# Summer Camp Registration Form

City of Los Angeles Department of Recreation and Parks  
Valley Plaza Recreation Center  
12240 Archwood Street, North Hollywood CA 91606 Phone (818) 765-5885  
Park Office  
6451 St. Clair Ave, North Hollywood CA 91606 (818) 764-1679  
Child Care Center

| Camper’s Name (Last, First): |  
| Address: | City: Zip Code: |  
| Birth Date: Age: Gender: Male_____ Female_____ |  
| Grade in Fall: School: |  

| Parent/Guardian Name #1: |  
| Address: | City: Zip Code: |  
| Home Phone: Work Phone: |  
| Email Address: |  

| Parent/Guardian Name #2: |  
| Address: | City: Zip Code: |  
| Home Phone: Work Phone: |  
| Email Address: |  

**EMERGENCY CONTACT & AUTHORIZED PICK UP PERSONS**

Please make sure to list every person that might pick up your children (other than listed above). Children can’t be released to any person not listed above or below.

1.) Name: Relationship:  
   Home Phone: Work Phone: Cell Phone:  

2.) Name: Relationship:  
   Home Phone: Work Phone: Cell Phone:  

3.) Name: Relationship:  
   Home Phone: Work Phone: Cell Phone:  

Parent/Legal Guardian Signature: Date:  

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Health History Form

Please complete this form with the most recent and accurate information possible. This will help our staff with any extra information that may be pertinent to the care of your child. If there are any special needs your child may have due to diagnosed medical conditions (i.e. Autism, ADD, ADHD) we need to be made aware of them in order to assure proper care for your child. Some conditions may require a one-on-one provided by the family or state. Valley Plaza Recreation Center does not provide one-on-one supervision; all activities are group activities. Should anything happen that would alter this health history information; please let us know immediately.

NAME: _____________________________________________   Birth Date: ___________________
Parent/Guardian: _______________________ Home Phone: (____) ____________ Work: (____) __________
Doctor’s Name: _________________________________     Phone: (____) ___________________

Does your child have any special needs? Please Explain: __________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

PLEASE CHECK IF YOUR CHILD HAS HAD THE FOLLOWING:

- Chicken Pox
- Sinus Trouble
- Bed wetting
- Diphtheria
- Skin Rash
- Mumps
- Headaches
- Hay Fever
- Scarlet Fever
- Constipation
- Frequent Colds
- Heart Trouble
- Rheumatic Fever
- Appendicitis
- Nose Bleeds
- German Measles
- Tonsillitis
- Upset Stomach
- Measles
- Ear Infections
- Fainting
- Asthma
- Chicken Pox
- Headaches
- Rheumatic Fever
- Upset Stomach
- Sinus Trouble
- Hay Fever
- Appendicitis
- Measles
- Bed wetting
- Scarlet Fever
- Nose Bleeds
- Ear Infections
- Diphtheria
- Constipation
- German Measles
- Fainting
- Skin Rash
- Frequent Colds
- Tonsillitis
- Asthma

Allergies: ________________________________________________________________________________
Allergy Medication(s): _______________________________________________________________________
Asthma (or Hay Fever): ___________________ Medication: __________________________________________
Serious Injuries or Illness: _________________________________________________________________
Has you received medical treatment during the past year: Yes______ No______
Date: ____________________________ Reason: ____________________________________________________
Does child currently take medication? Yes______ No______
If so, what is the medication? ________________________________________________________________
Insurance Provider: ______________________ Policy Number: ________________________________
Hospital: _________________________________________________________________________________
Dietary restrictions: ________________________________________________________________________

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MANDATORY SIGN IN AND OUT OF CAMP BY PARENT OR LEGAL GUARDIAN

Parents please note: that there will be no sign in and out privileges to minor children. All children enrolled in the Summer Camp Program must be signed in and out by a parent, legal guardian or individual listed on camp registration form. Valley Plaza Recreation Center will not release your child to any person whom is not listed on the Registration Form as an authorized pick up person, emergency contact, or parent. We do not accept phone calls from parents who want to add someone onto the authorization list. I understand that I must walk into the office and update the list in person. This is for the safety and protection of your child.

PARENT OR GUARDIAN INITIALS: ______

IDENTIFICATION REQUIRED FOR PICK UP

ALL persons picking up any child from the summer camp program will be required to show proper identification in order for the child to be released. This applies to any person picking up a child whether it be a parent, grandparent, aunt, uncle, family friend or any other authorized person, regardless of having picked up that child previously. This is due to the fact that there may be several different staff members throughout the summer which may be in charge during sign-out periods, and the fact that it is impossible for staff members to be familiar with all persons authorized to pick up every child enrolled in the program. Please understand that this is for the safety of the child and will be enforced strictly by staff members the first three weeks of camp.

