

San Mateo Parks & Recreation

is proud to present **Skyhawks...**



Summer Sports Camps!

Teaching life skills through sports since 1979

Basketball

47012	7/6 - 7/9	Days: Tu-F	9:00am - 12:00pm	ages 6-12	\$105
Location: Horrall School and Shoreview Park, 949 / 950 Ocean View Ave.					
Program Note: No class Monday, 7/5/2010					

Baseball

47001	6/21 - 6/25	Days: M-F	1:00pm - 4:00pm	ages 6-10	\$130
Location: Horrall School and Shoreview Park, 949 / 950 Ocean View Ave.					
47000	8/9 - 8/13	Days: M-F	9:00am - 12:00pm	ages 6-10	\$130
Location: Horrall School and Shoreview Park, 949 / 950 Ocean View Ave.					

Flag Football

47005	7/19 - 7/23	Days: M-F	1:00pm - 4:00pm	ages 7-12	\$130
Location: Horrall School and Shoreview Park, 949 / 950 Ocean View Ave.					
47006	8/16 - 8/20	Days: M-F	9:00am - 1:00pm	ages 7-12	\$150
Location: Chanteloup Field 1 @ Beresford Park, 2720 Alameda de las Pulgas					

Lacrosse (Additional Equipment Required, see www.skyhawks.com for info)

47008	6/28 - 7/2	Days: M-F	9:00am - 12:00pm	ages 7-10	\$130
Location: Horrall School and Shoreview Park, 949 / 950 Ocean View Ave.					

Mini-Hawk (Soccer, Baseball & Basketball)

46990	6/21 - 6/25	Days: M-F	9:00am - 12:00pm	ages 5-7	\$130
Location: Horrall School and Shoreview Park, 949 / 950 Ocean View Ave.					
46991	7/19 - 7/23	Days: M-F	9:00am - 12:00pm	ages 5-7	\$130
Location: Horrall School and Shoreview Park, 949 / 950 Ocean View Ave.					
46992	7/26 - 7/30	Days: M-F	9:00am - 12:00pm	ages 5-7	\$130
Location: Horrall School and Shoreview Park, 949 / 950 Ocean View Ave.					

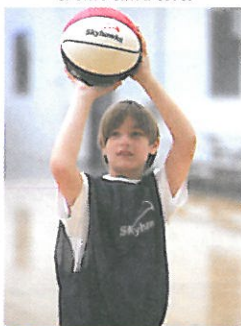
"This was the best camp! My child was totally entertained and engaged at all times!! The coaches were prepared and had endless energy! Loved it!!!"

Sarah W.



Additional registration information on backside. For camp descriptions, what to bring, gear rentals if applicable and additional reasons why you should register for a Skyhawks Sports camp, please visit www.skyhawks.com.

Partnering to develop active, healthy communities one child at a time.



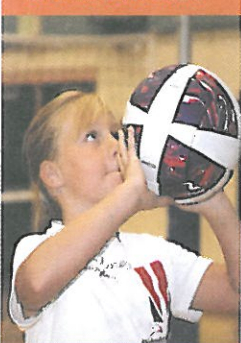
RESPONSIBILITY



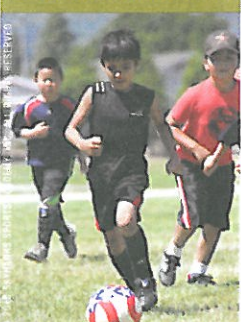
RESPECT



LEADERSHIP



SPORTSMANSHIP



TEAMWORK

CITY OF SAN MATEO PARKS & RECREATION DEPARTMENT
ACTIVITY REGISTRATION FORM

REGISTER ONLINE AT ERECREG.COM OR FAX TO 522-7411

1. Account Main Contact Name & Information

Parent/Legal Guardian Name

City of SM Resident
 (live/own property in City Limits)

Non-Resident
 (other cities & unincorporated San Mateo)

Mr. _____
 Ms. _____
 Mrs. _____
 first and last name

Date of Birth _____
 (must be 18yrs or older) month / day / year

Residence Address Complete if you are new or your information has changed.

_____ no. and street
 _____ city and zip + 4 code
 _____ email address

Phone Numbers

_____ home (area code + number)
 _____ cell (area code + number)
 _____ work (area code + number)

2. Emergency Contact

Name

_____ first and last name
 _____ relationship

Phone Numbers

_____ home / cell (area code + number)
 _____ work (area code + number)

3. A signature is required by each adult participant on this form.

To the extent allowed by law, I hereby absolve the City of San Mateo, its employees, agents, independent contractors, and officers from all liability which may arise as the result of my/our participation in activities I or any member on my family account attends or registers into; and, in the event that the above named participant is a minor, I hereby give my permission for his or her participation as indicated and in so doing absolve the City of San Mateo, its employees, agents, independent contractors, and officers from such liability. I am aware that if I have registered for a class involving physical activity, I have taken care to enroll at a class level appropriate to my/our physical abilities and/or medical conditions. I release use of my/our photos taken during program participation from all and any claims and demands resulting from their use in program publicity.

Signature _____ Date _____ self parent guardian
 Signature _____ Date _____ self parent guardian
second participant's signature

4. All participants listed here must live at the same address listed above.

Participant Name First and last <i>(use one line for each person or course)</i>	Course Title	Course Number <i>(last 5 digits)</i>	Alternate Course Number	Course Fee \$	Date of Birth <i>(mm/dd/yy)</i>	Gender
1.					/ /	M F
2.					/ /	M F
3.					/ /	M F
4.					/ /	M F
5.					/ /	M F
6.					/ /	M F

TOTAL FEES

Help us help others! Donate to the Fee Assistance Fund. ➔
(please enter amount in the space to the right)

DONATION AMOUNT

Less Credit on Account

Total Amount Enclosed

_____ credit card payment authorization _____ mo/yr

_____ billing zip code

Choose 1

PAYMENT TYPE Cash Other _____
 Check *(payable to City of San Mateo)*

Recreation Fee Assistance Program

_____ authorized signature *(as shown on credit card)*