



# CAMP SHARWOOD WINTER INFORMATION FORM



Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade (in fall) : \_\_\_\_\_

First

Last

Child's Gender: (circle) Male / Female / Other School: \_\_\_\_\_ Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

Parent/Guardian's Name: \_\_\_\_\_ Parent/Guardian's Name: \_\_\_\_\_

Relation to Child: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

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

Persons listed below, are additional contacts in case of an emergency and are not to include persons listed above

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

I authorize ONLY these additional persons (in addition to myself and the emergency contacts) to pick up my child (include carpools).

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

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

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

Name: \_\_\_\_\_ 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: \_\_\_\_\_ Medical ID #: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Is your child currently on medication? Yes \_\_\_\_ No \_\_\_\_ If so, list medication: \_\_\_\_\_ dose: \_\_\_\_\_

Does medication need to be taken at camp? Yes \_\_\_\_ No \_\_\_\_ (See our policies in our brochure.)

If yes, list medication: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

Reason for limitations of physical activities, if any: \_\_\_\_\_

List any major illnesses, allergies, special dietary needs, medical conditions, or behaviors we should be aware of: \_\_\_\_\_

\*If your child requires any special dietary needs, please supply the child with the appropriate foods/drinks and notify the camp director.

**PLEASE READ THOROUGHLY AND SIGN IN THE PERTINENT PLACES. CAMPERS WILL NOT BE PERMITTED TO PARTICIPATE IN ANY CAMP SHARWOOD WOODLAND HILLS REC. CENTER PROGRAMS UNLESS THIS FORM IS FILLED OUT COMPLETELY & SIGNED.**

## AUTHORIZATION TO PARTICIPATE

My child, (print name) \_\_\_\_\_, a minor has my authorization to participate in Camp Sharwood's Camp Programs and all activities therein (including chartered bus trips). I further agree to relieve the City of Los Angeles, Department of Recreation and Parks, its 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. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. **I understand that if anything happens to my camper that would alter health history information after this form is returned, it is my responsibility to let the camp know immediately. I have read and understand the AUTHORIZATION TO PARTICIPATE and GENERAL POLICIES (listed in the brochure & Winter Parent Handbook). I hereby agree to abide by all the policies and practices (listed in the Winter Camp Brochure) 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

# CAMP SHARWOOD INFORMATION FORM

## POLICIES AND GUIDELINES

- Participants must be age appropriate (Kinder - 6TH Grade, 5-11 yrs old) by the first day they attend and may be required to show proof of age.
- Program participants must be picked up **by 6:00 pm** or be charged for late pick-up.
- Registration is on a first come first serve basis as there are limited spaces available.
- **NO refunds:** after payment due date for week(s) attending. There are no refunds, transfers, or make-ups of missed days. **Registration fee and deposits are non-refundable.**
- **DRESS CODE:** Program shirts in good condition and with **no alterations** must be worn daily (campers must wear the 2025 camp shirt on Thursdays) or one will be provided and you will be charged \$10. Closed-toed shoes with rubber soles must be worn daily.
- **PHOTO RELEASE:** By enrolling your child (children) in Park activities/programs, you agree to allow the City of Los Angeles Department and Parks and the Woodland Hills Recreation Center to use photographs, video tapes, and testimonials of participants for use in publicity material free of any fee or usage charge unless otherwise notified.
- The facility is **NOT** responsible for lost or stolen articles. Please keep all toys safe at home.
- **No Electronics (phone, smart watches,ipad, etc)** or valuables may be brought to camp programs. The use of phones will be asked to be put away, second warning of electronic use will be taken. Smart watches may not be used for texting, calling, app usage, and or the camera (this includes use on field trips and busses).
- **SIGN-IN & OUT:** Parents or authorized persons **must sign camper(s) in and out each day. I.D. will be required every day at pick up. Camper(s) will not be released to adults without an I.D.** Written (email) permission and identification (of parent) must be provided if you wish your child to be released to anyone other than those authorized on the registration form after the start of camp.
- **DISCIPLINE POLICY:** Our programs advocate a positive guidance and discipline policy with an emphasis on positive reinforcement, redirection, prevention, and the development of self-discipline. Campers will receive verbal misbehavior warnings. If misbehavior continues, suspension, expulsion, or discharge will result without a refund. Please see "Safety" for additional information. However, in cases of extreme behavior, campers may be immediately kicked out without a verbal warning.
- **SICK CHILDREN:** Please do not send your child if they are sick or do not feel well enough to participate comfortably in the program's activities. Children who are sent home with a fever, vomiting, or COVID symptoms will not be permitted back in camp for 24 hours.

**I acknowledge that I have read and understand all of the policies as listed on this application as well as the Winter Camp Brochure. By my child's participation, I agree to follow and abide by these rules and policies listed in the Winter Camp Brochure, Winter Parent Handbook and above.**

Print Name of Parent/Guardian:\_\_\_\_\_

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

All programs and protocols are subject to change