



# DAY CAMP REGISTRATION FORM

SEASON \_\_\_\_\_ YEAR \_\_\_\_\_  
PLEASE FILL OUT FORM CLEARLY AND COMPLETELY • ONE FORM PER PARTICIPANT

PARTICIPANT'S FULL NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER: ☐ MALE ☐ FEMALE ☐ OTHER

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

GRADE IN FALL: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ SECONDARY PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

MEDICAL INSURANCE PROVIDER: \_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

IS YOUR CHILD ON MEDICATION? YES \_\_\_\_\_ NO \_\_\_\_\_ IF SO, LIST MEDICATION: \_\_\_\_\_

DOES MEDICATION NEED TO BE TAKEN DURING ASC PROGRAM? YES \_\_\_\_\_ NO \_\_\_\_\_

DOSE/AMOUNT \_\_\_\_\_ FREQUENCY \_\_\_\_\_

LIST ANY MAJOR ILLNESSES, ALLERGIES, MEDICAL CONDITIONS, OR BEHAVIORS WE SHOULD BE AWARE OF: \_\_\_\_\_

IF YOUR CHILD REQUIRES ANY SPECIAL DIETARY NEEDS, PLEASE NOTIFY THE RECREATION OFFICE.  
SHOULD ANY CHANGES OCCUR TO THE MEDICAL HISTORY THAT WOULD ALTER THE CHILD'S HEALTH, PLEASE NOTIFY THE RECREATION OFFICE IMMEDIATELY.

## AUTHORIZED PICK-UP AND EMERGENCY CONTACT LIST

Only people listed on the authorization pick-up list will be allowed to sign a participant out of the program. Any changes must be made in person. In case of emergency, parents/guardians will be contacted first. If parents/guardians cannot be reached, we will then call the people from the list below in the order listed.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ 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 \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

## INITIAL EACH POLICY BELOW:

\_\_\_\_\_ **REFUND POLICY:** Refunds will only be issued prior to the first day of the program or if the program is cancelled by the recreation facility. A non-refundable 15% administrative fee will be assessed by the City of Los Angeles Department of Recreation and Parks for any patron granted a refund. Credits, refunds or make-ups will not be provided for classes missed by the patron and there will be no prorating of fees.

\_\_\_\_\_ **AUTHORIZATION TO PARTICIPATE:** I acknowledge that there are certain risks of injury or damage inherent in the above named activity in which I elect to participate. I agree to assume these risks as well as liability for my own actions and/or those of my child named above. Except for gross negligence or willful misconduct by City personnel, I hereby waive any right to make a claim against the City of Los Angeles for injury, damage, loss or expense sustained by me and/or my child, or my property while engaged in activities related to this event. I further agree to abide by all safety regulations and precautions and to hold the City harmless from liability which may arise from any participation in this activity.

\_\_\_\_\_ **CONSENT TO TREAT:** I, as the participant and/or parent or legal guardian of the minor participating in this program, do hereby authorize the City of Los Angeles Department of Recreation and Parks to act as agents for the undersigned to consent for 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 specialized supervision of any physician licensed under the provisions of the Medical Practice Act on the staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or a said hospital. It is understood that this authorization is given in advance of any such diagnosis, treatment or hospital care, which the aforementioned physician in the exercise of best judgement may deem advisable. I agree with the understanding that the cost of any such treatment will be my responsibility. This authorization shall remain effective through the conclusion of the event or program that the minor is participating in, unless revoked sooner in writing and delivered to the said agent.

\_\_\_\_\_ **PHOTO RELEASE:** By participating in the above mentioned program, I authorize the City of Los Angeles Department of Recreation and Parks to make, procure, or use photographs, films, tapes or other likenesses of my, or my child's, physical image and/or voice as may be needed for use with the programs and/or City's publicity, marketing, and/or advertising materials without payment or any other consideration. I hereby waive any right that I may have to inspect and/or approve the finished product or the copy that may be used in connection therewith, wherein my likeness appears, or the use to which it may be applied.

\_\_\_\_\_ **TRANSPORT:** I agree and give consent to have the minor(s) transported by car, van, chartered school bus and/or public Transportation as part of the program.

## 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(ren) misbehaves and/or is sick and needs to be sent home, I agree to pick them up at the time requested by Recreation staff.
- I will instruct the minor(s) to abide by all safety rules, policies and regulations and to take reasonable precautions to minimize risk of injury or damage arising from participation in the program.
- I give my consent to have the minor(s) 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(s) as a consequence of participation in the program.
- I understand the Recreation Center has no obligation to obtain medical treatment for the minor(s) should it become necessary for the minor(s) to have emergency medical care while participating in the program.
- I hereby give the Recreation personnel my permission to use their judgment in obtaining medical care and to the medical care provider selected by Recreation personnel to render medical care deemed necessary and appropriate.
- I understand and agree that any cost incurred for such treatment which is not covered by insurance shall be my sole responsibility. I waive all rights of recovery which the minor(s) and/or I have now or in the future, whether known or unknown, against the City of Los Angeles, Department of Recreation and Parks.
- I release, acquit and forever discharge the City of Los Angeles, Department of Recreation and Parks from 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) participating in the program or any related activities.
- I agree to keep the Recreation staff 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 understand and agree that the Recreation Facility and its staff are not responsible for lost or stolen items.

**I HAVE READ, UNDERSTAND, AND AGREE TO ABIDE BY THE ABOVE MENTIONED POLICIES AND PRACTICES.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_