



2024

EVERGREEN RECREATION CENTER
SUMMER CAMP
CITY OF LOS ANGELES DEPARTMENT OF RECREATION AND PARKS

EVERGREEN RECREATION CENTER

PARENT/GUARDIAN HANDBOOK

2844 E. 2ND STREET, LOS ANGELES, 90033 | P: (323) 262-0397 | E: EVERGREEN.RECREATIONCENTER@LACITY.ORG



FOR UPDATES AND PICTURES FOLLOW US ON INSTAGRAM - @EVERGREEN.RC

SUMMER CALENDAR

2024
CAMP HOURS
 8:00 AM-6:00 PM



EVERGREEN RECREATION CENTER

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	WEEKLY THEME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
JUNE		NO CAMP CAMP BEGINS WEDNESDAY. JUNE 12TH	NO CAMP	 12	CAMPERS VS COUNSELORS 13	HIKING - ASCOT HILLS 10:00 AM-1:00 PM SWIMMING FOR CAMPERS 7 AND OVER 14
	 SPACE EXPEDITION	SWIMMING FOR CAMPERS 7 AND OVER: PLEASE BRING SWIMSUIT, TOWEL, SUNSCREEN 17	SUMMER CAMP CLUBS 18	HOLIDAY - HAPPY JUNETEENTH! JUNETEENTH FREEDOM DAY NO CAMP - CLOSED 19	CALIFORNIA SCIENCE CENTER 8:45 AM-6:00 PM California Science Center 20	WALKING TRIP LAPD STATION TOUR POLICE OFFICER 21
	 MAGIC FOR MUGGLES	SWIMMING FOR CAMPERS 7 AND OVER: PLEASE BRING SWIMSUIT, TOWEL, SUNSCREEN 24	SUMMER CAMP CLUBS 25	SWIMMING FOR CAMPERS 7 AND OVER: PLEASE BRING SWIMSUIT, TOWEL, SUNSCREEN 26	SPLASH! LA MIRADA 9:00 AM-6:00 PM Splash! 27	Mad Science Day! 28
	 PARTY IN THE USA	SWIMMING FOR CAMPERS 7 AND OVER: PLEASE BRING SWIMSUIT, TOWEL, SUNSCREEN 1	SUMMER CAMP CLUBS 2	HANSEN DAM 9:00 AM-6:00 PM PLEASE BRING A SACK LUNCH, SWIMWEAR, SUNSCREEN AND A TOWEL 3	HOLIDAY - CENTER CLOSED HAPPY fourth july! 4	BIG BBQ BASH 5
	 COLOR CRAZE	SWIMMING FOR CAMPERS 7 AND OVER: PLEASE BRING SWIMSUIT, TOWEL, SUNSCREEN 8	SUMMER CAMP CLUBS 9	SWIMMING FOR CAMPERS 7 AND OVER: PLEASE BRING SWIMSUIT, TOWEL, SUNSCREEN 10	KNOTT'S BERRY FARM 8:30 AM-6:00 PM Knott's Berry Farm 11	COLOR WARS AND OTHER MESSY GAMES 12
JULY	 PLAY LA SPORTS MANIA	SWIMMING FOR CAMPERS 7 AND OVER: PLEASE BRING SWIMSUIT, TOWEL, SUNSCREEN 15	LA SPARKS GAME 10:00 AM-4:00 PM LA Sparks 16	SWIMMING FOR CAMPERS 7 AND OVER: PLEASE BRING SWIMSUIT, TOWEL, SUNSCREEN 17	SUMMER CAMP CLUBS 18	MINI MUDDER 19
	 EARTH TREKKERS	SWIMMING FOR CAMPERS 7 AND OVER: PLEASE BRING SWIMSUIT, TOWEL, SUNSCREEN 22	SUMMER CAMP CLUBS 23	SWIMMING FOR CAMPERS 7 AND OVER: PLEASE BRING SWIMSUIT, TOWEL, SUNSCREEN 24	KNOTT'S SOAK CITY 8:30 AM-6:00 PM SOAK CITY WATER PARK 25	Fear factor 26
	 CH'CHELLA	SWIMMING FOR CAMPERS 7 AND OVER: PLEASE BRING SWIMSUIT, TOWEL, SUNSCREEN 29	SUMMER CAMP CLUBS 30	SWIMMING FOR CAMPERS 7 AND OVER: PLEASE BRING SWIMSUIT, TOWEL, SUNSCREEN 31	SKY ZONE - ALHAMBRA 9:00 AM-6:00 PM 54 1	SUMMER CAMP MUSIC FESTIVAL EVERGREEN FESTIVAL 2
	 SPIRIT WEEK DECEMBER 12-14	SWIMMING FOR CAMPERS 7 AND OVER: PLEASE BRING SWIMSUIT, TOWEL, SUNSCREEN 5	SUMMER CAMP CLUBS 6	SWIMMING FOR CAMPERS 7 AND OVER: PLEASE BRING SWIMSUIT, TOWEL, SUNSCREEN 7	SIX FLAGS MAGIC MOUNTAIN 8:30 AM-6:30 PM Six Flags MAGIC MOUNTAIN 8	CARNIVAL FUNFAIR 9

ALL ACTIVITIES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTICE.

FIELD TRIP DAYS: PLEASE ARRIVE ON TIME. ALL CAMPERS MUST BE WEARING THEIR CAMP SHIRT TO ATTEND THE FIELD TRIP.

SWIM DAYS: ONLY KIDS 7 AND UP WILL ATTEND THE POOL. MUST HAVE APPROPRIATE SWIM WEAR. NO BASKETBALL SHORTS OR LOOSE T'S ALLOWED.

JUNE

JULY

AUGUST



WELCOME!

Welcome to camp Evergreen! Get ready for a fun filled summer where your child will participate in games, sports, arts and crafts, special events and more. Our mission is to make sure every camper has a summer to remember by providing a safe and supportive environment through structured activities.

