

City of Los Angeles * Department of Recreation & Parks
MAR VISTA RECREATION CENTER
11430 Woodbine St. Los Angeles, CA 90066 (310) 398-5982
WEBSITE: laparks.org EMAIL: marvista.recreationcenter@lacity.org

Summer Camp



Registration Packet

2017

SUMMER CAMP DETAILS 2017

Camp Mar Vista: June 12 - August 11

Ages 5-12

Camp Hours 10:00 am – 4:00 pm (times may vary on field trip days)

*We offer weekly options for this program. 1) Mon-Thurs with no trip 2) Mon-Friday with the field trip. Please note: There is no regular camp on Fridays. If children miss the field trip, parents will be responsible for finding alternative plans for their child.

THERE WILL BE NO CAMPS TUESDAY JULY 4, IN OBSERVANCE OF INDEPENDENCE DAY*

EXTENDED CARE

Morning: 7:30 a.m. – 10:00 a.m. Afternoon: 4:00 p.m. – 6:00 p.m.

Extended Care is open to all registered in Day Camp for an additional fee of \$40 per week.

Children who are not picked up by 6:00 p.m. will be sent to the office to wait. We will make every effort to contact you at home or work, and call emergency numbers listed on your child's registration form. A late fee of \$1.00 a minute will be collected (per child) at the time of pick up.

Children will not be allowed to attend camp without the following items:

- 1) Completed registration with payment.
- 2) Completed Health Form.
- 3) Current Camp T-Shirt. (PURCHASE BY CHECK OR CASH ONLY)

Parents are responsible for making sure they receive a copy of the weekly activity calendar and trip schedule. Reminders for trips will be distributed on Thursday of each week.

*Children must wear a current camp t-shirt everyday they attend camp, including field trips. Additional shirts may be purchased for \$10 each. Parents will be charged \$10 for purchasing a new shirt if their child arrives to camp without one. We are using the camp t-shirts from 2016. You may wear an older one Mon-Thurs, but a new one must be worn for the field trips.

* Please provide your child with a daily lunch and drink, unless otherwise noted. Water bottles are also encouraged. No use of vending machines or vendors permitted. A daily snack will be provided each day, except for on field trips.

* **SWIMSUIT & TOWEL.** Only children ages SEVEN and above are allowed to swim in the park's pool. Children must be seven years old on the day they enter the pool. There will be **NO EXCEPTIONS.** We will have alternative 'cool down' activities or indoor activities for this age group. An extra change of clothes is suggested. A hat and sun block are encouraged as well. Please mark all items & clothing with your child's name. Camp staff is **NOT** responsible for putting sun block on your child.

* Children must leave personal toys and special belongings at home, unless they are needed for a camp activity. Absolutely **NO CELL PHONES** or other electronics will be permitted during camp. Please do not send money with your child, unless it is needed for a camp field trip or other activity. We are not responsible for lost or stolen items.

MORNING SIGN-IN

7:30am-10:00am Extended Care sign-in is located in the gymnasium.
If you arrive after camp has begun, go to the park office for assistance.

AFTERNOON SIGN-OUT

4:00pm For regular camp hours, sign-out is located at **PICNIC AREA #2.**
4:15-6:00pm Extended Care sign-out is located in the gymnasium.

Registration Information

REGISTRATION BEGINS: APRIL 19th

Registration is *walk in only*. Space is Limited!!

Forms are available in the park office.

Park Office Hours: Monday - Friday, 9am - 9pm / Saturday, 9am - 5pm / Sunday, 9am - 3pm

- Children must be signed in and out of camp each day. Please be aware that ONLY the people you have listed on your registration form will be permitted to sign your child out of camp.
- If you wish to pick your child up early, it is your responsibility to go to your child's camp DIRECTOR and sign your child out. If you need to know where your child's group is located, please stop by the office and we will assist you.
- Health specific information must be recorded on the health form and told to the CAMP DIRECTOR (not counselor).
- All children must ride the chartered bus to and from the trip destination. NO drop-offs or pick-ups will be permitted. Trips are for the enjoyment of the campers only. No parents, relatives, or friends will be allowed on field trips.
- Children are placed in similar age groups within each camp according to their date of birth, not their grade in school. All campers must be of the appropriate age by the first day of the registered week. PLEASE DO NOT REQUEST that your child be placed with friends. Camp is a place to meet new friends and create new experiences.

PHOTO RELEASE - The City of Los Angeles' Department of Recreation and Parks or its assigned agents has my permission to use images (digital, film, tape, or video) of my child for promotion of Mar Vista RC or Department programs.

Initials _____ Date _____

REFUND POLICY - . No Refunds, make ups, or transfers of money will be given for any day including trip days. Refunds may be processed for long term illnesses only (5 consecutive days or more) provided we have a signed note from the physician within 3 days of illness. A 15% processing fee will apply. Any refund granted typically takes 8-10 weeks to be processed.

PARENTAL CONSENT - I give permission for my child to participate in the Mar Vista Recreation Center Summer Camp program including field trips chartered by bus or van as applicable. I agree to hold harmless the City of Los Angeles, Department of Recreation and Parks and its officials, agents, or employees, for injury to my child as a result of participation in the Mar Vista Recreation Center Summer Camp Program. I understand that Mar Vista Recreation Center carries no insurance. I also understand that any camper who does not cooperate with camp staff will lose privileges to camp activities and may be expelled from camp. I understand that Mar Vista Recreation Center complies with all non-discriminatory policies and procedures mandated by the City of Los Angeles, Dept. of Rec. & Parks.

I understand that it is my responsibility to make sure that I receive a copy of the camp calendar and trip schedule. I have read, understand, and agree to all of the summer camp information outlined in this brochure.

Parent's Signature _____ Date _____

City of Los Angeles Department of Recreation and Parks
Mar Vista Recreation Center
11430 Woodbine Ave., Los Angeles, Ca, 90066
310-398-5982

REGISTRATION APPLICATION (Please Print)

Camper Name: _____
Campers Gender: _____ Date of Birth: _____ Age: _____
Address: _____
City: _____ State: _____ Zip: _____
Parent/Guardian: _____
Home Phone: _____ Work: _____ Cell: _____
Email Address: _____
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 MAR VISTA RECREATION CENTER granting the above-named child ("Minor") the opportunity to participate in the MAR VISTA 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 Camp carries no insurance.

I agree to complete the Camps 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 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 at the Camp;

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 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 Camp 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 Camp, 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, MAR VISTA RECREATION CENTER its officers, agents, employees and/or personnel, and I release, acquit and forever discharge the City of Los Angeles, Department of Recreation and Parks, MAR VISTA RECREATION CENTER 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 Camp 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 Camp, 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) _____

Signature _____ Date _____

Mar Vista Summer Camp Payment Sheet 2017

Campers First Name _____ Camper's Last Name: _____
 Birth Date: ___/___/___ Age: _____ Grade in Fall 2017: _____ Gender: _____ Female _____ Male _____
 Parent/Guardian: _____ Home: () _____ - _____ Cell: () _____ - _____
 Parent/Guardian: _____ Home: () _____ - _____ Cell: () _____ - _____
 E-Mail Address: _____

Payment Information:

Mark an X in the box to indicate choices. Please note that on the week of July 3rd camp does not meet on Tuesday July 4th. Tickets for trips are pre-ordered so switching from a 4 day option to 5 option is highly unlikely so please plan carefully. All scheduled field trip and activities are subject to change with or cancellation without notice.

