



Queen Anne Recreation Center  
1240 West Blvd., Los Angeles, CA 90019  
(323) 857-1180 | QUEENANNE.RECREATIONCENTER@LACITY.ORG



# Turkey Camp 2025 Program Registration Form

☐ Turkey Day Camp ☐ Counselor In Training Camp

☐ Week 1: November 24-26

## Participant Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Current Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
School they currently attend: \_\_\_\_\_ Grade: \_\_\_\_ Shirt Size: \_\_\_\_  
Are there any other nicknames your participant likes to go by?: \_\_\_\_\_

## Parent/Guardian Information

### Person #1

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Preferred method of contact: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_  
Relationship to Participant: \_\_\_\_\_ Additional Phone Number: \_\_\_\_\_  
Legal Custody of Participant?: \_\_YES \_\_NO Additional Comment: \_\_\_\_\_

### Person #2

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Preferred method of contact: \_\_\_\_\_  
☐ Check here if address is the same as person 1  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_  
Legal Custody of Participant?: \_\_YES \_\_NO Notes: \_\_\_\_\_

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## Emergency Contact Information

*Parents and/or guardians will be notified immediately of any emergencies or incidents. However, should we not be able to get a hold of you, please list two additional contacts. Please remember to notify the Recreation Center should you want to add or remove any of these contacts as soon as possible!*

### Contact #1

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Relationship to Participant: \_\_\_\_\_ Notes: \_\_\_\_\_  
\_\_\_\_\_

### Contact #2

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Relationship to Participant: \_\_\_\_\_ Notes: \_\_\_\_\_  
\_\_\_\_\_

## Pick Up Authorization

*The following individuals have my unrestricted permission to pick up and sign out the program participant without any additional confirmation from me. Photo identification is required upon picking up the participant. Please remember to notify the Recreation Center should you want to remove any of these contacts' permissions to pick up and sign out your participant as soon as possible!*

### Pick Up Person #1

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

### Pick Up Person #2

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

### Pick Up Person #3

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Name(s) of person(s) specifically **NOT** authorized to pick-up the program participant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Please note that no changes (additions/removals, etc.) will be made to this list via phone/email request. All changes to this list must be done in person to verify identity. Please be ready to show your I.D. to confirm your identity to our Recreation Center Management Team. NO Exceptions!

## Policies, Waivers, and Rules

Participant's Full Name: \_\_\_\_\_ (Parent/Guardian Initial)

### Authorization to Participate:

My participant, a minor, has my permission to participate in all of the activities. I understand that certain activities by nature have an increased risk of injury, including death, despite extensive measures taken by Staff to provide a safe environment and ensure the safety of my participants. I understand the nature of games and sports activities and I am aware of the minor's experience and capabilities and believe my child to be qualified, in good health and in proper physical and emotional condition to participate in such activities. I agree to relieve the City of Los Angeles, Department of Recreation and Parks, its officers and agents and employees from any injury to my participant in connection with this program. I further understand that the City of Los Angeles Department of Recreation and Parks CARRIES NO INSURANCE.

\_\_\_\_\_ (Parent/Guardian Initial) **PHOTO RELEASE:**

By participating in the above mentioned program, I authorize the City of Los Angeles Department of Recreation and Parks to make, procure, or use photographs, films, tapes or other likenesses of my, or my child's, physical image and/or voice as may be needed for use with the programs and/or City's publicity, marketing, and/or advertising materials without payment or any other consideration. I hereby waive any right that I may have to inspect and/or approve the finished product or the copy that may be used in connection therewith, wherein my likeness appears, or the use to which it may be applied.

\_\_\_\_\_ (Parent/Guardian Initial) **Consent to Treatment of a Minor**

I, as the participant and/or parent or legal guardian of the minor participating in this program, do hereby authorize the City of Los Angeles Department of Recreation and Parks to act as agents for the undersigned to consent for any 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 best judgement may deem advisable. I agree with the understanding that the cost of any such treatment will be my responsibility. This

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authorization shall remain effective through the conclusion of the event or program that the minor is participating in, unless revoked sooner in writing and delivered to the said agent.

\_\_\_\_\_(Parent/Guardian Initial) **Refund Policy**

**NO REFUNDS ARE GRANTED ONCE PROGRAM BEGINS.** Refunds will only be issued prior to the first day of the program or if the program is canceled by the recreation facility. A non-refundable 15% administrative fee will be assessed by the City of Los Angeles Department of Recreation and Parks for any patron granted a refund. Credits, refunds or make-ups will not be provided for classes missed by the patron and there will be no prorating of fees.

