



CAMP REGISTRATION FORM

Please print legibly

Please email us complete registration form to reseda.recreationcenter@lacity.org

Camper's T-Shirt Size (Please Circle): YS, YM, YL, AS, AM, AL, AXL

Camper's Name: _____ MALE / FEMALE / OTHER

Date of Birth: _____ Age: _____ (Please provide proof of age: Birth certificate/ID/ Passport/Etc.)

School: _____ Grade: _____ Home Schooled: YES NO

Does your child receive support from a shadow at school during the school year? YES NO

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian: _____ Legal Custody: YES NO JOINT

Relationship to Camper: _____ Primary/Cell Phone #: _____

Work: _____ Other: _____ Email: _____

In Case of Emergency, contact:

Name: _____ Relationship to Camper: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary/Cell Phone #: _____ Work: _____ Other: _____

AUTHORIZED RELEASE

We do not release campers to friends, neighbors, nor relatives etc. without written confirmation from the parent/legal guardian. If parents are not available, please list any other adults authorized to pick-up child from Reseda Recreation Center. Photo ID will be required.

Name _____ Relationship _____ Phone# _____

Name _____ Relationship _____ Phone# _____

Name _____ Relationship _____ Phone# _____

Name of any person(s) specifically **NOT** to sign out the camper named above (additional documentation may be required):
 (Optional) _____

Signature of Parent/Guardian: _____ **Date:** _____

PARENT/GUARDIAN INFORMATION:

Welcome new and returning families to our Reseda Park Camp Run-A-Muck. We have a few suggestions and reminders to help you this camp season. Check in and out might take more time than usual, so make sure you give yourselves additional time.

- Campers must be checked & signed out daily by parents/guardian or authorized adult(s) named on this form.
- Label all personal belongings. Reseda Park is not responsible for lost, stolen, or damaged items. (Check Lost & Found if items are missing: one week after camp is over, we will donate all items left in Lost and Found bucket).
- Summer Camp Run A-Muck provides a daily lunch & snack (pack own per dietary restrictions). For other Reseda Camps, must bring lunch.
- Make sure your child has a reusable water bottle.
- Campers are not allowed to bring anything extra to camp, unless otherwise stated on newsletter (Duck Tales).
- Campers may bring their phones, but must be out of sight, out of mind. May use at down time, emergency purposes, and/or tech time.
- Let's all remind our campers to be the best version of themselves, listen to their counselors, be safe, and have fun at Reseda's Camp Run-A-Muck.

MOVIE WAIVER

I hereby give my permission for my child to watch any movies approved and shown by Reseda Park (G/PG only). Audience suitability is strictly enforced.

• Signature Parent/Guardian: _____ Date: _____

• *****Yes, my child is allowed to watch rated PG-13 movies (optional):** Signature Parent/Guardian: _____

HEALTH HISTORY

Note: To ensure your child can have best possible camp experience that promotes fun and safety, should anything happen to the camper that would alter their health history please notify park office personnel immediately.

Allergies / Other (please specify):

- Bee stings, mosquitoes, etc.: _____
- Food (name): _____
- Medication(s): _____
- Asthma _____
- Other: _____

Is the child taking any medications now that may impact their camp participation? YES or NO

If so, what is the medication (include amount & frequency): _____

Restrictions:

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

For safety & for campers to have the best experience at camp, please let us know of any other medical/behavioral information we should be aware of: _____

Parent/Guardian Signature: _____ **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 **Reseda Recreation Center/Park** granting the above-named child ("Minor") the opportunity to participate in **Reseda Camp Run A-Muck** ("Program")

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
- 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 disability 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 as well as adhering to swimming pools rules and regulations in placed by the Aquatics Division.
- 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: walking, car, van, chartered bus, chartered school bus and/or public transportation as part of the Program;
- 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 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, **Camp Reseda** its officers, agents, employees and/or personnel, and
- I release, acquit and forever discharge** the City of Los Angeles, Department of Recreation and Parks, **Camp Reseda** 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 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 understand** the facility implements program design as needed for example as safety, emergency, health procedures not limited to mask, social distancing, washing hands, separating cohorts based on age, siblings, and disinfecting during ongoing pandemic.
- 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).

Parent/Guardian Name (print) _____ **Child's Name (print)** _____

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/Guardian(s) of _____, a minor do hereby authorize the staff of Reseda 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 physical 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).

Signature Parent/Guardian: _____ **Date:** _____

PAYMENTS, RECEIPTS & REFUNDS

I am responsible for obtaining and keeping a copy of my receipt at the time of payment. Payment online will provide records to email.

Cash: Exact Cash Only, Center does not carry change.

Credit Cards: Visa and MasterCard 

Checks: Make checks payable to "City of Los Angeles." Any check returned by the bank will have a "Return Check Charge" added to the total amount of payment.

A non-refundable 15% administrative fee will be assessed by the Recreation Center for any patron granted a refund. Credits, changes or transfers are not allowed. No full refunds will be issued unless the program is cancelled by the Recreation Center. No refunds for campers who are absent, sick, sent home early, and/or suspended from camp.

Signature Parent/Guardian: _____ **Date:** _____

FOR OFFICE USE ONLY

WEEK	DATE	RECEIPT #	STAFF	NOTES
WEEK #1				
WEEK #2				
WEEK #3				
WEEK #4				
WEEK #5				
WEEK #6				
WEEK #7				
WEEK #8				
WEEK #9				

Did camper receive camp shirt: YES or NO Staff who issued _____
 Additional T-camp shirt YES How Many? _____ Staff who issued _____
 YES How Many? _____ Staff who issued _____