You will find all the ins and outs of camp—rules, procedures, and everything in between—in this handbook. Keep it handy and make sure to read through it with your camper so that you are both ready for camp. Please don't hesitate to reach out via phone or email if you have any further questions. We are here to help make this the best summer ever!

BIENVENIDOS!

Bienvenidos al campamento de verano Evergreen! Preparense para un Verano divertido donde los participantes participaran en juegos, deportes, artesanias, eventos especiales y mas. Nuestra meta es asegurarnos que cada uno de los participantes del campamento tenga un verano inolvidable y provenir un espacio seguro a traves de actividades estructuradas.

Ene este folleto encontrara las reglas, procedimientos y todo lo que hay de saber sobre el campamento. Mantengalo cerca y asegure de leerlo con su hijo/a para que ambos esten listos para el campamento. Qualquier otras perguntas, favor de contactarnos por telefono o correo electronico. Estamos aqui para ayudarles a tener el mejor verano posible!





CAMP DATES/ FECHAS DE CAMPAMENTO

WEDNESDAY, JUNE 12TH - FRIDAY, AUGUST 9TH

PLEASE NOTE WE WILL BE OBSERVING THE FOLLOWING HOLIDAYS AND WILL BE **CLOSED:**



JUNETEENTH WEDNESDAY, JUNE 19TH, 2024

4TH OF JULY THURSDAY, JULY 4TH, 2024



CAMP HOURS/ HORARIO

EXTENDED CARE/ CUIDADO EXTENDIDO:	8:00 AM—10:00 AM
CAMP / CAMPAMENTO:	10:00 AM-4:00 PM
EXTENDED CARE/ CUIDADO EXTENDIDO:	4:00 PM-6:00 PM
FIELD TRIP DAYS/ DIA DE PASEO:	SCHEDULE WILL VARY, PLEASE CHECK CALENDAR. EL HORARIO ES DEPENDIENTE DEL PASEO, FAVOR DE REVISAR EL CALENDARIO

A LATE PICK UP FEE OF \$10 FOR THE FIRST 10 MINUTES AND \$1 PER MINUTE AFTERWARDS. WILL BE ASSESSED FOR CAMPERS PICKED UP AFTER 6:00 PM.
SE COBRARA UNA INFRACCION DE \$10 POR LOS PRIMERO 10 MINUTOS Y \$1 POR MINUTO DESPUES DE LOS 10 MINUTOS INICIALES POR RECOGER A NIÑOS TARDE - DESPUES DE LAS 6:00 PM.



FEES/ COSTO

- **CAMP IS \$50 PER WEEK | \$25 FOR HOUSEHOLDS WITH A COMBINED 91K ANNUAL INCOME AND SIGNED ATTESTATION FORM**
- **COSTO ES \$50 POR SEMANA | \$25 PARA HOGARES CON INGRESOS ANUALES DE 91 MIL O MENOS Y FORMULARIO DE ATESTACION FIRMADO.**
- **THERE IS A ONE TIME NON REFUNDABLE \$25 REGISTRATION FEE**
- **HAY UN COSTO DE REGISTRACION DE \$25 - NO ES REEMBOLSABLE**



REFUNDS/ REEMBOLSOS

- **ALL REFUNDS ARE SUBJECT TO A 15% ADMINISTRATION FEE. NO REFUNDS WILL BE GRANTED WITHIN A WEEK OF START OF ACTIVITY. FULL REFUNDS ARE ONLY ISSUED WHEN THE RECREATION CENTER CANCELS THE ACTIVITY.**
- **SE COBRA UNA CUOTA DE ADMINISTRACION DE 15% POR TODOS LOS REEMBOLSOS. NO HAY REEMBOLSOS SI LA CANCELACION OCURRE A UNA SEMANA DE EMPEZAR LA ACTIVIDAD. SOLAMENTE SE HACEN REEMBOLSOS COMPLETOS CUANDO EL CENTRO DE RECREACION CANCELA LA ACTIVIDAD.**



REGISTRATION/ REGISTRACION

- **CAMP WEEK(S) MUST BE PAID IN FULL. WE CANNOT HOLD SPACES. WEEKS NOT PAID FOR WILL RESULT IN SPOT LOST TO THE WAITLIST.**
- **ALL CAMPERS MUST HAVE A COMPLETED REGISTRATION FORM ON FILE. THE FORM CONTAINS IMPORTANT INFORMATION, WE ASK THAT YOU PLEASE MAKE SURE THE FORM IS COMPLETE AND ACCURATE. CHANGES TO THE FORM CAN BE MADE AT ANY TIME IN PERSON OR VIA EMAIL.**
- **LAS SEMANAS TIENEN QUE PAGARSE POR COMPLETO. NO PODEMOS RESERVAR OR GUARDAR ESPACIOS. SE DA A PERDER EL ESPACIO POR CUALQUIER SEMANA QUE NO SE HAGA PAGADO.**
- **SE DEBE LLENAR UN FORMULARIO DE REGISTRACION POR PARTICIPANTE. ESTE FORMULARIO CONTIENE INFORMACION IMPORTANTE. POR FAVOR ASEGURESE QUE EL FORMULARIO ESTE COMPLETO Y CON LA INFORMACION AL CORRIENTE. CAMBIOS A LA FORMA SE PUEDEN HACER A QUALQUIER HORA EN PERSONA O POR CORREO ELECTRONICO.**



