**Preschool Program Application Form**

**Participant Information (please print)**

- **Participant’s Name (Last, First)** ____________________________  **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:** (____) ________________
- **Name** ____________________________  **Relationship:** ____________________________  **Phone:** (____) ________________
- **Name** ____________________________  **Relationship:** ____________________________  **Phone:** (____) ________________
- **Name** ____________________________  **Relationship:** ____________________________  **Phone:** (____) ________________
- **Name** ____________________________  **Relationship:** ____________________________  **Phone:** (____) ________________

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

- ☐ Chicken Pox  ☐ Mumps  ☐ Frequent Colds
- ☐ Measles  ☐ Sinus Trouble  ☐ Nose Bleeds
- ☐ German Measles  ☐ Ear Infection  ☐ Appendicitis
- ☐ Tonsillitis  ☐ Fainting  ☐ Tetanus
- ☐ Mumps  ☐ German Measles
- ☐ Measles  ☐ Sinus Trouble  ☐ Appendicitis
- ☐ Mumps  ☐ German Measles
- ☐ Polio

**YEAR OF LAST IMMUNIZATION OR BOOSTER**

- ☐ Tonsillitis  ☐ Fainting  ☐ Tetanus
- ☐ Mumps  ☐ German Measles
- ☐ Measles  ☐ Sinus Trouble  ☐ Appendicitis
- ☐ German Measles
- ☐ 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 Preschool 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 PRESCHOOL 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 officers 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 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 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