After-School Club Applicaton Form

Participant Information (Please Print)

- Participant’s Name (Last Name, First Name) __________________________ Age _______
- Address: __________________________________________ City ___________ Zip _______
- Home Phone: __________________________ Date of Birth: ______ / ______ / _______
- School: __________________________________________ Grade: ___________

- Parent/Guardian: __________________________________________ Legal Custody: ☐ yes ☐ no
- Address: __________________________________________ City ___________ Zip _______
- Home Phone: __________________________ Work Phone: __________________________ Cell Phone: __________________________
- Email Address: __________________________

- Parent/Guardian: __________________________________________ Legal Custody: ☐ yes ☐ no
- Address: __________________________________________ City ___________ Zip _______
- Home Phone: __________________________ Work Phone: __________________________ Cell Phone: __________________________
- Email Address: __________________________

Authorized Pick-Up and Emergency Contact List

Only people listed on the authorized pick-up list will be allowed to sign you child out of camp. 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 listed below in the order listed.

- Name __________________________ Relationship: __________________________ Phone: ( )

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- Name __________________________ Relationship: __________________________ Phone: ( )

PLEASE CHECK IF THE CAMPER HAS HAD ANY OF THE FOLLOWING:

- Chicken Pox
- Mumps
- Frequent Colds
- Nose Bleeds
- Appendicitis
- Tetanus
- Measles
- Sinus Trouble
- Headaches
- Constipation
- Diphtheria
- Whooping Cough
- German measles
- Ear Infection
- Rheumatic Fever
- Hay Fever
- Scarlet Fever
- Heart Trouble
- Asthma
- Hepatitis
- Tonsillitis
- Fainting
- Scarlet Fever
- Heart Trouble
- Asthma
- Polio

Allergies:

Medications:_______ Reason:__________________________

Medical Conditions:

OFFICE USE ONLY:
WAIVER RELEASE

I, the undersigned, give permission for my child, whose name appears above, to attend and participate in the CHEVY CHASE RECREATION CENTER After-School Club Program. I understand that my child may be transported to and from the event and that the nature of this event is a program activity. I know my minor's experience and capabilities and believe the minor to be qualified, in good health, and in proper physical condition to participate in such activity. I agree to relieve the City of Los Angeles Department of Recreation and Parks, its officer agents and employees from any liability in connection with any injury to my child in connection with this activity. I understand that the City and Recreation Facility CARRY NO INSURANCE.

I, the undersigned parent of, ______________________ a minor, do hereby authorize the City of Los Angeles, Department of Recreation and Parks as agents for the undersigned to consent to 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 his best judgment may deem advisable. This authorization shall remain effective for the duration of the program, unless revoked sooner in writing and delivered to said agent.

I am aware that there are certain risks of injury and/or damage inherent in the program activities.

I understand that if my child misbehaves and/or is sick and needs to be sent home, I agree to pick her/him up at the time requested by staff.

I agree to complete the health history form providing minor’s current, complete and truthful health history, including immunization history and overall physical, mental and emotional health status. Under certain medical conditions, I understand that Chevy Chase Recreation Center may require a written authorization based on a physical examination by a licensed medical person as a requirement for the minor to participate in the program. To the best of my knowledge and belief, minor is not subject to a physical or mental infirmity nor under the influence of any medication or other substance which might hinder his/her safe participation in the program.

I will instruct minor to abide by all safety regulations and to take reasonable precautions to minimize the risks of injury or damage arising from participation in the program.

I give my consent to have minor participate in all aspects of the program and I knowingly assume full responsibility for all risks of bodily injury, death or property damage which minor may sustain as a result.

I give my consent to have the minor transported by chartered bus, City vehicle, or by walking, as part of the program.

I hereby give permission to the City of Los Angeles Department of Recreation and Parks to photograph and/or videotape my child. The sole purpose of these photographs and/or videos is for publication, advertisement, and exhibition of services offered by the City of Los Angeles Department of Recreation and Parks.

I have carefully read this agreement. I understand what it means and my signature below is my own free act. I intend it to be legally binding on minor and myself.

Important: Parent or Guardian’s signature required:

Parent’s Signature
X
Parent’s Name (please print)

Date:

Participant’s Name

Immunization Record Requirement Waiver. I hereby request exemption of the child, named above, from the immunization requirements for attendance of the program because all or some immunizations are contrary to my beliefs. I understand that in case of an outbreak of any one of these diseases, the child may be temporarily excluded from attending for his/her protection.

Parent’s Signature
X

Date: