



City of Los Angeles Department of Recreation and Parks
 Elysian Park Recreation Center (323) 226-1402
 929 Academy Road, Los Angeles CA 90012



CAMP REGISTRATION (Please Print)

Camper Name: _____ Age: _____ Birth Date: _____ M or F
 Address: _____ City: _____ State: _____ Zip: _____
 Parent/Guardian: _____ Legal Custody: YES or NO
 Cell Phone: _____ Work Phone: _____
 Email Address: _____
 Other Parent/Guardian: _____ Legal Custody: YES or NO
 Cell Phone: _____ Work Phone: _____

In Case of Emergency, contact:
 Name: _____ Relationship to Camper: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Work: _____ Cell: _____

PLEASE
 PROVIDE AN
 INDEX SIZE
 PICTURE OF
 YOUR CHILD

AUTHORIZED SIGNATURE.

In case I cannot be present, one of the following people have my permission to sign in or sign out my child at the scheduled time:

Name _____ Relationship _____ Phone# _____
 Name _____ Relationship _____ Phone# _____
 Name _____ Relationship _____ Phone# _____

PERMISSION TO SIGN IN AND /OR OUT

I give my child permission to (please check one) Sign in Sign out Sign in & out neither
 The program without my presence. I am aware the once signed out of the program my child must leave the facility. I am aware that loitering on the Park is not allowed and that the staff is not responsible for my child before or after he/she signs in or out.

PARENTAL PERMISSION CONSENT AND AGREEMENT

- If there are field trips, I understand that there is no child care on trip days for children that are late or elect not to attend trips.
- Elysian Park Recreation Center is granted permission to care for my child while at the facility; this cover all activities including those away from the park site, which involves any type of transportation (bus, Metro train, van, walking). Each child is expected to partake in all activities in which they are physically able.
- I agree to pay fees on the Monday of each week or the Friday of the week prior to each weekly session. I also understand that enrollment is weekly and my child is not guaranteed a position at camp. I understand that once camp capacity is reached that my child will be put on a waiting list.
- I understand the staff at Elysian Park RC is not responsible for any lost, stolen or damaged items.
- I further understand and agree that electronic equipment such as: IPODS, MP3 players, all portable game systems are not to be brought to camp.
- All communication needed with my child must be made through the park office via phone or in writing.

If at any time the information on this application changes, Please notify the Office Staff in writing immediately.

Signature of Parent/Guardian: _____ **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 **Elysian Park Day Camp** granting the above-named child _____ the opportunity to participate in the **Elysian Park Day Camp**.

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; including immunization history and overall health status;
- 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 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 participation in the Program;
- 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: car, van, chartered bus, chartered school bus and/or public transportation as part of the Program;
- I understand that the Camp has no obligation to obtain medical treatment** for the Minor. Should it become necessary for the Minor they 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 (print name)** _____ **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, **[Elysian Park RC]** its officers, agents, employees and/or personnel, and **I release, acquit and forever discharge** the City of Los Angeles, Department of Recreation and Parks, **[Elysian Park RC]** 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 agree to keep the Camp 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 also authorize the Day Camp program at Elysian Park RC, 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 have read and understand the payment, refund and conditions of enrollment policies** as found in the parent handbook ;
- I agree to be legally bound** by signing this registration and waiver release forms and extend this binding to the Minor(s).

Important: Parent or Guardians Original Signature Required.

Childs Name (please print) _____ **Date** _____

Parent/Guardian Name (please print) _____ **Date** _____

Signature _____ **Date** _____



City of Los Angeles Department of Recreation and Parks

HEALTH HISTORY FORM

Note: Should anything happen to the camper that would alter his health history information after this form is returned, and before arrival at camp, please let the camp know immediately.

Camper Name: _____

MALE or FEMALE Birth Date: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent / Legal Guardian (name): _____ Phone #: _____

Doctor (name): _____ Phone #: _____

Has the camper had the following (please check):

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

Restrictions:

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

Allergies / Other (please specify):

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

Has the camper received medical treatment during the past year? YES or NO

Date: _____ Reason: _____

Is the child taking any medications now? YES or NO

Parent/Guardian Signature: _____ Date: _____

Are all Immunizations up to date? YES ___ NO ___ (IF NO PLEASE EXPLAIN)



**AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR AT
AUTHORIZED HOSPITAL IN CASE OF EMERGENCY ILLNESS OR ACCIDENT**

I (We), the undersigned parent(s) of _____, a minor do hereby authorize the directors of **Elysian Park RC** 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 physician 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).

Parent/Guardian Signature: _____ Date: _____



City of Los Angeles Department of Recreation and Parks
Parent Photo Release Form of a Minor Child



PARKPROUDLA

Date: _____

SIGN AND RETURN TO THE FACILITY DIRECTOR OR PARK SUPERVISOR

The City of Los Angeles, Department of Recreation and Parks, its agents and assigned representatives, has permission to use the image (digital, film and/or audio) of my child, _____, a minor, for the promotion of Department Programs and/or Events via any City of Los Angeles media platforms (audio, film, internet, print and/or social media).

I also give permission for my child's **first** name to be used* Yes No

Parent/Legal Guardian Signature: _____ Date: _____

Printed Name of Parent/Legal Guardian: _____

Daytime Phone: () _____ - _____ Evening Phone: () _____ - _____

*Should this child's image be used on our Department Website, or any social media outlets, their name will **not** be included.