



**CITY OF LOS ANGELES • DEPARTMENT OF RECREATION AND PARKS
PECK PARK COMMUNITY CENTER 2020 SPRING BREAK CAMP REGISTRATION FORM**



Child's Name: _____ Age: _____ Birth date: ____ / ____ / ____

First Last

Child's Gender: (please circle) Male / Female

Address _____ City _____ State _____ Zip _____

Parent / Guardian Name: _____ E-mail Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Parent / Guardian Name: _____ E-mail Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

I authorize **ONLY** these additional persons to pick up my child (*include car pools*) and to be contacted in case of an emergency:

Name _____ Relation _____ Phone: _____

Name _____ Relation _____ Phone: _____

Name _____ Relation _____ Phone: _____

Name _____ Relation _____ Phone: _____

Persons listed below, **ARE NOT** authorized to pick up my child at any time.

Please Note: If named person is a biological parent, written documentation by the court is required.

Name _____ Relation _____

MEDICAL INFORMATION: Insurance Provider _____ Policy # _____

Physician _____ Phone _____ Dentist _____ Phone _____

Is child on medication? Yes ___ No ___

If so, what kind: _____ Amount _____ Frequency _____

Signature _____ Date _____

Reason for limitations of physical activities, if any _____

List any allergies, major illness or medical conditions or behaviors that we should be aware of:

PLEASE READ THOROUGHLY AND SIGN IN THE PERTINENT PLACES. STUDENTS WILL NOT BE PERMITTED TO PARTICIPATE IN THE PROGRAM UNLESS THIS FORM IS FILLED OUT CORRECTLY AND SIGNED.

AUTHORIZATION TO PARTICIPATE

My child, print name _____, a minor has my authorization to participate in the Peck Park Spring Camp Program and all activities therein. I further agree to relieve the City of Los Angeles, Department of Recreation and Parks, it's officers, agents and employees from any liability for injury to my child resulting from and/or in connection with activities in this program. I, the undersigned, as parent/guardian of the above mentioned minor do hereby authorize the City of Los Angeles to act as agent for the undersigned; to consent for 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 diagnosis/treatment, etc., and is given to provide authority to aforesaid agents to give specific consent.

GENERAL POLICIES

1) Neither the Department of Recreation and Parks nor Peck Park carries insurance. 2) Refunds may be issued for long-term illnesses only provided that we receive a signed note from a licensed physician within 3 days after illness. A 15% processing fee will apply to all refunds in addition to all other non-refundable fees. Allow 8-10 weeks for processing of refunds. 3) Fees must be paid in full at the time of registration. 4) Staff reserves the right to require proof of age at any time. 5) Only the parents and authorized individuals listed on the child's application will be allowed to sign-out the child. When picking up the child ALL authorized individuals will be required to present a picture I.D. at anytime a staff member requests it, **NO EXCEPTIONS. Written permission must be provided by the parent/guardian if you wish your child to be released to anyone other than those authorized on the registration form.** 6) Staff reserves the right to change or alter programming at any time without notice. 7) **Spring Break Camp** hours are from 7:30 AM until 6:00 PM. If your child is not picked up by 6:05 pm a fee of \$5 per child/ per 10min (or a fraction of there of) will be assessed.

I have read and understand the AUTHORIZATION TO PARTICIPATE and GENERAL POLICIES. I hereby agree to abide by all the above-mentioned policies and practices and further understand that transgression of any policy is cause for immediate expulsion from the program without refund.

Parent/Guardian (Signature) _____ Parent/Guardian (Print Name) _____ Date _____

MON: 4/6 <input type="checkbox"/>	TUE: 4/7 <input type="checkbox"/>	WED: 4/8 <input type="checkbox"/>	THU: 4/9 <input type="checkbox"/>	FRI: 4/10 <input type="checkbox"/>	RW #: _____	FEE: _____	DATE: _____	STAFF: _____
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