



CAMP REGISTRATION FORM

T-Shirt Size (Please circle): YS YM YL AS AM AL AXL

Child's Name: _____ Child's Gender: (please circle) MALE / FEMALE

Date of Birth: ___/___/___ Age: _____ Grade in Fall: _____ School: _____

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

(1) Parent/Guardian Name: _____ Relation to Camper: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-mail Address: _____

(2) Parent/Guardian Name: _____ Relation to Camper: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-mail Address: _____

AUTHORIZED RELEASE

We do not release campers to friends, neighbors or relatives without written confirmation from the parent/legal guardian.

I authorize **ONLY** these additional persons to pick up my child (include car pools) and to be contacted in case of an emergency.

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

** Persons listed below, **ARE NOT** authorized to pick up my child at any time.

** **Please Note:** If named person is a biological parent, written documentation by the court is required.

Name: _____ Relation: _____

Name: _____ Relation: _____

MEDICAL INFORMATION

Insurance Provider: _____ Policy #: _____

Physician: _____ Phone: _____

Is your child on medication? Yes _____ No _____

If so, what kind: _____ Amount: _____ Frequency: _____

List any major illness, allergies, or medical conditions or behaviors that we should be aware of in case of major emergency:

Note: Should any changes occur to the medical history that would alter the child's health please notify camp office immediately.

Parent/Guardian Signature _____ Date _____

City of Los Angeles Department of Recreation and Parks

WAIVER AND RELEASE FORM

PLEASE READ THOROUGHLY AND SIGN IN THE PERTINENT PLACES. CHILDREN WILL NOT BE PERMITTED TO PARTICIPATE IN THE PROGRAM UNLESS THIS FORM IS FILLED OUT CORRECTLY AND SIGNED.

GENERAL POLICIES

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 send home; I agree to pick them up at the time requested by the camp staff;
I understand that the Camp carries no insurance.
I understand that under certain medical conditions the Camp staff may require 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 participating in 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 on 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 VAN NUYS its officers, agents, employee and/or personnel, and
I release, acquit and forever discharge the City of Los Angeles, Department of Recreation and Parks, Camp VAN NUYS 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, cause 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 medical recording or other likeness of the Minor's physical image and/or voice as for use with the Program and/or Camp's publicist, 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 understood the payment, refund and conditions of enrollment policies as found on this registration form and/or the park's brochure
I agree to be legally bond by signing this registration and waiver release forms and extend this binding to the Minor (s).

Parent/Guardian Signature _____ Date _____

AUTHORIZATION TO PARTICIPATE, CONCENT TO TREATMENT OF MINOR IN CASE OF EMERGENCY ILLNESS OR ACCIDENT

My child, (print name) _____, a minor has my authorization to participate in Camp VAN NUYS's Summer Camp Program and all activities therein (including charter bus trips). I further agree to relieve the City of Los Angeles, Department of Recreation and Parks, its officers, agents and employees from any liability for injury to my child resulting from and/or in connection with activities in this program. I, the undersigned, as parent/guardian for the above mentioned minor do hereby authorize the City of Los Angeles to act as agent for the undersigned; to consent for any X-Ray examination, anesthetic, medical or surgical diagnosis, treatment/hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physical and/or surgeon licensed under the provisions of the Medicine Practice Act and on the medical staff of a licensed hospital; whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. This authorization is given in advance of any specific diagnosis/treatment, etc., and is given to provide authority to aforesaid agents to give specific consent. This authorization is giving pursuant to the provisions of Section 25.8 of the Civil Code of California.

Parent/Guardian Signature _____ Date _____

PAYMENTS, RECEIPTS & REFUNDS

I understand that payments must be made in full prior to the week in which my child plans to attend and I am responsible for obtaining and keeping a copy of my receipt at the time of payment. **Online registration can be done at www.laparks.org/reccenter/VAN NUYS**

Cash: Exact cash only (We do not give change) Credit Cards: We only accept MasterCard and Visa

Checks: Make checks payable to "City of Los Angeles., Department of Rec and Parks".

There will be a \$35.00 handling charge for any insufficient, cancelled or stopped check.

A non-refundable 15% administration 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.

Parent/ Guardian (Signature)

Parent/Guardian (Print Name)

Date