PARENT OR GUARDIAN INITIALS: ______

CONSENT TO TREATMENT AUTHORIZATION

I, the undersigned parent of ________________________, a minor, do hereby authorize the staff of Valley Plaza Recreation Center as agents for the undersigned to consent to an X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is rendered under the general or special supervision of any physician or surgeon licensed under the provision of the medical practice at or 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 shall I remain effective continuously unless sooner revoked in writing and delivered to said agents. I further understand that the Los Angeles City, Department of Recreation and Parks does not carry any insurance for my child.

Note: The signing of the Consent to Treatment Authorization is not mandatory, but is requested for your child’s protection.

PARENT OR GUARDIAN INITIALS: ______

PARENT CONSENT

I hereby give permission for my child to participate in the Valley Plaza Recreation Center, Summer Camp or Teen Camp Programs, including trips chartered by bus or van. I agree to hold harmless the City of Los Angeles, Department of Recreation and Parks and its officials, agents, and employees for any injury to my child as a result of participation in the Valley Plaza Recreation Center, Summer Camp or Teen Camp Programs.

PARENT OR GUARDIAN INITIALS: ______
PERMISSION FOR PHOTOGRAPHS

I hereby give permission for my child to have their picture taken for any projects or theme events pertaining to the Valley Plaza Recreation Center, Summer Camp or Teen Camp Programs. As it is difficult to pull individual children out of photographs I understand that there is not an option for my child to be excluded from certain photographs.

PARENT OR GUARDIAN INITIALS: ______

PERMISSION TO WATCH MOVIES

I hereby give permission for my child to watch any movies approved and shown by the Valley Plaza Recreation Center, Summer Camp or Teen Camp Programs. I understand that these movies will only be of the G or PG ratings and that staff will screen all movies before viewing.

PARENT OR GUARDIAN INITIALS: ______

RECEIPTS FOR CAMP PAYMENTS, LATE PICK-UP FEE, LATE PAYMENT FEE

I understand the receipts that I receive for any camp payments will serve as proof of payment for income tax purposes. All receipts should be retained, as Valley Plaza Recreation Center will not provide additional copies for receipts or payments records. I understand that there is a late payment of $10.00 each time I make a payment after the due dates. I also understand that there is a late payment fee of $1.00 per each minute my child is left at camp after 6:00pm. I understand that all reservation deposits made are non-refundable and non-transferable. Payments are due Thursday prior to the week your child will be attending camp. I understand that my child is not guaranteed a space in camp if I don’t make the payment by Thursday.

PARENT OR GUARDIAN INITIALS: ______

REFUNDS

Full refunds are only issued when the Recreation Center cancels the activity. A 15% cancellation fee is assessed for all other refunds. Changes or transfers per class, sports leagues or day camp registration fee may be assessed additional fees. After the first day of a session, the recreation center issues a partial refund to patrons withdrawing from the activity. Please allow 5-7 weeks for processing all refunds.

PARENT OR GUARDIAN INITIALS: ______

NO ALTERNATIVE ACTIVITIES ON TRIP DAYS, CHANGES IN FIELD TRIPS, LIMITED SPACE ON TRIP DAYS

I understand that there are no alternative activities on trip days, and that all children present on those days must go on the trip with the rest of camp. All camp staff assigned to field trip days will be attending the field trip and therefore there will be no staff on park grounds. I also understand that due to unforeseen circumstances, all field trips are subject to change or may be cancelled without prior notification. I understand that space is limited on all field trips days and I am not guaranteed there will be space for my child to attend a field trip if I do not make my payment on time (Payment due prior Thursday).

PARENT OR GUARDIAN INITIALS: ______
SHADOW / ONE-ON-ONE AIDES

If there are any special needs your child may have due to diagnosed medical condition (i.e. Autism, ADD, ADHD), we need to be aware of them in order to assure proper care for your child. Some conditions may require a one-on-one provided by the family or state. Campers who require a Shadow/One-on-One aide during the academic school year, are required to have a One-on-One at camp. Valley Plaza RC does not provide one-on-one supervision; all activities are group activities. ALL assistants MUST be fingerprinted and cleared by the City of Los Angeles Department of Recreation and Parks prior to working. Clearance can take between 4-8wks, so please plan accordingly. Please see the office for supplemental paperwork if your child will require an aide. I have read and understood the above policy if my child requires a One-on-One aide.

