



CAMP LITTLE TWIGS REGISTRATION FORM

Child's Name: _____ Age: _____

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, 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, SIGN IN THE PERTINENT PLACES. CAMPERS WILL NOT BE PERMITTED TO PARTICIPATE IN ANY CAMP LITTLE TWIGS 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 Twig's Camp Program 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). 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

POLICIES AND GUIDELINES

COVID-19 Acceptance of Risk and Waiver of Liability

By my participation I am fully aware that there are a number of risks associated with me and/or my child entering onto City of Los Angeles Department of Recreation and Parks (RAP) property, participating in RAP programs, and utilizing RAP equipment and facilities during the COVID-19 pandemic. This waiver, release, and other representations and covenants set forth herein are given in consideration for RAP permitting me and/or my child to participate in RAP programs during this emergency period. Therefore, without limitation, I understand that I and/or my child could contract COVID-19 disease which could result in a serious medical condition requiring medical treatment in a hospital or could possibly lead to death. On behalf of myself and/or my child and our heirs, successors and assigns, I knowingly and freely, assume all such COVID-19 related risks, both known and unknown, relating to my and/or my child's entry onto RAP property, participation in RAP programs, and utilization of RAP equipment and facilities as described above, and I hereby forever release, waive, relinquish, and discharge RAP, along with its officers, agents, employees, or other representatives, and their successors and assigns (collectively, the "City Representatives"), from any and all COVID-19 related claims, demands, liabilities, rights, damages, expenses, and causes of action of whatever kind or nature, and other losses of any kind, whether known or unknown, foreseen or unforeseen, (collectively, "Damages") as a result of me and/or my child entering onto RAP property, participating in RAP programs, and utilizing RAP equipment and facilities as described above, including but not limited to personal injuries, death, disease or property losses, or any other loss, and including but not limited to claims based on the alleged negligence of any City Representative or any other person related to COVID-19 sanitization. I further promise not to sue RAP or any City Representative, and agree to indemnify and hold them harmless from any and all Damages resulting from me and/or my child's contraction of COVID-19.

Parent/Guardian Initials : _____

GENERAL POLICIES

- Mask are **recommend** to be worn throughout the day.
- Participants must be grade appropriate by the first day they attend and may be required to show proof of age.
- Program participants must be picked up **by 1:00 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** unless the program is cancelled. There are no credits or make-up days for missed days.
- **DRESS CODE:** Program shirts in good condition and with **no alterations** must be worn daily or one will be provided and you will be charged \$10. Closed-toed shoes with rubber soles must be worn daily.
- **PHOTO RELEASE:** By registering, you 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.
- The facility is **NOT** responsible for lost or stolen articles.
- No Electronics or valuables may be brought to program.
- **SIGN-IN & OUT:** Parents or authorized persons **must sign camper(s) in and out each day**. Written 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.

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

Print Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____