PREPARING FOR CAMP/ PREPARANDOSE PARA EL CAMPAMENTO

BREAKFAST, LUNCH AND SNACK

- **PLEASE MAKE SURE YOUR CHILD HAS A HEARTY BREAKFAST BEFORE ARRIVING TO CAMP—WE WILL NOT BE PROVIDING BREAKFAST.**
- **LUNCH WILL BE PROVIDED BY THE SUMMER LUNCH PROGRAM AND WILL BE SERVED DAILY FROM 12:00 PM-12:30 PM. LUNCH MENUS WILL BE POSTED AND BE AVAILABLE UPON REQUEST. IF YOUR CHILD HAS DIETARY NEEDS, PLEASE PROVIDE A SPOIL-FREE LUNCH FOR YOUR CHILD DAILY. (IN THE EVENT THAT THE SUMMER LUNCH PROGRAM IS NOT PROVIDING LUNCH, WE WILL NOTIFY YOU AND WE ASK THAT YOU PLEASE PROVIDE A LUNCH FOR YOUR CHILD).**
- **AFTERNOON SNACK WIL BE PROVIDED BY EVERGREEN AND BE SERVED DURING SNACK TIME—3:00 PM. CHILDREN MAY EAT SNACKS THEY BROUGHT FROM HOME DURING THIS TIME.**

DESAYUNO, LONCHE, Y BOCADILLO

- **FAVOR DE ASEGURARSE QUE SU HIJO/A DESAYUNE ANTES DE LLEGAR AL CAMPAMENTO - NOSOTROS NO PROVEREMOS DESAYUNO.**
- **SE LES DARA LONCHE DIARIAMENTE CORTESIA DEL SUMMER LUNCH PROGRAM. SERVIREMOS LONCHE DIARIO DE 12:00 PM-12:30 PM. EL MENU DE LONCHE ESTA DISPONIBLE PARA CUALQUIER PERSONA QUE QUISIERA COPIA. SI SU HIJO/A TIENE RESTRICCIONES DIETETICAS POR FAVOR DE PROVENIR UN LONCHE DIARIO. EN EL EVENTO QUE EL SUMER LUNCH PROGRAM NO VALLA A OFRECER COMIDA SE LE DARA PREVIO AVISO. EN ESTOS DIAS SE LE PIDIRA QUE POR FAVOR MANDE LONCHE PARA SU HIJO/A.**
- **DAREMOS BOCADILLO DIARIO DURANTE LA HORA DE BOCADILLO—3:00 PM. LOS PARTICIPANTES PODRAN COMER BOCADILLOS QUE TRAIGAN DE CASA DURANTE ESTE TIEMPO.**





PREPARING FOR CAMP/ PREPARANDOSE PARA EL CAMPAMENTO

DRESS CODE & PARTICIPATION/ CODIGO DE VESTIR Y PARTICIPACION

- FOR SAFETY PURPOSES, CLOSE-TOED SHOES WITH RUBBER SOLES MUST BE WORN DAILY—NO EXCEPTIONS. PLEASE ENSURE CAMPERS WEAR COMFORTABLE CLOTHING THAT CAN WITHSTAND A DAY OF ACTIVE PLAY. FOR POOL DAYS, SANDALS WILL ONLY BE ALLOWED AT THE POOL. IF CAMPERS NEED TO CHANGE CLOTHES DURING CAMP HOURS, PLEASE MAKE SURE THEY DO SO THEMSELVES, STAFF IS NOT PERMITTED TO HELP THEM CHANGE.
- CAMPERS MUST WEAR THEIR CAMP SHIRT ON FIELD TRIP DAYS. NO EXCEPTIONS. EXTRA SHIRTS CAN BE PURCHASED AT THE RECREATION CENTER FOR \$15.
- WE DO NOT HAVE THE RESOURCES TO CARE FOR OR PROVIDE ALTERNATE ACTIVITIES FOR A CAMPER THAT DOES NOT WANT TO PARTICIPATE IN THE ACTIVITIES. IT IS IMPORTANT, AND TO EACH CHILD'S BENEFIT, THAT EVERYONE PARTICIPATES IN ALL ACTIVITIES.
- POR SEGURIDAD, SE REQUIERE QUE TODOS LOS CAMPANTES TRAIGAN ZAPATO CERRADO ATLETICO—NO HAY EXCEPCIONES. POR FAVOR ASEGURESE QUE TRAIGAN ZAPATOS Y ROPA COMODA PARA UN DIA DE ACTIVIDADES ACTIVAS. PARA LOS DIA DONDE VALLAMOS A LA ALBERCA SE LES PERMITIRA USAR SANDALIAS EN LA ALBERCA SOLAMENTE. SI LOS CAMPANTES OCUPAN CAMBIARSE DURANTE EL DIA TENDRAN QUE HACERLO SOLOS. NO SE LES PERMITE A LOS TRABAJADORES QUE AYUDEN A CAMBIAR A LOS CAMPANTES.
- CAMPANTES DEBEN USAR SU CAMISA DE CAMPAMENTO EN DIA DE PASEOS—NO EXCEPCION. CAMISAS ADICIONALES PUEDEN COMPRARSE EN LA OFICINA POR \$15.
- NO TENEMOS LOS RECURSOS PARA PROVENER CUIDADO O ACTIVIDADES DIFERENTES A LAS CUALES ESTAN PROGRAMADAS. ES IMPORTANTE Y AL BENEFICIO DE CADA NIÑO/A QUE TODOS PARTICIPEN EN LAS ACTIVIDADES.

PERSONAL ITEMS/ ARTICULOS PERSONALES

- THE RECREATION CENTER, ITS STAFF AND THE CITY OF LOS ANGELES DEPARTMENT OF RECREATION AND PARKS ARE NOT RESPONSIBLE FOR LOST OR STOLEN ITEMS. PLEASE LABEL ALL PERSONAL ARTICLES (CLOTHING, BACKPACKS, LUNCH PAILS, ETC.).
- THE FOLLOWING ITEMS ARE NOT ALLOWED AT CAMP:

ELECTRONICS: CELL PHONE, TABLETS, PORTABLE GAMING SYSTEMS ETC.

- EL CENTRO DE RECREACION, PERSONAL Y LA CIUDAD DE LOS ANGELES DEPARTAMENTO DE RECREACION NO ES RESPONSABLE POR ARTICULOS PERDIDOS, DAÑADOS O ROBADOS. FAVOR DE PONER EL NOMBRE EN TODOS LOS ARTICULOS PERSONALES.
- LOS PROXIMOS ARTICULOS NO SE PERMITEN TRAER AL CAMPAMENTO:

ELECTRONICOS: CELULARES, TABLETAS, JUEGOS ELECTRONICOS PORTATIL, ETC.