PARENT OR GUARDIAN INITIALS: ______

DISCIPLINE (SAD GRAMS)

Appropriate behavior from children is expected at all times. The staff will use the following discipline procedure: 1) Oral Warning, 2) Cool Down Period, 3) “Sad Gram” notice is sent home. If child receives these 3 “Sad Gram” notices, he or she may be expelled from camp without refund. Any serious misconduct will result in immediate dismissal.

PARENT OR GUARDIAN INITIALS: ______

PARENT HANDBOOK AND CAMP GUIDELINES

I have read, with my child, the Camp Valley Plaza Parent Handbook and we understand all the rules and guidelines that have been set forth in it. We understand that violations of these rules may result in disciplinary action for my child, depending on the violation and the circumstances of each situation. We understand that there may be situations that come up which are not the parent handbook and will be dealt with appropriately by the Recreation Director, or other appropriate authority. We understand that Valley Plaza Recreation Center reserves the right to suspend/expel any child/parent who physically, verbally or mentally abuses another child or staff member at any time and/or is involved with damaging of property, stealing, harming others, or leaving their group and/or counselor without permission.

PARENT OR GUARDIAN INITIALS: ______

I have read and understand all the above mentioned items as well as the Parent Handbook and agree to all the policies, procedures, rules and guidelines set forth by Camp Valley Plaza and Valley Plaza Recreation Center.

I understand that it is my sole responsibility to notify Valley Plaza Recreation Center if there is a change to any information that I have provided in these forms. I understand Camp Valley Plaza is not responsible for any lost and/or stolen items.

Parent/Legal Guardian Signature: ___________________________ Date: ________________
All Children 7 and older have the option of going to the swimming pool daily. There are alternate non swim activities for children who do not choose to go swimming. All children under 7 will have a water play activities set out for them in their camp groups daily as city water restrictions allow.

**Pool Attire:** Children must bring a swim suit, swim trunks with lining, towel and sunblock. Pool Staff will not permit children if they don’t wear the appropriate attire. Children may wear slippers to the pool but must change back into tennis shoes when they return back into groups. NO FLOTATION DEVICES OR TOYS ALLOWED. If possible, please apply sunblock in the morning before coming to camp.

**PARENT OR GUARDIAN INITIALS:** ______

**LUNCH & SNACK**

Lunch is provided by the Summer Lunch Program that the City Of Los Angeles provides for FREE at certain Recreation Centers. Children are allowed to bring their own lunch if they do not choose to eat the Free lunch provided. Please do not bring lunch that needs to be refrigerated. We do not provide breakfast. Snack is also not provided, children must bring their own snack which will be eaten between 3:30-4:00pm. Some Field Trips lunch is provided, but some don’t, please provide a sack lunch or money for lunch.

**PARENT OR GUARDIAN INITIALS:** ______

**WEEKLY NEWSLETTERS, THEMES & DRESS UP DAYS**

Newsletters will be posted and sent out to Parents every week. You may pick one up in the office at any time during the week. It is important to review all information on the newsletter. There will be fun activities planned for the kids to participate in that incorporate the theme of the week. Every Friday children will enjoy dressing up according to the weekly theme and they will participate in special event activities.

**PARENT OR GUARDIAN INITIALS:** ______

**CAMPER OF THE WEEK**

Every week one child from each group will be announced the title of “Camper of the Week” on Friday’s. Children have many different opportunities to win. Behavior and participation are main keys to winning the Title of “Camper of the Week”. Child will receive a “Camper of the Week” certificate and a small prize.

**PARENT OR GUARDIAN INITIALS:** ______

**FIELD TRIP DAYS**

Field trips are every Wednesday of the week unless noted otherwise. There may be special circumstances when a field trip is scheduled for a day other than Wednesday. All children must wear their CAMP SHIRT on trip days or they will not be allowed to go to trip. Space is limited on all camp weeks. Lunch is not always included on trips. Weekly newsletter will notify parents to how much money should be sent for lunch on field trip days or if child is able to bring their own sack lunch.

**PARENT OR GUARDIAN INITIALS:** ______

**CAMP SHIRT**

All campers must wear a camp T-Shirt and closed toe tennis shoes daily. You may buy extra camp shirts at an additional cost.

**PARENT OR GUARDIAN INITIALS:** ______