

BRANFORD RECREATION CENTER - SUMMER CAMP REGISTRATION FORM 2022

Please Check one: Day Camp (Ages 5-12) CIT (Ages 14-17)

Camper's Name (Last, First): _____
 Address: _____ City _____ Zip Code _____
 Birth Date: _____ Age: _____ Gender: Male _____ Female _____
 Grade (In the Fall): _____ School: _____

Parent/Guardian 1: _____ Cell Phone: (____) _____
 Address: _____ City _____ Zip Code _____
 Home Phone: (____) _____ Work Phone: (____) _____
 Email Address: _____ Cell Phone Provider: _____

Parent/Guardian 2: _____ Cell Phone: (____) _____
 Address: _____ City _____ Zip Code _____
 Home Phone: (____) _____ Work Phone: (____) _____
 Email Address: _____ Cell Phone Provider: _____

EMERGENCY CONTACT (Other than Parent)

Note: Parent will always be contacted first

Name: _____ Relationship to Child: _____
 Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

EMERGENCY CONTACT (Other than Parent)

I authorize only these ADDITIONAL persons to pick up my child (ren):
 Please make sure to list every person that might come to pick up your children
 Children WILL NOT be released to any person not listed above or below

Name: _____ Relationship to Child: _____ Cell Phone: (____) _____
 Name: _____ Relationship to Child: _____ Cell Phone: (____) _____
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 Name: _____ Relationship to Child: _____ Cell Phone: (____) _____
 Name: _____ Relationship to Child: _____ Cell Phone: (____) _____

HEALTH HISTORY FORM

Please complete this form with the most recent and accurate information possible. This will help our staff with any extra information that may be pertinent to the care of your child. If there are any special needs your child may have due to diagnosed medical condition (i.e. Autism, ADD, ADHD), we need to be made aware of them in order to assure proper care for your child. Some conditions may require a one-on-one provided by the family or state.

Branford Recreation Center does not provide one-on-one supervision; all activities are group activities. Should anything happen that would alter this health history information, please let us know immediately.

Forms must be COMPLETE by first day of camp.

Name: _____ Birth Date: _____

Parent/Guardian: _____ Home Phone: (____) _____ Work Phone: (____) _____

Doctor's Name: _____ Phone: (____) _____

Does your child have any special needs? Please Explain: _____

PLEASE CHECK IF YOUR CHILD HAS HAD THE FOLLOWING:

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

Allergies: _____

Allergy Medication (s): _____

Asthma (or Hay Fever): _____ Medication (s): _____

Serious Injuries or Illness: _____

Has your child received medical treatment during the last year: Yes _____ No _____

Date: _____ Reason: _____

Does child currently take medication: Yes _____ No _____

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

Insurance Provider: _____ Policy Number: _____

Hospital: _____

Dietary Restrictions: _____

CHILD'S NAME: _____

Mandatory Sign in and Out of Camp by Parent or Legal Guardian

Parents please note that there will be no sign in and out privileges to minor children. All children enrolled in the Camp programs will be signed in and out by a parent, legal guardian, or individual listed on camp registration form. Branford Recreation Center will not release your child to any person whom is not listed on the Registration Form as an authorized pick up person, emergency contact, or parent. **We do not accept phone calls from parents who want to add someone onto the authorization list. I understand that I must walk into the office and update the list in person. This is for the safety and protection of your child.**

Parent or Guardian initials: _____

Identification Required for Pick-up

ALL persons picking up any child from the Summer Camp programs will be required to show proper identification in order for the child to be released. This applies to any person picking up a child whether it be a parent, grandparent, aunt, uncle, family friend, or any other authorized person, regardless of having picked up that child previously. This is due to the fact that there may be several different staff members throughout the summer which may be in charge during sign-out periods, and the fact that it is impossible for all staff members to be familiar with all persons authorized to pick up every child enrolled in the Branford Recreation Center program. Please understand that this is for the safety of the child and will be enforced strictly by all staff members.

Parent or Guardian initials: _____

Consent to Treatment Authorization

I, the undersigned parent of _____, a minor, do hereby authorize the staff of Branford Recreation Center as agents for the undersigned to consent to an x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is rendered under the general or special supervision of any physician or surgeon licensed under the provision of the medical practice at or 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 shall remain effective continuously unless sooner revoked in writing and delivered to said agents. I further understand that the City of Los Angeles Department of Recreation and Parks does not carry any insurance for my child.

NOTE: The signing of the Consent to Treatment Authorization is not mandatory, but it is requested for your child's protection.

Parent or Guardian initials: _____

Parent Consent to Participate

I hereby give permission for my child to participate in the Branford Recreation Center Summer Camp Program, including trips by chartered bus and/or City Van. I agree to hold harmless the City of Los Angeles Department of Recreation and Parks and its officials, agents, and employees for any injury to my child as a result of participation in the Branford Recreation Center Summer Camp Program.

