



City of Los Angeles Department of Recreation and Parks

**Pecan Summer Camp 2019**

10:00 am -4:00pm



CHILD'S NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ CELL #: \_\_\_\_\_  Texts OK

PARENT/GUARDIAN: \_\_\_\_\_ CELL #: \_\_\_\_\_  Texts OK

Email: \_\_\_\_\_

**TENDED CARE NEEDED?** : Extended care hours 7:30 AM - 6:00PM. EXTRA FEE APPLIES IF YOU NEED CARE OUTSIDE OF NORMAL CAMP HOURS WHICH ARE FROM 10:00AM-4:00PM

**IN AN EMERGENCY, IF PARENT/GUARDIAN(S) ARE UNAVAILABLE, CONTACT:**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

**PARENT/GUARDIAN AGREEMENT**

I agree to pay Pecan Recreation Center the weekly program fee by its announced deadline. I understand that failure to make timely payment will result in my child's dismissal from the program and I will be charges a \$5 late fee before my child is eligible to re-enroll. I understand I will not be accepted into any other classes, sports, camp, or programs until my balance is paid. **I understand that there is no care for children not attending the weekly field trip and I agree to remind my children of camp rules and to help enforce them.**

\_\_\_\_\_  
Parent /Guardian Signature Date

**FIELD TRIP PERMISSION SLIP**

I hereby authorize my son/daughter \_\_\_\_\_ to travel (by bus, van or walking) to any field trip/outing in association with the Pecan Recreation Center. I release the City of Los Angeles and its officials, agents, and employees from any liability in connection with this authorization. **I give permission for my child(ren) to watch G, PG, and PG-13 Movies only. Initials \_\_\_\_\_**

\_\_\_\_\_  
Parent/Guardian Signature Date

**CHECK OUT INFORMATION**

We don't release campers to ANYONE without written confirmation from legal guardian. **Please list all individuals authorized to pick up your child.** Individuals will be required to show photo identification to pick up your child.

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE#: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE#: \_\_\_\_\_

**\*\* There will be a \$1.00 late fee for every minute your child is left in our care after the program has ended.**

\_\_\_\_\_  
Parent/Guardian Signature Date

PLEASE INITIAL WHICH WEEK(S) YOUR CHILD WILL ATTEND							
			 closed on 7/4/18				 END OF SUMMER PARTY 08/02/18 ALL WELCOME
WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	WEEK 6	WEEK 7	WEEK 8
06/11-06/15	06/18-06/22	06/25-06/29	07/02-07/06	07/09-07/13	07/16-07/20	07/23-07/27	07/30-08/03
L.A. ZOO	S. M. PIER	JOHN'S INCREDIBLE	CASTAIC LAKE	HANSEN DAM	KNOTT'S	SANTE FE DAM	RAGING WATERS

City of Los Angeles Department of Recreation and Parks  
**PECAN REC CENTER WAIVER AND RELEASE FORM**

In consideration of the City of Los Angeles acting through its Department of Recreation and Parks at Pecan Summer Day Camp granting the above-named child the opportunity to participate in the camp.

**I am aware that there are certain risks of injury and/or damage 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 camp staff.**

**I understand that the Pecan Day Camp carries NO INSURANCE.**

**I agree to complete the camp 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 Pecan 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.

**I confirm that to the best of my knowledge and belief the 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 or the safety of others 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 of participating in the program.

**I give my consent** to have the Minor transported by Metro, chartered bus, City vehicle, or by walking, as part of the Program.

**I understand that the City has no obligation to obtain medical treatment** for Minor. Should it be necessary for Minor to have emergency medical care while participating in the Program, **I hereby give the City personnel my permission to use their judgment in obtaining him/her medical care and I give permission to the medical care provider** selected by the City personnel to render medical care deemed necessary and appropriate.

**I understand that the City at its sole option but without obligation may procure insurance** to cover all or part of such medical expense incurred by Minor. **Accordingly, I understand and agree that any cost incurred for such treatment which is not covered by insurance shall be my sole responsibility.**

**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 agree to keep Pecan Day Camp advised if I will be out of contact for any period of time** during the program and to provide additional and/or alternative contact information prior to my leaving.

**I also authorize the City to make or use photographs, films, tapes or other likenesses of Minor's physical image and/or voice as may be needed for use with Program's publicity materials.**

**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. I also acknowledge that I have received the Parent Handbook and agree to the terms and policies described therein.

CHILD'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_ PARENT SIGNATURE: \_\_\_\_\_

## PECAN REC CENTER HEALTH HISTORY FORM

Should anything happen to the child that would alter this health history after this form is sent and before arrival at park, please let the park know immediately.

