

# State Street Recreation Center Camp Application 2019

## CAMPERS INFORMATION

Name: \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

## PARENTS/GUARDIANS INFORMATION

Parent/Guardian Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work/Alt Phone \_\_\_\_\_ Legal Custody: yes no

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Parent/Guardian Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work/Alt Phone \_\_\_\_\_ Legal Custody: yes no

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

## Authorized Pick-Up and Emergency Contact List

Only people listed on the authorized pick-up list will be allowed to sign you child out of camp. Any changes must be made IN PERSON. In case of emergency Parents/Guardians will be contacted first. If Parents/Guardians cannot be reached, we will then call the people listed below in the order listed.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## Health History

### Allergies / Other (please specify):

Bee stings, mosquitoes, etc.: \_\_\_\_\_

Food (name): \_\_\_\_\_

Medication(s): \_\_\_\_\_

Asthma (or hay fever): \_\_\_\_\_

Other: \_\_\_\_\_

Has the camper received medical treatment during the past year?  YES or  NO Date: \_\_\_\_\_ Reason: \_\_\_\_\_

Is the child taking any medications now?  YES or  NO

### PLEASE CHECK IF THE CAMPER HAS HAD ANY OF THE FOLLOWING: YEAR OF LAST IMMUNIZATION OR BOOSTER

Chicken Pox  Mumps  Frequent Colds  Nose  Bleeds  Appendicitis  Tetanus  Mumps  Measles  Sinus Trouble  Headaches  Skin Rash  Constipation  Diphtheria  
 German Measles  Ear Infection  Rheumatic  Fever Hay  Fever  Diphtheria  Whooping Cough  Hepatitis  Tonsillitis  Fainting  Scarlet Fever  Heart Trouble  Asthma  Polio

Give the month and year of last immunization or booster: Tetanus \_\_\_\_ Mumps \_\_\_\_ Diphtheria (DPT) \_ Measles \_\_\_\_ Whooping Cough \_ German measles \_\_\_\_ Polio \_\_\_\_

TB Test \_\_\_\_  POSITIVE or  NEG

Insurance Provider: \_\_\_\_\_ Doctors (name): \_\_\_\_\_

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

**WAIVER RELEASE**  
**AGREEMENT ASSUMING RISK OF INJURY OR DAMAGE, WAIVER AND RELEASE OF CLAIMS AND**  
**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT FOR MINOR CHILD**

In consideration of the City of Los Angeles acting through its Department of Recreation and Parks granting the below named minor child ("Minor") the opportunity to participate in Day Camp ("Program"), I, (print name) \_\_\_\_\_, the undersigned, as parent or legal guardian of the Minor, do hereby agree as follows:

I am aware that there are certain risks of injury and/or damage inherent 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 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 State Street 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. To the best of my knowledge and belief, 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 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.

I give my consent to have the Minor transported by 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. I also authorize the City to make, procure 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.

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 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 Camp manual and agree to the terms and policies described therein.

Parent's Signature (I) X \_\_\_\_\_ Date \_\_\_\_\_ Parent's Signature (II) X \_\_\_\_\_ Date \_\_\_\_\_

**PHOTO RELEASE:** By registering I agree to allow the City of Los Angeles Department of Recreation & Parks and the State Street Recreation Center to use photographs, video tapes, and testimonials of participants for use in publicity materials free of any fee or usage charge. As it is difficult to pull individuals out of photographs & film, I understand that there is not an option my child to be excluded.

**REFUND POLICY:** FULL REFUNDS are only issued when the Recreation Center cancels the activity. A minimum 15% cancellation fee is assessed for all refunds. Changes/transfers per sports league may be assessed additional fees. Please allow 6-8 weeks for processing of all refunds.

Note: Should anything happen to the camper that would alter his/hers health history information after this form is returned, and before arrival at camp, please let the camp know immediately.

**Program Policies and Procedures**

Camp fees are due prior to attending camp. Any late payments will result in a \$10 fee. Late picks up will be charge at \$10 for every ten minutes after camp has ended. Campers must wear closed toe shoes and participate in all activities. All Campers must be signed in and out by an adult. Identification may be required at time of signing out. All campers are expected obey by the rules, play fair, to be polite, respect campers, staff and equipment. Kicking, hitting, or any unruly behavior will not be accept. All personal belonging should be labeled and campers may not bring toys, electronics, game consoles, ipod, phones, or any other supplies that will create a distraction to the camp.

Parent's Signature (I) X \_\_\_\_\_ Date \_\_\_\_\_ Parent's Signature (II) X \_\_\_\_\_ Date \_\_\_\_\_