund for and you must submit the white copy of your receipt.  
Refunds take approximately 8 to 11 weeks.

For Credit Card Payment: (Visa, Mastercard, and Discover only.)

Name on Credit Card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

**Event Permit and Medical Release Form.** Please print all information and use ink pen.

Parent's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Circle Session Desired:            **Session 1**            **Session 2**            **Session 3**            **Session 4**

Circle Extended Hours Desired (3:30 p.m. - 5:30 p.m.):  
   **Extended 1**            **Extended 2**            **Extended 3**            **Extended 4**

Participant's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Shirt size(circle one):    M(8-10)            L(14-16)            Adult SM            Adult MD            Adult LG

### **PLEASE READ THE FOLLOWING AND SIGN AT THE BOTTOM.**

(If under 18 years old, parent or guardian must sign, and specify if gaurdian.)

I, undersigned parent or guardian, do hereby agree to allow the individual(s) named herein to participate in the aforementioned activity, and I further agree to indemnify and hold harmless the City of San José, its officers, and employees from and against any and all liability for injury, which may be suffered by the aforementioned individual(s) arising out of or in any way connected with his or her participation in this activity. I further do hereby authorize the **CITY OF SAN JOSÉ, DEPARTMENT OF PARKS, RECREATION AND NEIGHBORHOOD SERVICES** as my agent for hospital care rendered by and under the general diagnosis and advice of a physician or surgeon licensed under the Medicine Practice Act in case of an accident or illness during the duration of the event or activity. **I UNDERSTAND THAT THIS PROGRAM IS NOT A LICENSED CHILD CARE.** Any medical problems (allergies, medicine, etc.): \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

### **For Office Use Only**

Date Received: \_\_\_\_\_ Envelope: **Y N**    LC #: \_\_\_\_\_

Type of Payment:    Cash or Check #: \_\_\_\_\_ Credit Card(Batch #/Ref. #): \_\_\_\_\_

Amount Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_ Staff: \_\_\_\_\_