CHILD'S NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ AGE: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

HOSPITAL: \_\_\_\_\_ DOCTOR: \_\_\_\_\_

INSURANCE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

### Has your child had the following:

- |  |  |                                     |   |   |
|--|--|-------------------------------------|---|---|
| <input type="checkbox"/> Chicken Pox     | <input type="checkbox"/> Asthma        | <input type="checkbox"/> Fainting   | <input type="checkbox"/> Scarlet Fever  | <input type="checkbox"/> Heart Problems |
| <input type="checkbox"/> Measles         | <input type="checkbox"/> Mumps         | <input type="checkbox"/> Hay Fever  | <input type="checkbox"/> Constipation   | <input type="checkbox"/> Nose Bleed     |
| <input type="checkbox"/> German Measles  | <input type="checkbox"/> Sinus Trouble | <input type="checkbox"/> Colds      | <input type="checkbox"/> Stomach Upset  | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Tonsillitis   | <input type="checkbox"/> Headaches  | <input type="checkbox"/> Skin Rash      | _____                                   |
| <input type="checkbox"/> Diphtheria      | <input type="checkbox"/> Appendicitis  | <input type="checkbox"/> Bedwetting | <input type="checkbox"/> Ear Infections | _____                                   |

### Give the month and year of last immunization or booster:

Tetanus: \_\_\_\_\_ Mumps: \_\_\_\_\_ Diphtheria: \_\_\_\_\_ Measles: \_\_\_\_\_

Whooping Cough: \_\_\_\_\_ Polio: \_\_\_\_\_ TB Test: \_\_\_\_\_  POS  NEG

### 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):

- |  |                   |
|--|-------------------|
| <input type="checkbox"/> Bee Stings, Mosquitoes: _____ | Medication: _____ |
| <input type="checkbox"/> Food (name): _____            | Medication: _____ |
| <input type="checkbox"/> Asthma (hay fever): _____     | Medication: _____ |
| <input type="checkbox"/> Other: _____                  | Medication: _____ |

Has your child received medical treatment in the past year?  YES  NO

Date: \_\_\_\_\_ Reason: \_\_\_\_\_

Does your child take medication? \_\_\_\_\_ If yes, what kind and what for?

The following non-prescription medications may be stocked at camp and are used as an as needed basis to manage illness and injury. Check the box if the camp may be given the following.

- Neosporin  Calamine Lotion

**Park Staff Will Not Be Responsible For Administering ANY Medication**

### AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

I, the undersigned parent/guardian of \_\_\_\_\_ a minor, do hereby authorize the PARK REPRESENTATIVES as agent(s) for the undersigned to consent to any x-ray exam, 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 Medicine Practice Act, or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at the 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 our 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/her best judgment, may deem advisable.

**THIS AUTHORIZATION SHALL REMAIN IN EFFECT UNTIL REVOKED IN WRITING & DELIVERED TO AGENTS.**

Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PECAN REC CENTER DISCIPLINE POLICY

At Pecan Day Camp discipline is used to help a camper, not hurt him/her. Counselors will assist campers in correcting their behavior before any time outs are necessary.

I. We have established a simple set of rules that will enhance the development of your child;

1. Nobody gets hurt
2. Play fairly
3. Be polite

These rules/procedures have been set up to ensure the safety of the children in this program.

### Disciplinary Procedures

In the event these rules are broken, a 4 step disciplinary procedure will be carried out.

1. "Time out"
2. "Time out," a note to parent, and conference with the camp director.
3. "Time out," a note to parent, conference with director & parent(s), contract of improvement.
4. Time out will be issued until the parent comes to pick up camper. Camp director will meet with the parents and camper to discuss resolutions or the dismissal of the camper from the program.

**Violent behavior & disobedience that endangers/disrupts camp requires immediate parent pick up. Foul Language, intentional hurt of another camper, stealing, or disrespect of staff will result in suspension.**

### Field Trips

Fieldtrips are on Wednesday and Fridays. There is **NO SUPERVISION** at the center for any child not attending trips. Any child who misses the bus will have to be taken home.

**NO EXEPTIONS.** Staff is not responsible for money; campers are responsible for own money. Camper must be wearing this year's camp shirt on field trips. **Campers not wearing camp shirt will not be taken on trip** and must be picked up.

## PARENT/CAMPER AGREEMENT

PLEASE READ & SIGN THIS AGREEMENT WITH CAMPER(S) & RETURN IT TO PECAN REC CENTER.

I agree that Pecan Rec Center is not responsible for lost/damaged articles of clothing or personal belongings (such as; IPODs, cameras, jewelry, electronics, cell phones, money or other).

I agree to follow the rules set by Pecan Rec Center for health, safety, and welfare of all campers.

It is agreed that use of drugs, tobacco or alcoholic products, weapons and/or violent behavior will cause immediate dismissal. **There are no refunds of fees for campers dismissed under these terms.**

I agree that Pecan has the right to cancel or change programs, activities, or trips when necessary.

I agree to drop off/pick up my child on time and realize that there will be a **late fee** if not on time.

I agree all payments will be on time and in full. I further understand that not making payments on time may result in my child not being accepted to camp that week.

I agree to help with discipline actions involving my child.

