

City of Los Angeles Department of Recreation and Parks  
CABRILLO BEACH BATHHOUSE  
Summer Day Camp Registration Form  
**REGISTRATION APPLICATION** (Please Print)

Participant's Name: \_\_\_\_\_

MALE or  FEMALE Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Legal Custody:  YES or  NO

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Will you be out of town while your child is at CBBH Summer Day Camp PROGRAM?

YES or  NO

In Case of Emergency, contact:

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**AUTHORIZED SIGNATURE**

We do not release campers to friends, neighbors, or relatives without written confirmation from the parent/legal guardian. Please list both parents/legal guardians and all individuals authorized to pick up your child. Any individual, who did not drop off your child, will be required to show photo identification to pick-up your child.

In case I cannot be present, one of the following people have my permission to sign in or sign out my child at the scheduled time:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

Name of any person (s) specifically **NOT** to sign out the camper named above:

\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

City of Los Angeles Department of Recreation and Parks  
**WAIVER AND RELEASE FORM**

In consideration of the City of Los Angeles acting through its Department of Recreation and Parks at **CABRILLO BEACH BATHHOUSE** granting the above-named child ("Minor") the opportunity to participate in the **Summer Day Camp**

I, (print name) \_\_\_\_\_ the undersigned, as the parent/guardian of (print name) \_\_\_\_\_ ("the Minor"), I do hereby agree as follows:

- I am aware that there are certain risks of injury and/or damage inherent in the Program's activities;**
- I understand that if my child misbehaves and/or is sick and needs to be sent home;** I agree to pick them up at the time requested by the Camp staff;
- I understand that the program carries no insurance.**
- I agree to complete the Programs Health History** form providing Minor's current, complete and truthful health history; including immunization history and overall health status;
- I understand that under certain medical conditions the Summer Day Camp** staff may require a written authorization based on a physical examination by a licensed medical person as requirement for the Minor to participate in the Program;
- I confirm to the best of my knowledge and belief the Minor** is neither subject to a physical or mental infirmity nor under the influence of any medication or substances which might hinder their safe participation or the safety of others in the Program;
- I will instruct the Minor to abide by all safety** rules, policies and regulations and to take reasonable precautions to minimize risks of injury or damage arising from participation in the Program;
- I give my consent** to have the Minor participate in all aspects of the Program;
- I knowingly assume full responsibility** for all risks of bodily injury, emotional injury, death or property damage that may occur in relation to the Minor as a consequence of participation in the Program;
- I give my consent** to have the Minor transported by: car, van, chartered bus, chartered school bus and/or public transportation as part of the Program;
- I understand that the Summer Day Camp has no obligation to obtain medical treatment** for the Minor. Should it become necessary for the Minor to have emergency medical care while participating in the Program; **I hereby give the Program personnel my permission** to use their judgment in obtaining medical care, and; **I give permission to the medical care provider** selected by the Camp personnel to render medical care deemed necessary and appropriate;
- Except for the gross negligence or willful misconduct of the Program, I (print name)** \_\_\_\_\_ **waive** all rights of recovery which the Minor or I may have now or in the future, whether known or unknown, against the City of Los Angeles, Department of Recreation and Parks, CBBH SUMMER DAY CAMP its officers, agents, employees and/or personnel, and
- I release, acquit and forever discharge** the City of Los Angeles, Department of Recreation and Parks, CBBH SUMMER CAMP PROGRAM its officers, agents, employees and/or personnel, from and all liability for any bodily injury, emotional injury, or other personal injury, damage, loss or expense, claims, demands, causes of action, costs, loss of services or use, compensations, debts, monetary damages, including but not limited to attorney fees, which result from or are in any way connected with the Minor's participation in the Program or any related activities;
- I agree to keep the Program advised if I will be out of contact for any period of time during the Program** and to provide additional and/or alternate contact information prior to my leaving;
- I also authorize the Program, City of Los Angeles and Department of Recreation and Parks to make, procure and/or use photographs, films, tapes, digital media recordings or other likeness of the Minor's physical image and/or voice as for use with the Program and/or Camps' publicity, marketing and/or advertising materials;**
- I have read this agreement and I understand what it means to my legal rights** and the Minors participation and by my signature made of my own free will and act;
- I agree to abide by the rules and policies set forth in this registration and waiver release forms;**
- I have read and understand the payment, refund and conditions of enrollment policies** as found in this registration form;
- I agree to be legally bound** by signing this registration and waiver release forms and extend this binding to the Minor(s).