Parent or Guardian initials: _____

Permission for Photographs/Recordings

I hereby give permission for my child to have their picture taken for any projects, advertisement, or theme events pertaining to the Branford Recreation Center Summer Camp Program. As it is difficult to pull individual children out of photographs I understand that there is not an option for my child to be excluded from certain photographs.

Parent or Guardian initials: _____

CHILD'S NAME: _____

Permission to Watch Movies

I hereby give permission for my child to watch any movies approved and shown by the Branford Recreation Center Summer Camp Program. I understand that these movies will only be of the G or PG Ratings and that staff will screen all movies before viewing. I am also aware that my child may be separated from their group if a movie is the scheduled activity for a certain time period and alternate activities may be provided.

Parent or Guardian initials: _____

Receipts for Camp Payments, Late Pick-Up Fee, Late Payment Fee

I understand the receipts that I receive for any camp payments will serve as proof of payments for income tax purposes. All receipts should be retained, as Branford Recreation Center will not provide additional copies for receipts or payments records. I also understand that there is a late payment fee of \$1.00 per each minute my child is left at camp after the programs designated end time. (6:00pm - Camp Branford/CIT and 12:00pm - Little Bulldogs). Payments are due prior to the week your child will be attending camp. I understand that my child is not guaranteed a space in camp or a space on field trips if a full payment is not paid.

Parent or Guardian initials: _____

Refunds and Credits

Full refunds are only issued when the Recreation Center cancels the activity. A 15% cancellation fee is assessed for all refunds. Changes or transfers per class, sports leagues or Day Camp registration fee may be assessed additional fees. After the first day of a session, the Recreation Center issues a partial refund to patrons withdrawing from the activity. Please allow 6-8 weeks for processing all refunds.

Parent or Guardian initials: _____

Trip Days

I understand that there are no alternative activities on trip days, and that all children present on those days must go on the trip with the rest of camp. All camp staff assigned to field trip days will be attending the field trip and therefore there will be no staff on park grounds. I also understand that due to unforeseen circumstances, all field trips are subject to change or may be cancelled without prior notification. I understand that space is limited on all field trip days and I am not guaranteed there will be space for my child to attend a field trip if I do not pay in full.

Parent or Guardian initials: _____

Parent Handbook and Camp Guidelines

I have read, with my child, the Summer Camp Program Parent Handbook and we understand all the rules and guidelines that have been set forth in it. We understand that violation of these rules may result in disciplinary action for my child, depending on the violation and the individual circumstances of each situation. We understand that there may be situations that come up which are not in the Parent Handbook and will be dealt with appropriately by the Recreation Director, or other appropriate authority. We understand that Branford Recreation Center reserves the right to suspend/expel any child/parent who physically, verbally, or mentally abuses another child or staff member at any time and/or is involved with damaging of property, stealing, or harming others.

Parent or Guardian initials: _____

I have read and understand all the above mentioned items as well as the Parent Handbook and agree to all the policies, procedures, rules, and guidelines set forth by Branford Recreation Center.

I understand that it is my sole responsibility to notify Branford Recreation Center if there is a change to any of the information that I have provided in these forms. I understand Branford RC is not responsible for any lost and/or stolen items.

Parent or Guardian Signature: _____ **Date:** _____

SUMMER CAMP 2022

COVID-19 ACCEPTANCE OF RISK AND WAIVER OF LIABILITY

By my participation I am fully aware that there are a number of risks associated with me and/or my child entering onto City of Los Angeles Department of Recreation and Parks (RAP) property, participating in RAP programs, and utilizing RAP equipment and facilities during the COVID-19 pandemic. This waiver, release, and other representations and covenants set forth herein are given in consideration for RAP permitting me and/or my child to participate in RAP programs during this emergency period.

Therefore, without limitation, I understand that I and/or my child could contract COVID-19 disease which could result in a serious medical condition requiring medical treatment in a hospital or could possibly lead to death.

On behalf of myself and/or my child and our heirs, successors and assigns, I knowingly and freely, assume all such COVID-19 related risks, both known and unknown, relating to my and/or my child's entry onto RAP property, participation in RAP programs, and utilization of RAP equipment and facilities as described above, and I hereby forever release, waive, relinquish, and discharge RAP, along with its officers, agents, employees, or other representatives, and their successors and assigns (collectively, the "City Representatives"), from any and all COVID-19 related claims, demands, liabilities, rights, damages, expenses, and causes of action of whatever kind or nature, and other losses of any kind, whether known or unknown, foreseen or unforeseen, (collectively, "Damages") as a result of me and/or my child entering onto RAP property, participating in RAP programs, and utilizing RAP equipment and facilities as described above, including but not limited to personal injuries, death, disease or property losses, or any other loss, and including but not limited to claims based on the alleged negligence of any City Representative or any other person related to COVID-19 sanitization. I further promise not to sue RAP or any City Representative, and agree to indemnify and hold them harmless from any and all Damages resulting from me and/or my child's contraction of COVID-19.

Parent Initials: _____