Refund Information:

Due to prior scheduling of staff, busses, trip reservations, pre-purchase of tickets and the inability to replace your child on the days they are absent, **NO REFUNDS, MAKE UPS, OR TRANSFERS** of money will be given for any day including trip days. Refunds may be processed for long term illnesses only (5 consecutive days or more) provided we have a signed note from the physician within 3 days of illness. A 15% processing fee will apply. Any refund granted typically takes 8-10 to be processed

Week	Monday-Thurs OR Mon-Fri \$185 no trip/ \$260 with trip	Field Trip	Ext. Care	Total	Rec #
#1 June 12 - 16	<input type="checkbox"/> \$185 (M-Thur) <input type="checkbox"/> \$260 (Mon-Fri)	Magic Mountain	<input type="checkbox"/> \$40		
#2 June 19- 23	<input type="checkbox"/> \$185 (M-Thur) <input type="checkbox"/> \$260 (Mon-Fri)	Boomers Fun Center	<input type="checkbox"/> \$40		
#3 June 26-30	<input type="checkbox"/> \$185 (M-Thur) <input type="checkbox"/> \$260 (Mon-Fri)	Soak City	<input type="checkbox"/> \$40		
#4 July 3-7 No camp 7/4/17	<input type="checkbox"/> \$145 (M,W,Th) <input type="checkbox"/> \$185 (4 days)	LA Zoo	<input type="checkbox"/> \$40		
#5 July 10-14	<input type="checkbox"/> \$185 (M-Thur) <input type="checkbox"/> \$260 (M-Fri)	Universal Studios	<input type="checkbox"/> \$40		
#6 July 17-21	<input type="checkbox"/> \$185 (M-Thur) <input type="checkbox"/> \$260 (M-Fri)	Camelot Golfland	<input type="checkbox"/> \$40		
#7 July 24-28	<input type="checkbox"/> \$185 (M-Thur) <input type="checkbox"/> \$260 (M-Fri)	Hurricane Harbor	<input type="checkbox"/> \$40		
#8 July 31-	<input type="checkbox"/> \$185 (M-Thur) <input type="checkbox"/> \$260 (M-Fri)	Mountasia	<input type="checkbox"/> \$40		
#9 Aug 7-11	<input type="checkbox"/> \$185 (M-Thur) <input type="checkbox"/> \$260 (M-Fri)	Knott's Berry Farm	<input type="checkbox"/> \$40		
T-shirts x \$10 CHECK/CASH ONLY for T-shirts					
			TOTAL		

City of Los Angeles Department of Recreation and Parks
REQUEST FOR MEDICATION TO BE GIVEN DURING CAMP

I request that my child, _____, be monitor/allowed to take the following prescribed medicine(s) while at camp. I understand that staff of MAR VISTA RECREATION CENTER 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: _____

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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: _____

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 MAR VISTA RECREATION CENTER 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

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: _____

MALE or FEMALE Birth Date: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent / Legal Guardian (print): _____ Phone #: _____

Doctor (name): _____ Phone #: _____

Policy# _____

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


If YES what: _____

The following non-prescription medications may be stocked at camp and are used as an as needed basis to manage illness and injury. Check the box if the camper may be given the following or its generic form.

- Tylenol Motrin Benadryl Pepto-Bismol Maalox Neosporin Calamine Lotion

Parent/Guardian Signature: _____ Date: _____

Mar Vista Summer Camp

Weeks	Theme of the Week	Field Trip of the Week
<u>Week 1</u> 6/12-6/16	Space Jam	
<u>Week 2</u> 6/19-6/23	Junior Engineers	
<u>Week 3</u> 6/26-6/31	Adventure is Out There	
<u>Week 4</u> 7/3-7/7 NO Camp 7/4/17	The Mighty Jungle	 Los Angeles Zoo & Botanical Gardens
<u>Week 5</u> 7/10-7/14	Wizardsing World of Mar Vista	
<u>Week 6</u> 7/17-7/21	Lights, Camera, Action	
<u>Week 7</u> 7/24-7/28	Grab your Cape	
<u>Week 8</u> 7/31-8/4	Summer Olympics	
<u>Week 9</u> 8/7-8/11	Water Works	