

Summer Camp Registration Form

Please Print or Type

One Form Per Child

Camper Information

Camper's Last Name: _____ First Name: _____
Birth Date: ____/____/____ Age: _____ Grade: _____ Gender: Male Female
Parent/Guardian Name: _____ Home Phone: (_____) _____
Address: _____ City: _____ Zip Code: _____
Cell Phone: (_____) _____ Home Phone: (_____) _____
Work Phone: (_____) _____ E-mail: _____

Emergency Contact Information

Emergency Contact Name: _____ Relationship: _____
Home Phone: (_____) _____ Alternative: (_____) _____
Emergency Contact Name: _____ Relationship: _____
Home Phone: (_____) _____ Alternative: (_____) _____

Pick Up Authorization

I authorize only these additional individuals to pick up my child:

Name: _____ Home Phone: (____) _____ Relationship: _____
Name: _____ Home Phone: (____) _____ Relationship: _____
Name: _____ Home Phone: (____) _____ Relationship: _____

Health Information

Has your child had the following (Please indicate most recent date. Does not need to be completed by physician):

Chicken Pox _____ Mumps _____ Measles _____ Sinus Trouble _____
Ear Infection _____ Tonsillitis _____ Fainting _____ Nosebleeds _____

Does your child have any condition which would prevent him/her from participation in all camp activities? (If so, please explain below _____)

Recommendations and restrictions while at camp:

Any allergies (food, drugs, bee stings, mosquitoes, etc) _____

Asthma or Hay Fever? _____ Serious Injuries/Illnesses? (If so, please explain) _____

Does your child take medication at present? (Check one) Yes* No

*If your child does take medication, please contact the Director to complete additional paperwork. Medication must be in original container(s) and will be retained in the camp office.

Health Care Insurance Provider: _____ Policy No.: _____

Primary Physician: _____ Contact Number: _____

LACES Summer Camp

Policies and Procedures Form

POLICIES (Please initial each policy listed below)

_____ **REFUND POLICY:** After the Wednesday prior to each session, no refunds will be issued unless the program is cancelled by the Recreation Center. All refund requests must be submitted in writing on the Refund Request Form. A non-refundable 15% administrative fee will be assessed by the City of Los Angeles Dept. of Rec. and Parks for any patron granted a refund, change, or transfer.

_____ **SIGN IN/OUT:** Children must be signed in and out of camp and extended care daily by an authorized person. Written permission must be provided if you wish for your child to be released to anyone other than those authorized on the registration form. LACES is not responsible for children before or after camp unless they are currently enrolled in extended care. If you would like to pick up your child early. Please send a note and arrange a meeting place with his/her counselor.

_____ **LATE PICK UP:** Children not signed out of camp by 6:00 p.m. will automatically be placed in the Recreation Center office and charged \$1 per minute. This applies to all children unless they have written permission to sign themselves out of camp. **All late fees must be paid prior to your child returning to camp. We do not bill for services rendered.**

_____ **DRESS CODE:** One camp shirt will be provided per camper for the camp session. For safety purposes, camp shirts and closed toed, heeled shoes with rubber soles must be worn daily, no exceptions. Shirts must be in good condition; no cutoffs allowed. Children attending camp without the appropriate camp shirt will be given one by staff and you will be billed accordingly. Payment will be due when the camper is picked up that day. We

_____ **PERSONAL ITEMS:** LA City Department of Recreation & Parks and LACES Recreation Center will not be held responsible for personal items brought to camp including but not limited to glasses, clothing, jewelry, backpacks, etc. This includes lost or stolen items.

_____ **MAKE UP DAYS:** No credits or make-up days will be given for missed days or trips.

_____ **PARENT CONSENT:** I give permission for my child to participate in the LACES Recreation Center Camp pro-grams, including field trips by chartered bus, van, public bus, or walking. I understand that any camper who does not cooperate with camp staff will lose privileges to activities and can be expelled from camp. LACES Recreation Center does not tolerate bullying in any form. Campers who do not comply will be asked to leave camp. No refunds will be given to campers who are expelled from camp.

_____ **HOLD HARMLESS CLAUSE:** By registering, you understand that you are giving your authorization to participate in the LACES Recreation Center programs and all activities therein. You further agree to relieve the City of Los Angeles Department of Recreation and Parks, its officer, agents, and employees from any liability for injury to you or your child resulting from and/or in connection with the activities in this program. You understand that the Recreation Center carries no insurance. You do hereby authorize the City of Los Angeles to act as agent for you and your child: to consent to any x-ray examination, anesthetic, medical or surgical diagnosis, treatment/hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medicine Practice Act and on the medical staff of a licensed hospital; whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. This authorization is given in advance of any specific consent.

_____ **PHOTO RELEASE:** By participating in our programs, patrons agree to allow the City of Los Angeles Department of Recreation and Parks and the LACES Recreation Center to use photographs, video tapes, and testimonials of participants for use in publicity materials free of any fee or usage charge.

I have read, understand, and agree to abide by the above mentioned policies and practices.

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____