LOST AND FOUND / OBJETOS PERDIDOS

- ANY LOST AND FOUND ITEMS WILL BE PLACED IN THE LOST AND FOUND BOX. BEFORE LEAVING, PLEASE SEARCH THROUGH THE LOST AND FOUND BOX FOR ANY OF YOUR ITEMS. ITEMS WILL BE DONATED EVERY 2 WEEKS.
- OBJETOS PERDIDOS SERAN PUESTOS EN LA CAJA DE OBJETOS PERDIDOS. LOS OBJETOS DE LA CAJA SERAN DONADOS CADA 2 SEMANAS. FAVOR DE REVISAR AL FINAL DEL DIA POR OBJETOS PERDIDOS





ILLNESS, INJURIES AND MEDICATIONS/ ENFERMEDADES, LESIONES Y MEDICAMENTO

- IN ORDER TO MAINTAIN THE WELLNESS OF OUR CAMPER, CAMP EVERGREEN DOES NOT PERMIT CAMPERS WITH ANY COMMUNICABLE DISEASES., INCLUDING COLDS, TO ATTEND CAMP. IF IT IS DETERMINED THAT A CAMPER IS NOT WELL ENOUGH TO PARTICIPATE FULLY IN THE PROGRAM, WE WILL CALL THE PARENT/GUARDIAN TO PICK THEM UP FROM CAMP . PLEASE ARRANGE FOR CHILDREN TO BE PICKED UP WITHIN AN HOUR .
- FOR ALL MINOR INJURIES, MINIMAL FIRST AID WILL BE PROVIDED; WATER, SOAP, BAND-AIDS AND ICE PACKS. THE INJURY WILL BE LOGGED AND THE PARENT WILL BE NOTIFIED UPON PICK-UP. FOR ANY EMERGENCY OR MAJOR INJURIES, 911 WILL BE CALLED. THE PARENT/ GUARDIAN WILL BE CALLED IMMEDIATELY USING THE NUMBERS PROVIDED ON THE REGISTRATION FORM.
- MEDICATION: STAFF IS NOT AUTHORIZED TO ADMINISTER MEDICATION. IF YOUR CAMPER NEEDS TO HAVE ACCESS TO THEIR MEDICATION DURING CAMP HOURS PLEASE COMPLETE THE "REQUEST FOR MEDICATION" PORTION OF THE REGISTRATION FORM AND PROVIDE A CLEARLY LABELED MEDICATION TO THE PARK OFFICE. YOUR CHILD IS RESPONSIBLE FOR REQUESTING THEIR MEDICATION DURING CAMP HOURS.
- PARA MANTENER EL BUEN ESTAR DE TODOS LOS NIÑOS DEL PROGRAMA, NO PERMITIMOS QUE NIÑOS CON ENFERMADES CONTAGIOSAS COMO LA GRIPA ASISTAN AL PROGRAMA. SI EL NIÑO/A DEMUESTRA SINTOMAS O NO ESTA EN CONDICION DE PARTICIPAR EN EL PROGRAMA SE LE HABLARA A LOS PADRES PARA QUE SEAN RECOGIDOS. SE LES PERMITE UNA HORA PARA RECOGER AL NIÑO/A.
- PARA TODAS LESIONES MENORES SE ADMINISTRARA PRIMEROS AUXILIOS MENORES; HIELO, CURITAS, AGUA, Y JABON. LA LESION SERA DOCUMENTADA Y EL PADRE SERA NOTIFICADO CUANDO RECOGAN AL NIÑO/A. PARA LESIONES MAYORES HABLAREMOS AL 911 Y LOS PADRES O GUARDIANES SERAN CONTACTADOS USANDO LOS NUMEROS DE TELEFONO EN EL FORMULARIO DE REGISTRACION.
- MEDICAMENTO: EL PERSONAL NO ESTA AUTORIZADO A ADMINISTRAR MEDICAMENTO. SI SU NIÑO/A REQUIRE MEDICAMENTO, FAVOR DE COMPLETAR LA PORCION CORRESPONDIENTE EN LA FORMA DE REGISTRACION. SU NIÑO/A ES RESPONSABLE DE PEDIR Y TOMAR EL MEDICAMENTO.

CHILD ABUSE REPORTING/ REPORTANDO ABUSO INFANTILE

- UNDER THE MANDATORY CHILD ABUSE AND NEGLECT REPORTING ACT, CALIFORNIA PENAL CODE SECTION 11161.5, THE RECREATION STAFF IS MANDATED TO REPORT ANY SUSPECTED FORM OF CHILD ABUSE TO THE PROPER AUTHORITIES.
- BAJO EL ACTO DE ABUSO INFANTIL, CODIGO PENAL SECCION 11161.5, EL PERSONAL DE RECREATION ESTA BAJO MANDATO DE REPORTAR CUALQUIER SOSPECHA DE ABUSO INFANTIL A LAS AUTORIDADES.



WATER DAYS/ DIAS ACUATICOS

- FOR CAMPERS 7-12, SWIM DAYS WILL TAKE PLACE ON MOST MONDAYS & WEDNESDAYS FROM 12:30 PM-3:00 PM AT ROOSEVELT POOL. (BASED ON POOL AVAILABILITY). ALL CAMPERS MUST BRING APPROPRIATE SWIMWEAR.
- CAMPERS THAT ARE 5-6 YEAR OLD WILL REMAIN AT THE SITE. ALTERNATE ACTIVITIES WILL BE PLANNED.
- PARA LOS NIÑOS EDADES 7-12, LOS DIAS DE NATACION SERAN MARTES, MIERCOLES Y VIERNES DE 12:30 PM-3:00 PM EN LA ALBERCA DE ROOSEVELT. TODOS LOS NIÑOS DEBERAN TRAER TRAJE DE BAÑO APROPRIADO.
- NIÑOS DE EDADES 5-6 SE QUEDARAN EN EL CENTRO. ACTIVIDADES ALTERNAS SERAN PLANEADAS.