**Important: Parent or Guardians Original Signature Required.**

**Childs Name (please print)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Name (please print)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

City of Los Angeles Department of Recreation and Parks

**HEALTH HISTORY FORM**

Note: Should anything happen to the camper that would alter his health history information after this form is returned, and before arrival at camp, please let the camp know immediately.

Participant's Name: \_\_\_\_\_

MALE or  FEMALE Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent / Legal Guardian (name): \_\_\_\_\_ Phone #: \_\_\_\_\_

Doctor (name): \_\_\_\_\_ Phone #: \_\_\_\_\_

Has the camper had the following (please check):

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Chicken Pox     | <input type="checkbox"/> Sinus Trouble  | <input type="checkbox"/> Fainting      |
| <input type="checkbox"/> Measles         | <input type="checkbox"/> Tonsillitis    | <input type="checkbox"/> Constipation  |
| <input type="checkbox"/> German Measles  | <input type="checkbox"/> Appendicitis   | <input type="checkbox"/> Stomach Upset |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Asthma         | <input type="checkbox"/> Skin Rash     |
| <input type="checkbox"/> Scarlet Fever   | <input type="checkbox"/> Hay Fever      | <input type="checkbox"/> Ear Infection |
| <input type="checkbox"/> Diphtheria      | <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Nosebleeds    |
| <input type="checkbox"/> Heart Trouble   | <input type="checkbox"/> Headaches      | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Mumps           | <input type="checkbox"/> Bed Wetting    |  |

**Give the month and year of last immunization or booster:**

|                        |  |
|------------------------|--|
| Tetanus _____          | Mumps _____  |
| Diphtheria (DPT) _____ | Measles _____  |
| Whooping Cough _____   | German measles _____   |
| Polio _____            | TB Test _____ <input type="checkbox"/> POS or <input type="checkbox"/> NEG |

**Restrictions:**

- I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.
- I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations: \_\_\_\_\_

**Allergies / Other (please specify):**

- Bee stings, mosquitoes, etc.: \_\_\_\_\_
- Food (name): \_\_\_\_\_
- Medication(s): \_\_\_\_\_
- Asthma (or hay fever): \_\_\_\_\_
- Other: \_\_\_\_\_

Has the camper received medical treatment during the past year?  YES or  NO

Date: \_\_\_\_\_ Reason: \_\_\_\_\_

Is the child taking any medications now?  YES or  NO

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REQUEST FOR MEDICATION TO BE GIVEN DURING PROGRAM**

I request that my child, \_\_\_\_\_, be monitor/allowed to take the following prescribed medicine(s) while at camp. I understand that staff of **SUMMER Day Camp** will only give the medicine described below according to the time, dosage and frequency indicated on the pharmacy label of the medicine bottle. "Medication" is any substance a person takes to maintain and/or improve health. This includes vitamins & natural remedies. All medications **must be in original pharmacy containers with labels**, no modifications. Please provide enough of each medication to last the entire time the camper will be at camp.

Name of Medicine: \_\_\_\_\_ # of Pills \_\_\_\_\_ Date Started \_\_\_\_\_

When is it given: Breakfast Lunch Dinner Bedtime Other \_\_\_\_\_

Amount of Dose Given: \_\_\_\_\_ How is it given: \_\_\_\_\_

Reasons for taking Medicine: \_\_\_\_\_

Name of Medicine: \_\_\_\_\_ # of Pills \_\_\_\_\_ Date Started \_\_\_\_\_

When is it given: Breakfast Lunch Dinner Bedtime Other \_\_\_\_\_

Amount of Dose Given: \_\_\_\_\_ How is it given: \_\_\_\_\_

Reasons for taking Medicine: \_\_\_\_\_

Name of Medicine: \_\_\_\_\_ # of Pills \_\_\_\_\_ Date Started \_\_\_\_\_

When is it given: Breakfast Lunch Dinner Bedtime Other \_\_\_\_\_

Amount of Dose Given: \_\_\_\_\_ How is it given: \_\_\_\_\_

Reasons for taking Medicine: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR AT AUTHORIZED HOSPITAL IN CASE OF EMERGENCY ILLNESS OR ACCIDENT**

I (We), the undersigned parent(s) of \_\_\_\_\_, a minor do hereby authorize the directors of CBBH **Summer Day Camp** as agent(s) for the undersigned to consent to 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 special supervision of any physician or surgeon licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital whether such diagnosis or treat is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but it is given to provide authority and power on the part of aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable. This authorization shall remain effective through the conclusion of the event, unless sooner revoked in writing and delivered to said agent(s).

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_