



ROSEHILL RECREATION CENTER

REGISTRATION APPLICATION

Please print clearly

HOUSEHOLD #: _____



PARK PROUD LA

PROGRAM: _____

T-Shirt Size: Youth S Youth M Adult S Adult M Adult L Adult XL Adult XXL

PARTICIPANT INFORMATION

First Name: _____ Last Name: _____

Date of Birth: _____ Age: _____ Height: _____ Weight: _____ Gender: Male Female

Do you have a sibling in the program? Yes No If yes, name _____

How did you hear about our program? _____

Does your child know how to swim? Yes No School Attending: _____ Grade: _____

GENERAL INFORMATION

Parent/Guardian Name: _____ EMAIL: _____

Phone: (_____) _____ Cell Phone: (_____) _____

Parent/Guardian Name: _____ EMAIL: _____

Phone: (_____) _____ Cell Phone: (_____) _____

Address: _____ City: _____ State: _____ Zip: _____

EMERGENCY INFORMATION

Emergency Contact Name: _____ Relationship _____

Phone: (_____) _____ Cell Phone: (_____) _____

Emergency Contact Name: _____ Relationship _____

Phone: (_____) _____ Cell Phone: (_____) _____

Out of State Emergency Contact: _____ Relationship _____

Phone: (_____) _____ Cell Phone: (_____) _____

MEDICAL INFORMATION

Insurance Provider: _____ Policy #: _____

Physician Name: _____ Phone: _____

Dentist Name: _____ Phone: _____

HEALTH HISTORY

If your child has any physical restrictions, please explain: _____

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

Should anything happen to the child that would alter this health history after this form is sent and before arrival to Rose Hill R.C. Program, please let the Facility Director or Staff know immediately!

HAS YOUR CHILD HAD THE FOLLOWING: (PLEASE WRITE YES OR NO)

Please give year of last immunization or booster:			
Chicken Pox:	Mumps:	Nose Bleeds:	Tetanus:
Measles:	Sinus Trouble:	Headaches:	Skin Rash:
German Measles:	Ear Infection:	Bedwetting:	Diphtheria:
Rheumatic Fever:	Appendicitis:	Constipation:	Whooping Cough:
Scarlet Fever:	Tonsillitis:	Stomach Upset:	
Asthma:	Fainting:	Polio:	
Hay Fever:	Colds:	Heart Trouble:	
ALLERGIES: <input type="checkbox"/> Yes <input type="checkbox"/> No Please Name:			
Medication for Allergies:			
Bee Sting Allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No Mosquito Bite Allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No Medication:			
Food Allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No Which Food(s):			
Medication for Food Allergies:			
Serious Injury or Illness? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list:			
Has child received medical treatment in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No Please list:			

PICK UP AUTHORIZATION

The following individuals have my unrestricted permission to pick up and sign out the above child from Rose Hill R.C. without any further confirmation from me. **Only Parents/Guardians and those listed below may pick up my child.**

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name of person(s) NOT allowed to pickup child: _____

AUTHORIZATION TO PARTICIPATE

My child, a minor, has my permission to participate in Rose Hill R.C. Programs and all the activities therein, including chartered vehicles for trips, and walking trips. By my child's participation in Rose Hill R.C. programs I understand that certain activities by nature have an increased risk of injury, including death, despite extensive measures taken by camp staff to provide a safe environment and ensure the safety of my child. I understand the nature of camp games and sports activities and 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 & Parks, its officers and agents and employees from any injury to my child in connection with this program. I further understand that the City of Los Angeles Department of Recreation & Parks and Rose Hill R.C. **CARRIES NO INSURANCE.** I further agree that the City of Los Angeles Department of Recreation and Parks and Rose Hill Recreation Center has my permission to use photographs, video and/or auditory statements taken during program activities for publicity purposes.

Parent Initials: _____

CONSENT TO TREATMENT OF A MINOR

I, as the parent and /or legal guardian of the minor participating in this program, do hereby authorize the City of Los Angeles Department of Recreation & 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 Medicine Practice Act on the staff of the licensed hospital, whether such diagnosis or treatment is rendered at the office of the said physician or a said hospital. It is understood that this authorization is given in advance of any such diagnose, treatment or hospital care which the aforementioned physician in the exercise of their best judgment, may deem advisable. This 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 said agent.

Parent Initials: _____

GENERAL POLICIES

Important Notice: Due to the nature and size of Rose Hill R.C. Programs, the age of the participants, and to provide a safe and enjoyable environment for each participant, Rose Hill R.C. demands a high level of maturity and responsibility from each participant as a prerequisite to attend our programs. While we understand that participants are still children, we hold each individual accountable for their actions and behaviors at all times. Individuals who repeatedly violate camp rules, cause excessive distraction in programs, require disproportionate camp staff attention, supervision, and/or discipline, or show continued disrespect towards staff or other participants will not be tolerated, and those individuals will be expelled from Rose Hill R.C. programs.

Parent Initials: _____



ROSEHILL RECREATION CENTER



PARENT AGREEMENT FORM

*All forms are to be kept by office staff, and filed for our records.

1. Campers must wear a camp shirt daily; if a camp shirt is not worn one must be purchased that day.
2. All fees are due no later than the 1st of the month you wish to register for (ASC, Pre K). For summer camp, the weekly fee is due the Friday before the week the camper is attending. A late fee of \$10 will be assessed if a returning student/camper pays on Monday/Tuesday. This assists us in maintaining proper staffing and staying in ratio.
3. Campers/Students are not allowed to bring personal items to camp (i.e. cell phones, tablets, iPods/mp3, toys, etc.). Rose Hill R.C. and staff, are NOT responsible for lost or stolen articles.
4. Credit transfers for another week must be submitted in writing, no later than the Tuesday prior to the week you are requesting.
5. An administrative fee of 20% will apply to all refunds. *Refunds will not be given for missed days or for not attending field trips.* Please allow 8-10 weeks for the processing of refunds. We do not prorate fees.
6. Registration is on a first come first served basis, as there are limited spaces available. A non-refundable registration fee will be due prior to the child attending.
7. Children can only be released to those authorized on the registration form; please notify those picking up camper/student they will be asked to show identification.
8. Parents are **NOT** permitted to accompany participants on field trips unless they pass a livescan through the City of Los Angeles. If a participant is not on time to a field trip and misses the bus/van, they are not allowed to meet at trip location or ask for a refund; buses/vans are not held for participants.
9. Staff reserves the right to change or alter programming at any time without notice.
10. A late fee of \$1 per minute will be assessed for late pick up, per child. This fee covers the fee of the staff member that will be staying over their shift.
11. For safety purposes, closed toe shoes with rubber-soles must be worn daily- no crocs or flip flops.

I acknowledge that I have read, and understand all of the program policies as listed on this application. By my child's participation in Rose Hill R.C. Programs, I agree to follow and abide by these rules.

Print Name(s) of Parent(s)/Guardian(s): _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