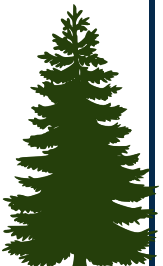
DROPPING OFF AND PICKING UP/ DEJAR Y REGOGER DEL CAMPAMENTO

- DROP OFF REQUIRES A PARENT OR AUTHORIZED ADULT TO BE PRESENT.
- ADULTS WILL BE REQUIRED TO VERIFY THEIR IDENTITY BY SHOWING A PHOTO I.D. ONLY ADULTS LISTED ON THE AUTHORIZED LIST WILL BE ALLOWED TO PICK UP CAMPERS. **CHANGES TO THE AUTHORIZED LIST CAN ONLY BE MADE IN PERSON.**
- SE REQUIERE QUE UN ADULTO DEJE Y FIRME POR EL NIÑO/A POR LAS MAÑANAS.
- SE PEDIRA IDENTIFICACION A ADULTOS RECOGIENDO AL NIÑO/A. SOLO ADULTOS EN LA LISTA DE PERSONAS AUTORIZADAS PODRAN RECOGER AL NIÑO/A. **CAMBIOS A LA LISTA DE ADULTOS AUTORIZADOS TIENEN QUE HACERSE EN PERSONA.**



FIELD TRIPS/ EXCURSIONES

- THERE WILL BE NO FIELD TRIP THE FIRST WEEK OF CAMP.
- MOST FIELD TRIPS WILL TAKE PLACE ON THURSDAYS. CAMP SHIRTS MUST BE WORN ON ALL TRIPS.
- CAMPERS MUST TRAVEL WITH THE CAMP ON THE BUS TO AND FROM FIELD TRIP LOCATION. CAMPERS MAY NOT BE DROPPED OFF OR PICKED UP FROM LOCATION. PARENTS ARE NOT ALLOWED TO MEET CAMPERS AT TRIP LOCATIONS OR ATTEND FIELD TRIPS.
- DUE TO STRICT BUS SCHEDULES, WE ASK THAT YOU PLEASE ARRIVE ON TIME. WE CANNOT WAIT FOR PEOPLE RUNNING LATE. PLEASE MAKE SURE YOU KNOW WHAT TIME THE BUS DEPARTS AND ARRIVES FOR EACH TRIP
- NO HABRA EXCURSION LA PRIMERA SEMANA DEL CAMPAMENTO.
- LA MAYORIA DE LOS PASEOS SERAN LOS JUEVES. ES MANDATORIO USAR CAMISA DEL CAMPAMENTO DURANTE LOS PASEOS.
- LOS NIÑOS DEBEN VIAJAR CON EL CAMPAMENTO POR AUTOBUS. NO SE PERMITE DEJAR A LOS NIÑOS EN EL LUGAR DEL PASEO NI RECOGER TEMPRANO EN EL LUGAR DEL PASEO. NO SE PERMITE QUE LOS PADRES VALLAN A ENCONTRARSE CON LOS NIÑOS EN EL LUGAR DEL PASEO NI QUE ASISTAN LOS PASEOS.
- DEBIDO A HORARIOS DE AUTOBUS ESTRICTOS, POR FAVOR DE LLEGAR A TIEMPO. NO PODEMOS ESPERAR A NIÑOS QUE VENGAN TARDE. FAVOR DE ASEGURARSE EL HORARIO DE SALIDA Y LLEGADA DEL AUTOBUS.





CAMPERS CODE OF CONDUCT/ CONDUCTA DE COMPORTAMIENTO

WE WANT TO PROVIDE A SAFE ENVIRONMENT TO ALL CAMPERS AND FOR THEM TO HAVE THE BEST EXPERIENCE POSSIBLE. THE FOLLOWING CAMP RULES WILL BE DISCUSSED WITH ALL CAMPERS ON THE FIRST DAY OF CAMP. REMEMBER, THESE RULES ARE HERE TO HELP US HAVE THE BEST SUMMER EVER! IF A CHILD'S ACTIONS ARE UNSAFE OR CONTINUOUSLY DISRUPTIVE TO THE CAMP'S OPERATIONS, DISCIPLINARY ACTION WILL BE TAKEN.

1. **BE KIND:** TREAT OTHERS THE WAY YOU WANT TO BE TREATED.
2. **LISTEN UP:** WHEN COUNSELORS/ DIRECTORS ARE TALKING; IT'S TIME TO LEND AN EAR AND LISTEN UP.
3. **BE RESPECTFUL:** USE APPROPRIATE CAMP LANGUAGE—NO NAME CALLING, CURSING OR BULLYING. PLEASE DO NOT COMMENT ON HOW SOMEONE LOOKS, ACTS OR SOUNDS.
4. **PERSONAL SPACE:** DO NOT TOUCH , THROW THINGS AT, OR PHYSICALLY HARM FELLOW CAMPERS, COUNSELORS OR STAFF.
5. **STAY WITH THE GROUP:** STAY WITH YOUR GROUP AT ALL TIMES! NO RUNNING AWAY OR HIDING FROM YOUR COUNSELOR. ALWAYS BE WITH A BUDDY AND A COUNSELOR. STICK TOGETHER LIKE GLUE.
6. **SAFETY FIRST:** NO CLIMBING ONTO THINGS. RUNNING IN DESIGNATED AREAS ONLY. NO SHARING OF FOOD OR DRINKS. NO PETTING OR FEEDING DOGS, OR OTHER ANIMALS WE MAY ENCOUNTER.
7. **RESPECT CAMP PROPERTY:** TREAT CAMP ITEMS SUCH AS MATERIALS, TOYS, PLAY EQUIPMENT AND FURNITURE WITH RESPECT.
8. **CLEAN UP:** CLEAN UP AFTER YOURSELF BEFORE MOVING ONTO THE NEXT ACTIVITY.
9. **NO VALUABLES:** DO NOT BRING VALUABLE ITEMS FROM HOME. PHONES ARE NOT PERMITTED DURING CAMP HOURS. WE RESERVE THE RIGHT TO HOLD ONTO CAMPER'S PHONE UNTIL THE END OF THE DAY AND RETURN IT UPON PICK UP.
10. **USE YOUR WORDS:** IF YOU'VE GOT A PROBLEM OR NEED HELP, DON'T BE SHY. TALK TO A COUNSELOR AND WE'LL DO OUR BEST TO HELP YOU OUT. IF YOU ARE HURT (OUCH!?) LET YOUR COUNSELOR KNOW, SO THEY CAN FILL OUT A REPORT AND LET YOUR PARENTS/ GUARDIANS KNOW AT THE END OF THE DAY.

