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2024 Summer Camp Registration Form

Student Name: _____ Grade Level as of Fall 2024: _____ New _____ Returning _____
Birthday: ____/____/____ Gender: _____ School Attending: _____

How did you hear about us (please check one box): ☐ Friend ☐ Yelp ☐ Google ☐ Nextdoor ☐ Other

Name(s) of Sibling(s) Attending MindCraft: _____

Home Address: _____ Home Phone: _____

Guardian's Name: _____ Guardian's Name: _____

Cell Phone: _____ Cell Phone: _____

E-mail: _____ E-mail: _____

Emergency Contact Name: _____ Phone: _____ Relationship: _____

Pediatric Doctor Name: _____ Phone: _____

Insurance Company: _____ Policy Number: _____

List all medical limitations and special conditions (allergies to medicine or food, asthma, etc.):

WAIVER OF LIABILITY & PHOTO RELEASE AUTHORIZATION

Waiver, Release and Assumption of Risk: I give permission for my child listed in this form to participate in Mind Craft Academy. I will not hold Mind Craft Academy or any staff member liable in case of accidents or injuries. My child's participation in Mind Craft Academy is voluntary. I (on behalf of my child) hereby assume the risk, and hereby waive, release and discharge Mind Craft Academy, its affiliates, employees, independent contractors, owners, shareholders, directors, officers, partners, carpool drivers, and agent of each of them, and their respective heirs, successors, personal representatives and assigns (collectively "the Mind Craft Academy and Related Parties") from any and all demands, claims, legal or administrative proceedings, losses. Liabilities, damages, penalties, fines, liens, judgments, costs or expenses whatsoever, including, without limitation, attorneys' fees and costs, (collectively "Claims") whether direct or indirect, known or unknown, foreseen or unforeseen, that may arise on account of or in any way be connected with (i) the case and activities provided by Mind Craft Academy, Related parties to the child named in this registration form, and (ii) any Claims arising out of any personal injuries sustained by such child while participating in this program. In connection with the above, the undersigned expressly waives the benefits of Section 1542 of the California Civil Code, which as follows: "A general release does not extend to Claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor." I, the undersigned, as the parent/guardian, acknowledge that the above named child is being enrolled in a program that consists of entertaining and recreational components, and that the Program is an exempt, NOT licensed childcare.

I hereby authorize Mind Craft Academy LLC, hereafter referred to as "Mind Craft Academy," to publish photographs taken of myself and/or the minor child or children listed in this form for use in the Mind Craft Academy's print, Online and video-based marketing materials, as well as other Company publications. I hereby release and hold harmless Mind Craft Academy LLC from any reasonable expectation of privacy or confidentiality for myself and for the minor child and children listed in this form associated with the images specified above. Further, I attest that I am the parent or legal guardian of the child or children listed in this form and that I have full authority to consent and authorize Mind Craft Academy LLC to use their likenesses and names. I further acknowledge that participation is voluntary and that neither I, the minor child, nor minor children will receive financial compensation of any type associated with taking or publication of these photographs or participation in company marketing materials or other Company publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I ACKNOWLEDGE THAT I HAVE READ THE ABOVE AGREEMENT AND RELEASE, AND FULLY UNDERSTAND THAT I HAVE ASSUMED ALL THE RISKS FOR INJURY THAT MAY INVOLVE IN THE ACTIVITIES OFFERED BY THE PROGRAM. I hereby further authorize the Program as my agent for the above named child to consent to any medical diagnosis or treatment and hospital care rendered by and under the general supervision and advice of a licensed physician or surgeon in case of accident or illness during the session of any classes or activities offered by the Program

Guardian's Signature: _____ Date: _____

	Fees Week	6/10- 6/14	6/17- 6/21	6/24- 6/28	7/1- 7/5	7/8- 7/12	7/15- 7/19	7/22- 7/26	7/29- 8/2	8/5- 8/9
5 Days	\$420									
4 Days	\$390									
3 Days	\$360									
AM (8:00-12:00)	\$320									
PM (1:00 - 6:30)	\$350									
(Discount only applies on 5 Day camp) 5% off (6 weeks plus) 10% off (8 weeks plus) Sub Total:										