



Student **Afternoon Application**

The Dominican Department of Athletics and Recreation is offering an Afternoon Session open to a limited number of registered participants in the Summer Odyssey Program. Students will have the opportunity to develop new skills and have fun in an active and positive environment. Registration is through the Department of Athletics and Recreation. All sessions will be held at the Conlan Recreation Center on the Dominican campus.

The Summer Odyssey Afternoon Sessions are July 21 - 25 and July 28 - August 1, 12- 4 p.m. \$165 a week, or \$300 for both weeks. **Please make checks payable to Dominican Athletics. Visa or MasterCard accepted.** This fee includes all activities and daily nutritious lunches at Caleruega Dining Hall. There will be daily swim time as well as a different activity each day, such as soccer, nature hikes, kickball, capture the flag, and balloon toss on campus. Qualified coaches and staff from the Department of Athletics and Recreation will direct the Afternoon Session.

Pick-up Policy

Parents or authorized guardians must pick up children promptly at 4 p.m. each day. There will be a fifteen-minute grace period. Thereafter, child-care charges of \$10 late fee will be in effect.

Refund Policy

In the event that your child is unable to attend the Afternoon Sessions for which he/she is registered, the following refund policy will apply:

- A full refund will be issued for notification of cancellation thirty (30) or more days prior to the start of session.
- For notification less than thirty (30) days, a \$50 processing fee will be subtracted from the fee.
- No refunds will be issued for cancellations one week (7 days) or less prior to the start of the sessions. No refunds will be issued after the start of the sessions.
- Please allow 2-4 weeks for processing of refund checks.

Telephone: 415-482-3500 Fax: 415-485-9746

Student	Last Name	First Name	Age	
Mailing Address	Apt. No.	City	State	ZIP
Parent	Last Name	First Name	Phone	E-mail
Insurance Carrier	Policy#		Special Needs/Medication	
Emergency Contact	Name		Phone	

Please Check One of the Following July 21 - 25 (\$165) July 28 - August 1 (\$165) Both Weeks (\$300)

Payment: \$_____ Check Enclosed (*Payable to Dominican Athletics*) **Credit Card:** Visa MasterCard

Cardholder Name	Card Number#	Exp. Date
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Signature

I, the undersigned, hereby acknowledge that certain risks of injury are inherent to participation in recreational activities and classroom activities. These types of injuries may be minor or serious and may result from one's actions, or the actions or interactions or others or a combination of both. I hereby understand that certain activities require a minimum level of fitness and health (physical, mental, and emotional) and that each person has a different capacity for participating in these activities. I hereby agree that Dominican University of California, its faculty, staff, and agents, shall not be liable for any injury, loss or damage to person or property, incurred during this program, including deterioration of health or illness or aggravation of condition resulting from participation in these activities. I declare having read and understood the above informed consent agreement in its entirety and hereby give my consent for the registrant to participate knowing all the foregoing.

Signature of Parent/Guardian

Date



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