II. HAVE FUN!



BEHAVIOR REPORTS AND GROUNDS FOR DISMISSAL

- IF A CAMPER DOES NOT FOLLOW THE ABOVE RULES, A BEHAVIOR REPORT MAY BE ISSUED AFTER AN INITIAL WARNING AND DISCUSSION. AFTER AN INITIAL WARNING AND DISCUSSION, WE HAVE A THREE-STRIKE POLICY AS FOLLOWS.
- **1ST STRIKE:** COUNSELOR WILL MEET WITH FT STAFF AND CAMPER, A BEHAVIORAL REPORT WILL BE SENT HOME.
- **2ND STRIKE:** PARENT/ GUARDIAN WILL MEET WITH COUNSELOR, CAMPER, AND FULL TIME STAFF.
- **3RD STRIKE:** WILL RESULT IN DISCIPLINARY ACTION AND/OR DISMISSAL FROM THE PROGRAM.
- BASED ON THE SEVERITY OF THE CAMPER'S ACTION, WE RESERVE THE RIGHT TO IMMEDIATELY DISMISS A CAMPER FROM OUR PROGRAM. THERE WILL BE NO REFUNDS FOR CAMPERS DISMISSED FROM THE PROGRAM.



CONDUCTA DE COMPORTAMIENTO

QUEREMOS QUE TODOS LOS NIÑOS TENGAN LA MEJOR EXPERIENCIA POSIBLE EN UN AMBIENTE SEGURO. DISCUTIREMOS LAS PROXIMAS REGLAS CON TODOS LOS NIÑOS DEL PROGRAMA EN EL PRIMER DIA DE CAMPAMENTO. RECUERDEN LAS REGLAS NOS AYUDAN A MANTENER SEGURIDAD Y A TENER UN VERANO INCREIBLE! SI LAS ACCIONES DE UN NIÑO/A NO SON SEGURAS O CAUSAN DISRUPCION A LAS OPERACIONES DEL PROGRAMA SE INICIARA ACCIONES DISIPLINARIAS.

1. **SEAN AMABLES:** TRATEN A TODOS LOS DEMAS DE LAMANERA COMO QUISIERAN QUE NOS TRATEN A NOSOTROS.
2. **ESCUCHEN:** CUANDO LOS CONSEJEROS/ DIRECTORES ESTEN HABLANDO ES HORA DE PRESTAR ATENCION Y ESCUCHAR.
3. **SEAN RESPETUOSOS:** USEN LENGUAJE APROPIADO. NO SE PERMITEN MALAS PALABRAS O INSULTOS. NO SE PERMITEN COMENTARIOS SOBRE LA APARENCIA DE ALGUIEN, COMO SE HOYEN O COMO ACTUAN.
4. **ESPACIO PERSONAL:** NO TOQUEN, AVIENTEN O LASTIMEN A OTROS NIÑOS , CONSEJEROS O PERSONAL.
5. **QUEDENSE CON EL GRUPO:** SIEMPRE QUEDENSE CON SU GRUPO! NO HUYAN O SE ESCONDAN DE LOS CONSEJEROS. SIEMPRE VAYAN JUNTO CON OTRO NIÑOS OR PERSONAL.
6. **SEGURIDAD PRIMERO:** NO SE PERMITE TREPAN EN MESAS, SILLAS, O CUALQUIER OTROS OBJETOS. CORRER EN AREAS DESIGNADAS SOLAMENTE. NO COMPARTIR COMIDA OR BEBIDAS. NO TOCAR O DAR DE COMER A PERROS O ANIMALES.
7. **RESPETEN LA PROPIEDAD:** TRATEN LOS JUGETES, MUEBLES, Y OBJETOS COMO SI FUERAN PROPIOS.
8. **LIMPIEN:** MANTENER SUS LUGARES LIMPIOS. LIMPIAR AREA ANTES DE PROCEDER A LA SIGUIENTE ACTIVIDAD.
9. **NO VALUABLES:** DEJAR TODOS VALUABLES EN CASA. CELULARES NO ESTAN PERMITIDOS DURANTE LAS HORA DE CAMPAMENTO. RESERVAMOS EL DERECHO DE CONFISCAR LOS TELEFONOS Y REGRESARLOS AL FINAL DEL DIA.
10. **USEN SUS PALABRAS:** SI TIENEN UN PROBLEMA, DUDA O PREGUNTA COMUNIQUENLO CON LOS CONSEJEROS, NO SEAN TIMIDOS. SI SE LASTIMARON, HAGANLO SABER.