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

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Program Participation Rules

1. Participants may be required to provide proof of age due to age limit restrictions.
2. Program hours are 8am-6pm. Participants must be picked up by 6pm or you will incur a \$15 late fee and pay \$1 per minute after 6:15pm. Please call to let us know you are late. (323)373-9483
3. The Wednesday prior to the activity beginning is the deadline for refunds. No refunds will be granted after an activity begins. Refunds will not be issued unless the program is canceled by the Recreation Center. A 15% administrative fee will be assessed by the City of Los Angeles Department of Recreation and Parks for any patron granted a refund. All refund requests must be submitted by email or in person on a Refund Request Form. There will be no refunds or credits issued for missed days, missed field trips etc. There are no credits or make-up days for missed days. Please note there is no program for your child if they decide they do not want to attend field trip days or if they miss the bus on field trip days. Should your child not attend the field trip, they will need to be taken home by a Parent, Guardian, and/or an authorized person. There is no programming available on-site on field trip days. **NO EXCEPTIONS!**
4. **Dress Code:**
  - a. Participants should wear clean clothing and their Seasonal Camp Shirt everyday.  
-If your child comes to camp without a Seasonal Camp Shirt, you may incur a \$15 fee in order for us to issue a new camp shirt. Camp shirts are essential to our program for safety reasons and are especially important on field trip days.
  - b. Participants should wear comfortable **closed toe** shoes with socks everyday.
  - c. Participants should wear layers to shield them from the varying temperatures.
5. **Photo Release:** By registering to this activity, you authorize the City of Los Angeles to make, procure or use photographs, films, tapes or other likeness of Minor's physical image and/or voice as may be needed for use with Program's publicity materials.

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6. The facility is NOT responsible for lost or stolen articles. We recommend labeling your participants belongings in case items are lost. If an item is lost, please check the Lost and Found bin located at the Queen Anne Recreation Center. No electronics or valuables should be brought to the program.
7. No firearms, weapons, or illegal substances are allowed on the property by anyone including Participants, Parents, Guardians, Authorized Pick Up Persons, or their guests. The possession of these items are grounds for immediate expulsion and/or prosecution of the Participant, Parent, Guardian, Authorized Pick Up Person, or their guests to the fullest extent of the law. Please be mindful that no refunds will be issued for any camper who is expelled from camp. No Exceptions!
8. Registration is offered on a first-come, first-served basis and there are limited spots available. We cannot hold spots, and cannot guarantee that your child will receive a space unless payment is made before the program begins.
9. Program Participants who have (2) or more unexcused absences, are subject to being dropped from the program and a new participant from the waiting list will take their place on the program roster. Please communicate with the Program Instructor, Staff, or Program Director when your child needs to miss a day.
10. Campers must attend at least 3 days out of the week in order to be able to attend the Weekly Field Trip.
11. We have a ZERO TOLERANCE policy for violence, harm to others or themselves, violent threats, and drug possession/use. Campers who violate this policy may be expelled from the Queen Anne Recreation Center Summer Camp Programs. Please be mindful that no refunds will be issued for any camper who is expelled from camp. No Exceptions! Campers and their parent/guardians will meet with the Recreation Facility Director.

**I acknowledge that I have read and understand all of the policies as listed on this Registration Form. By my participants' participation, I agree to follow and abide by these rules.**

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Participant's Medical Information

*Should any of your participant's medical information change, please contact the Recreation Center to ensure that the information below is up to date and readily available in case of an emergency.*

Medical Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

Primary Physician's Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Primary Dentist's Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

List any allergies: \_\_\_\_\_

List all Participant's Medications and times taken (if applicable): \_\_\_\_\_

Please note that all medications must be labeled with the camper's full name, along with instructions. Please note that no medications will be administered by Staff members.

**NO EXCEPTIONS!**

Conditions and/or behaviors that we should be aware of in case of a major emergency:

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## Medical History

Please ☐ if your participant has or has had any of the following:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Appendicitis     | <input type="checkbox"/> Fainting Spells     | <input type="checkbox"/> Polio           |
| <input type="checkbox"/> Asthma           | <input type="checkbox"/> German Measles      | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Chicken Pox      | <input type="checkbox"/> Hay Fever           | <input type="checkbox"/> Scarlet Fever   |
| <input type="checkbox"/> Colds (Frequent) | <input type="checkbox"/> Headaches/Migraines | <input type="checkbox"/> Sinus Issues    |
| <input type="checkbox"/> Constipation     | <input type="checkbox"/> Heart Condition     | <input type="checkbox"/> Skin Rashes     |
| <input type="checkbox"/> Diarrhea         | <input type="checkbox"/> Insulin Condition   | <input type="checkbox"/> Stomach Issues  |
| <input type="checkbox"/> Diphtheria       | <input type="checkbox"/> Measles             | <input type="checkbox"/> Tetanus         |
| <input type="checkbox"/> Ear Infections   | <input type="checkbox"/> Mumps               | <input type="checkbox"/> Tonsillitis     |
| <input type="checkbox"/> Eye Conditions   | <input type="checkbox"/> Nose Bleeds         | <input type="checkbox"/> Whooping Cough  |

☐ Other/Notes:

Year of Last Immunization or Booster: \_\_\_\_\_

Has the participant received any medical treatment in the past year: \_\_\_\_\_

On what date did this medical treatment occur: \_\_\_\_\_

I hereby certify that, to the best of my knowledge, the provided information is true and accurate.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## FOR OFFICE USE ONLY

Select the items (Extra shirt/Late Pick Up/Other) that are paid and note the Receipt Number for each month. Staff, please print your name in the "Received By" section when you take payment.

RECEIPT #	AMOUNT	RECEIVED BY	DATE	NOTES

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