



Afterschool Program Application Form

Participant Information (please print)

- Participant's Name (Last, First) _____ Age _____
 Address: _____ City _____ Zip _____
 Home Phone: _____ Date of Birth: ____ / ____ / ____
 School: _____ Grade _____
 Classroom #: _____ Teacher's Name: _____
- 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: (____) _____
- Name _____ Relationship: _____ Phone: (____) _____
- Name _____ Relationship: _____ Phone: (____) _____
- Name _____ Relationship: _____ Phone: (____) _____
- Name _____ Relationship: _____ Phone: (____) _____

PLEASE CHECK IF THE CAMPER HAS HAD ANY OF THE FOLLOWING: YEAR OF LAST IMMUNIZATION OR BOOSTER

- | | | | | | | |
|---|--|--|--|---------------------------------------|----------------------|----------------------|
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Mumps | <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Nose Bleeds | <input type="checkbox"/> Appendicitis | _____ Tetanus | _____ Mumps |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Sinus Trouble | <input type="checkbox"/> Headaches | <input type="checkbox"/> Skin Rash | <input type="checkbox"/> Constipation | _____ Diphtheria | _____ German Measles |
| <input type="checkbox"/> German Measles | <input type="checkbox"/> Ear Infection | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Diphtheria | _____ Whooping Cough | _____ Hepatitis |
| <input type="checkbox"/> Tonsillitis | <input type="checkbox"/> Fainting | <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Asthma | _____ Polio | |

Any known Allergies: Yes No
 If yes, please list _____

Medications: Yes No
 If yes, please list _____

Any Medical Conditions or physical limitations: Yes No
 If yes, please list _____

Any conditions or behaviors that we should be aware about? Yes No
 If yes, please list _____

CITY OF LOS ANGELES * DEPARTMENT OF RECREATION AND PARKS
HOLLENBECK RECREATION CENTER * 415 S. ST. LOUIS STREET, LOS ANGELES, CA 90033

IMMUNIZATION RECORD REQUIREMENT WAIVER

I hereby request exemption of the child, named above, from the immunization requirements for attendance of the ASC 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/ Guardian Name (Please print)

Parent/ Guardian Signature

WAIVER RELEASE

AGREEMENT ASSUMING RISK OF INJURY OR DAMAGE, WAIVER AND RELEASE OF CLAIMS AND AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT FOR MINOR CHILD

I, (Print Name) _____ the undersigned, give permission for my child, whose name appears below, to attend and participate in the **HOLLENBECK RECREATION CENTER AFTERSCHOOL 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 minors 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 for injury to my child resulting from and/or in connection with activities in this program. 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 under-signed 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.

Except for the gross negligence or willful misconduct of the City, I waive all rights of recovery which Minor or I may have now or in the future, whether known or unknown, against the City of Los Angeles or its officers, agencies or employees, and I release, acquit and forever discharge the City from any and all liability for any bodily injury or other personal injury, damage, loss or expense, claims, demands, causes of action, money damages, costs, loss of services or use, compensation, debts, including attorney fees, which result from or are in any way connected with Minor's participation in the Program or any related activities.

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 Hollenbeck 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, Metro bus 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:

Child's Name: _____

Date: _____

Parent/ Guardian Name (Please print)

Parent/ Guardian Signature