**I have received and read the policies and agree to follow all procedures listed above.**

**I understand that failure to follow the rules will result in dismissal from the program.**

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Camper Signature & Date

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Parent/Guardian Signature & Date

**PECAN RECREATION CENTER**

145 S. Pecan St. Los Angeles, CA 90033 (323) 262-2736



**VIDEO / PHOTO RELEASE 2019**

I understand that during the program in which my child/children is enrolled and all activities associated with that program, that the photograph of my child/children may be taken by Pecan Recreation Center personnel.

I agree and by my signature below hereby consent to the photograph of my child/children including video photography, or film photography of my child/children to be used by the Pecan Recreation Center in their publishing, websites, videos or any other way they may deem appropriate.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Parent's Name

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**PECAN RECREATION CENTER**

145 SOUTH PECAN ST LOS ANGELES, CA 90033 323-262-2736 323-262-9284(FAX)

**SUMMER DAY CAMP FIELD TRIP FORM**

TO FRANISCO CERRITOS, RECREATION COORDINATOR AND PECAN PARK STAFF.  
I HEREBY REQUEST THAT MY SON/DAUGHTER \_\_\_\_\_, BE PERMITTED TO  
ACCOMPANY A GROUP FROM PECAN SUMMER CAMP ON THE FOLLOWING FIELDTRIPS:

- WK #1 LOS ANGELES ZOO ON 6/14/2019.GROUP WILL LEAVE AT APPROXIMATELY:  
08:45AM AND RETURN AT APPROXIMATELY: 5:00PM. \$5 (BRING LUNCH)
- WK #2 Santa Monica BEACH &/OR PIER ON 6/21/2019.GROUP WILL LEAVE AT APPROXIMATELY:  
10:00AM AND RETURN AT APPROXIMATELY: 5:30PM. \$FREE (BRING LUNCH/LUNCH \$)  
\$20.00 FOR UNLIMITED RIDE WRISTBAND
- WK #3 El Capitan Theatre ON 06/26/2019 GROUP WILL LEAVE AT APPROXIMATELY:  
9:30AM AND RETURN AT APPROXIMATELY: 4:30PM. \$25 (INCLUDES MOVIE SNACK PACK)
- WK #3 JOHN'S INCREDIBLE PIZZA ON 6/28/2019.GROUP WILL LEAVE AT APPROXIMATELY:  
10:00AM AND RETURN AT APPROXIMATELY: 5:00PM. \$20 (INCLUDES LUNCH)
- WK #4 MULLIGANS FUN PARK ON 7/05/2019.GROUP WILL LEAVE AT APPROXIMATELY:  
9:00AM AND RETURN AT APPROXIMATELY: 5:30 PM. \$25
- WK #5 KNOTT'S AMUSEMENT ON 7/10/2019.GROUP WILL LEAVE AT APPROXIMATELY:  
8:30AM AND RETURN AT APPROXIMATELY: 6:00PM. \$40 (BRING LUNCH/LUNCH \$)
- WK #5 HANSEN DAM AQUATIC CENTER ON 7/12/2018 GROUP WILL LEAVE AT APPROXIMATELY:  
Under 6 must bring chaperone  
10:00AM AND RETURN AT APPROXIMATELY: 5:00PM. \$5 (BRING LUNCH/LUNCH \$)  
\*\* IF YOUR CHILD IS UNDER THE AGE OF 7 PLEASE PROVIDE AN ADULT CHAPERONE FOR THE FIELD TRIP
- WK#6 QUE SKYSPACE & LIBRARY ON 07/17/2019 GROUP WILL LEAVE AT APPROXIMATELY:  
10:00AM AND RETURN AT APPROXIMATELY: 4:30 PM. \$15 (BRING LUNCH /LUNCH \$)
- WK #6 SCIENCE CENTER MUSEUM ON 07/19/2019 GROUP WILL LEAVE AT APPROXIMATELY:  
10:00AM AND RETURN AT APPROXIMATELY: 5:00 PM. \$12 (BRING LUNCH /LUNCH \$)
- WK #7 SKYZONE TRAMPOLINE PARK ON 7/24/2019 .GROUP WILL LEAVE AT APPROXIMATELY:  
10:00AM AND RETURN AT APPROXIMATELY: 5:00PM. \$25
- WK #7 SKATELAND ON 7/26/2019.GROUP WILL LEAVE AT APPROXIMATELY:  
10:00AM AND RETURN AT APPROXIMATELY: 5:00PM. \$15
- WK #8 RAGING WATERS ON 8/01/2019.GROUP WILL LEAVE AT APPROXIMATELY:  
9:00AM AND RETURN AT APPROXIMATELY: 6:00PM. \$ 40 (INCLUDES LUNCH)

I FURTHER AGREE TO RELIEVE THE DEPARTMENT OF REC AND PARKS, CITY OF LOS ANGELES, AND  
ITS OFFICERS, AGENTS OR EMPLOYEES FROM ANY LIABILITY ON CONNECTION WITH THIS REQUEST.

\_\_\_\_\_  
(PARENT OR GUARDIAN)

\_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_  
(TELEPHONE)

\_\_\_\_\_  
(EMERGENCY CONTACT)

\_\_\_\_\_  
(EMERGENCY PHONE)