II. DIVIERTANSE!



REPORTS DE COMPORTAMIENTO Y MOTIVOS DE DESPIDO DEL PROGRAMA

- SI EL NIÑO/A NO SIGUE LAS REGLAS PUEDE RESIVIR UN REPORTE DE COMPORTAMIENTO DESPUES DE SU PRIMER AVISO. DESPUES DEL PRIMER AVISO TENEMOS UNA POLISA DE 3-STRIKES.
- **PRIMER STRIKE:** EL CONSEJERO, Y DIRECTOR HABLARAN CON EL NIÑO/A Y UN REPORTE DE COMPORTAMIENTO SE ENVIARA A CASA
- **SEGUNDO STRIKE:** EL PADRE/GUARDIAN, CONSEJERO, NIÑO/A, Y EL DIRECTOR TENDRAN UNA JUNTA EN PERSONA.
- **TERCER STRIKE:** RESULTARA EN ACCION DISCIPLINARIA. LA ACCION PUEDE SER SUSPENSION OR DESPEDIDA DEL PROGRAMA.
- DEPENDIENDO DE LA SEVERIDAD DEL COMPORTAMIENTO/ ACCION DEL NIÑO/A RESERVAMOS EL DERECHO DE DESPEDIR AL NIÑO/A DEL PROGRAMA IMEDIATAMENTE. NO HABRA REEMBOLSOS PARA NIÑOS QUE HAIGAN SIDO DESPEDIDOS DEL PROGRAMA.
-



EVERGREEN RECREATION CENTER SUMMER CAMP PROGRAM



ONE FORM PER CHILD. THIS FORM MUST BE FILLED OUT COMPLETELY AND TURNED INTO EVERGREEN RECREATION CENTER BEFORE THE FIRST DAY OF CAMP.

LAST NAME: _____ **FIRST NAME:** _____ **AGE:** _____

MALE FEMALE OTHER **BIRTHDATE:** _____ **SCHOOL:** _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PARENT/GUARDIAN NAME: _____ **EMAIL:** _____

BEST CONTACT PHONE #: _____ **ALTERNATE #** _____

PARENT/GUARDIAN NAME: _____ **EMAIL:** _____

BEST CONTACT PHONE #: _____ **ALTERNATE #** _____

EMERGENCY CONTACT/ AUTHORIZED PICK-UP

WE DO NOT RELEASE CAMPERS TO FRIENDS, NEIGHBORS, OR RELATIVES WITHOUT EXPRESS WRITTEN PERMISSION FROM THE GUARDIAN/LEGAL GUARDIAN. ALL INDIVIDUALS PICKING UP CHILDREN MUST BE ABLE TO PRESENT PHOTO ID FOR VERIFICATION PURPOSES. CHANGES TO PICK UP LIST MUST BE DONE IN PERSON

THE FOLLOWING PEOPLE HAVE MY PERMISSION TO SIGN MY CHILD IN OR OUT OF CAMP:

NAME:	RELATIONSHIP:	PHONE:
NAME:	RELATIONSHIP:	PHONE:
NAME:	RELATIONSHIP:	PHONE:
NAME:	RELATIONSHIP:	PHONE:

NAME OF ANY PERSON(S) SPECIFICALLY **NOT** AUTHORIZED TO SIGN OUT MY CHILD:

FOR OFFICE USE ONLY

HHID# _____

WEEK	AMT PAID	RECEIPT #	DATE	STAFF INIT.
1: JUNE 12-14	\$50/ \$25			
2: JUNE 17-21 (NO CAMP JUN 19)	\$50/ \$25			
3: JUNE 24-JUNE 28	\$50/ \$25			
4: JULY 1-JULY 5 (NO CAMP JUL 4)	\$50/ \$25			
5: JULY 8-JULY 12	\$50/ \$25			
6: JULY 15-JULY 19	\$50/ \$25			
7: JULY 22-JULY 26	\$50/ \$25			
8: JULY 29-AUG 2	\$50/ \$25			
9: AUG 5-AUG 9	\$50/ \$25			
REGISTRATION (NON REFUNDABLE)	\$25			

WEEKS MUST BE PAID IN FULL NO LATER THAN THE WEDNESDAY PRIOR TO THE WEEK YOU WISH TO ATTEND. IF FULL PAYMENT IS NOT RECEIVED BY WEDNESDAY, SPOT WILL BE RELEASED TO THE WAITLIST. ALL REGISTRATION FEES ARE NON REFUNDABLE. PAYMENT MAY BE MADE WITH CASH (EXACT CHANGE ONLY), VISA, MASTERCARD OR CHECK.



EVERGREEN RECREATION CENTER SUMMER CAMP PROGRAM



HEALTH HISTORY FORM

If there are any changes in your child's health information, please notify the office to ensure all information is current.

ALLERGIES/MEDICAL (PLEASE CHECK AND SPECIFY):

INSECTS (STINGS):

ASTHMA:

FOOD (TYPE/NAME):

MEDICATION(S):

OTHER:

HAS THE CAMPER RECEIVED MAJOR MEDICAL TREATMENT IN THE PAST YEAR: YES* NO *IF YES, PLEASE FILL OUT BELOW:

IS THE CAMPER CURRENTLY TAKING ANY MEDICATIONS: YES* NO *IF YES, PLEASE FILL OUT BELOW:

REQUEST FOR MEDICATION TO BE GIVEN OUT DURING PRESCHOOL:

I request that my child, a minor, be allowed/ monitored to take the following prescribed medicine(s) while at camp. I understand that the staff at Evergreen Recreation Center will only monitor the medicine described below according to the time, dosage and frequency indicated on the pharmacy label of the medicine bottle. "Medication is any substance person takes to maintain/improve health. This includes vitamins and natural remedies. All medications must be in original, labeled and non-modified pharmacy containers. Please provide enough of each medication to last the entire time they will be in our program.

