

For Office Use:
Location: _____
Dates: _____



City of Los Angeles Department of Recreation and Parks

Registration Application

Boys and Girls: 8 to 13 years of age

Applications are accepted on a first come, first served basis. The rules for acceptance and participation are the same for everyone without regard to race, color, religion or national origin.

Camper Name: _____

Circle One: Female or Male Age: _____ Birth Date: ____/____/____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Parent/Guardian: _____ Relation: _____

Home Phone: (____) _____ - _____ Work :(____) _____ - _____

I have read the WOW Information Sheet. I understand that each camper is expected to participate in all camp activities. I understand that the camper must have an up-to-date health card at WOW. I have read and understand the registration and refund policy.

X _____

Parent Signature

Date

MINOR CONSENT, INDEMNIFICATION AND RELEASE AGREEMENT AND AUTHORIZATION TO REPRODUCE PHYSICAL LIKENESS AND VOICE

I understand that WOW, Wonderful Outdoor World ("WOW") programs (collectively the "Program") are programs of the City of Los Angeles acting through its Department of Recreation and Parks (the "City") for children who reside in the City. The City will not be able to operate if its limited resources are threatened by lawsuits. The City's ability to provide the Program depends on a certain amount of accommodation and understanding by its participants. I THEREFORE AGREE TO ASSUME THE RESPONSIBILITY FOR MY CHILD'S PARTICIPATION IN THE WOW PROGRAM, AS REFLECTED IN THIS AGREEMENT.

FOR AND IN CONSIDERATION of my child's participation in and use of any of the premises, facilities and/or equipment of any City Program, to the fullest extent permitted by applicable laws I DO HEREBY, for myself and my participating child, agree as follows:

1. My Child's participation in any program means that I have inspected the program to the extent I believe is necessary for careful consideration and that, although I ACKNOWLEDGE THAT THERE MAYBE A RISK OF SEROUS INJURY (KNOWN OR UNKNOWN) IN ANY PROGRAM, I have determined that it is reasonably safe and suited for my child.
2. I consent to my child's participation in any City program and my child's assumption of the risks of that participation.

Name of Participating Child: _____ (Please Print)

3. I have been made aware that any Program may be filmed and be used for promotional purposes by WOW, the City or other sponsors of WOW (the "Other WOW Sponsors"). I HEREBY IRREVOCABLY GRANT to the City and the Other WOW Sponsors, their respective affiliated and related companies and any third parties they may authorize, the right to photograph my child and make recordings of my child's voice at any Program, and the right to use pictures and other reproductions of my child's physical likeness (as it may appear in any photography and/or motion picture, film, Web site or tape) and recordings of my child's voice in any medium in any form, without regard to whether any financial benefit accrues to any such user.
4. I RELEASE, COVENANT NOT TO SUE AND AGREE TO INDEMNIFY AND HOLD HARMLESS the City, WOW, the Other WOW Sponsors and their respective related, affiliated or subsidiary companies, and the officers, directors, employees or agents of each (collectively, the "Releases"), of and from any and all claims, causes of action, damages, liabilities or expenses (collectively, "Claims"), known or unknown, existing now or in the future, that my child or I may now or hereafter have against the Releases, arising in any way from my child's participation in any Program (including the use of my child's physical likeness or voice and reproductions or recordings thereof), and regardless of any fault or negligence on the part of the Releases.
5. I HEREBY EXPRESSLY WAIVE AND RELINQUISH ALL RIGHTS AND BENEFITS AFFORDED BY CALIFORNIA CIVIL CODE SECTION 1542 and do so understanding and acknowledging the significance of this specific waiver of Section 1542. Section 1542 states as follows:
 - a. 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.
6. I ASSUME FULL RESPONSIBILITY FOR, AND ALL RISK OF any bodily injury, death or property damage suffered by my child or myself for any reason due to my child's participation in any program.
7. If my child becomes injured or ill while participating in any Program, I hereby authorize an adult representative of t he City to administer, or to cause and consent to the administration of, whatever first aid, medical care, dental care or other treatment and medications as may be necessary under the circumstances, including treatment by a physician, dentist or hospital, although I hereby acknowledge that the City has no obligation to do so. I further acknowledge that the City does not endorse the services of any physician or hospital that may treat my child. I understand that I will be obligation to pay any such costs.
8. I have carefully read this agreement, and I know and understand what it means. My signature below is my own free act and I intend it to be legally binding on me. This agreement constitutes the entire understanding between the City and myself regarding the subject matter hereof and supersedes any prior statements, agreements or representations, whether written or oral, regarding that subject matter.

Parent Signature: _____ Date: _____

Parent / Guardian Name (please print): _____

City of Los Angeles Department of Recreation and Parks
WONDERFUL OUTDOOR WORLD
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.

Camper Name: _____

Circle One: Female or Male Age: _____ Birth Date: ____/____/_____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Relative (name): _____ Phone #: _____

Doctor (name): _____ Phone #: _____

Has the camper had the following (please check):

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

Give year of last immunization or booster:

Tetanus	_____	Mumps	_____
Diphtheria	_____	Measles	_____
Whooping Cough	_____	German measles	_____
Polio	_____		

Allergies / Other (please specify):

- Bee stings, mosquitoes, etc.: _____
- Food (name): _____
- Medication(s): _____
- Asthma (or hay fever): _____
- Serious Injuries or illnesses: _____

Has the camper received medical treatment during the past year?

Circle one: YES NO Date: _____

Reason: _____

Is the child taking any medications now? _____

* PRESCRIPTION DRUGS **MUST** BE IN ORIGINAL PHARMACY CONTAINERS (NO MODIFICATIONS)*

* Camp Director **must** be notified if medicine is brought up to camp.

City of Los Angeles Department of Recreation and Parks
WONDERFUL OUTDOOR WORLD
HEALTH HISTORY FORM

Request for Medication to be Given during Camp
(To be completed by parent or guardian)

I request that my child, _____, be given/allowed to take the following prescribed medicine(s) while at camp. I understand that WOW will only give the medicine described below according to the time, dosage and frequency indicated on the pharmacy label of the medicine bottle unless I have a written prescription or letter addressed to WOW and signed by my child's doctor. This letter must specifically state the time, dosage and frequency of each named medicine.

Name of Medicine: _____ Dose Prescribed: _____
Time(s) Given: _____ Date Prescribed: _____
Reasons for taking Medicine: _____

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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 WOW Camping Program 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: _____

City of Los Angeles Department of Recreation and Parks
WONDERFUL OUTDOOR WORLD

AUTHORIZED SIGNATURE FORM

Camper's Name _____

In case I can not be present, one of the following people have the 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 of any person (s) specifically **NOT** to sign out the camper above:

Signature of Parent/Guardian: _____

-OR-

Check and sign if:

() I authorize my child to walk home

Signature of Parent/Guardian: _____