NAME OF MEDICINE:	REASON FOR TAKING MEDICATION:	DOSAGE:	TIME GIVEN:	ADDITIONAL INSTRUCTIONS:

PLEASE CHECK IF YOUR CHILD HAS HAD THE FOLLOWING:

- | | | | | |
|---|---------------------------------------|--|--|---------------------------------------|
| <input type="checkbox"/> CHICKEN POX | <input type="checkbox"/> MEASLES | <input type="checkbox"/> HEART TROUBLE | <input type="checkbox"/> HAY FEVER | <input type="checkbox"/> MUMPS |
| <input type="checkbox"/> UPSET STOMACH | <input type="checkbox"/> APPENDICITIS | <input type="checkbox"/> FAINTING | <input type="checkbox"/> GERMAN MEASLES | <input type="checkbox"/> NOSEBLEEDS |
| <input type="checkbox"/> FREQUENT COLDS | <input type="checkbox"/> HEADACHES | <input type="checkbox"/> BED WETTING | <input type="checkbox"/> RHEUMATIC FEVER | <input type="checkbox"/> TONSILLITIS |
| <input type="checkbox"/> EAR INFECTION | <input type="checkbox"/> SKIN RASH | <input type="checkbox"/> DIPHTHERIA | <input type="checkbox"/> SINUS TRUBLE | <input type="checkbox"/> CONSTIPATION |

MEDICAL CARE INFORMATION

DOCTOR'S NAME:

PHONE#:

INSURANCE CARRIER:

PLEASE GIVE THE MONTH AND YEAR OF LAST IMMUNIZATION OR BOOSTER:

TETANUS:	MUMPS:	MEASLES:	DIPHTHERIA (DTP):	POLIO:	COVID 19:	GERMAN MEASLES:
WHOOPING COUGH:	TB TEST: <input type="checkbox"/> POS <input type="checkbox"/> NEG					

PARENT/GUARDIAN HANDBOOK

BY INITIALING BELOW I ACKNOWLEDGE THAT I HAVE RECEIVED A COPY, READ AND UNDERSTOOD THE SUMMER CAMP POLICIES, GUIDELINES AND PROCEDURES AS OUTLINED IN THE HANDBOOK. I UNDERSTAND THAT FAILURE TO ADHERE TO THE POLICIES, GUIDELINES AND PROCEDURES CAN RESULT IN EXPULSION FROM THE SUMMER CAMP PROGRAM AND NO REFUNDS WILL BE GRANTED. I HAVE READ AND UNDERSTOOD THE DISCIPLINARY PROCEDURES AND WILL ASSIST CAMP STAFF WITH DISCIPLINARY MATTERS.



INITIAL



EVERGREEN RECREATION CENTER SUMMER CAMP PROGRAM



RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

MEDICAL TREATMENT AUTHORIZATION

I do hereby authorize the City of Los Angeles Department of Recreation & Parks to act as agents for the undersigned to consent for any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or specialized supervision of any physician licensed under the provisions of the Medicine Practice Act on the staff of the licensed hospital, whether such diagnosis or treatment is rendered at the office of the said physician or a said hospital. It is understood that this authorization is given in advance of any such diagnose, treatment or hospital care which the aforementioned physician in the exercise of their best judgment, may deem advisable. This authorization shall remain effective through the conclusion of the event or program that I am participating in, unless revoked sooner in writing and delivered to said agent.



INITIAL

CONSENT TO PARTICIPATE

I understand that certain activities by nature have an increased risk of injury, including death, despite extensive measures taken by staff to provide a safe environment and ensure my safety. I understand the nature these activities and I am aware of my experience and capabilities and believe to be qualified, in good health and in proper physical and emotional condition to participate in such activities. I agree to relieve the City of Los Angeles, Department of Recreation & Parks, its officers and agents and employees from any injury to myself in connection with these programs. I further understand that the City of Los Angeles Department of Recreation & Parks **CARRIES NO INSURANCE.**



INITIAL

VIDEO/PHOTO RELEASE

By registering, I authorize the City of Los Angeles, Department of Recreation and Parks, to make, procure or use photographs, film, tapes, or other likeness of my physical image and /or voice as may be needed for use with the programs publicity material in perpetuity without compensation.



INITIAL

COVID-19 ACCEPTANCE OF RISK AND WAIVER LIABILITY

By my participation I am fully aware that there are a number of risks associated with my entering onto City of Los Angeles Department of Recreation and Parks (RAP) property, participating in RAP programs, and utilizing RAP equipment and facilities during the COVID-19 pandemic. This waiver, release, and other representations and covenants set forth herein are given in consideration for RAP permitting me to participate in RAP programs during this emergency period.

Therefore, without limitation, I understand that I could contract COVID-19 disease which could result in a serious medical condition requiring medical treatment in a hospital or could possibly lead to death.

On behalf of myself and/or my heirs, successors and assigns, I knowingly and freely, assume all such COVID-19 related risks, both known and unknown, relating to my onto RAP property, participation in RAP programs, and utilization of RAP equipment and facilities as described above, and I hereby forever release, waive, relinquish, and discharge RAP, along with its officers, agents, employees, or other representatives, and their successors and assigns (collectively, the "**City Representatives**"), from any and all COVID-19 related claims, demands, liabilities, rights, damages, expenses, and causes of action of whatever kind or nature, and other losses of any kind, whether known or unknown, foreseen or unforeseen, (collectively, "**Damages**") as a result of me entering onto RAP property, participating in RAP programs, and utilizing RAP equipment and facilities as described above, including but not limited to personal injuries, death, disease or property losses, or any other loss, and including but not limited to claims based on the alleged negligence of any City Representative or any other person related to COVID-19 sanitization. I further promise not to sue RAP or any City Representative, and agree to indemnify and hold them harmless from any and all Damages resulting from my contraction of COVID-19.



INITIAL

REFUND POLICY: REUNDS ARE SUBJECT TO A 15% ADMINISTRATIVE FEE. NO REFUNDS WILL BE ISSUED WITHIN A WEEK OF PROGRAM'S START DATE OR ONCE THE PROGRAM HAS BEGUN UNLESS THE PROGRAM IS CANCELLED BY THE RECREATION CENTER. THERE ARE NO REFUNDS, CREDITS, MAKEUP DAYS OR PRORATED FEES ON MISSED DAYS.



INITIAL

PRINT NAME:

SIGNATURE

DATE