

City of Los Angeles Department of Recreation and Parks
Cheviot Hills Recreation Center

CAMPER INFORMATION FORM

CAMPER INFORMATION

Camper's Full Name: _____ Prefers to be called: _____

Grade (Fall 2015): _____ School: _____

Age (as of first day of camp): _____ Birth Date: _____ Gender: Male Female

Street Address: _____

City: _____ State: _____ Zip: _____

1st Parent Name: _____ Cell Phone: _____

Alternate Phone: _____ E-mail: _____

2nd Parent Name: _____ Cell Phone: _____

Alternate Phone: _____ E-mail: _____

EMERGENCY CONTACT/AUTHORIZED PICK-UP

We do not release campers to friends, neighbors, nannies or relatives without express written permission from the parent/legal guardian. Please list all individuals authorized to pick up your camper. All individuals picking up campers must be able to present photo identification for verification purposes.

The following people have my permission to sign my child in or out of camp at the scheduled drop-off and pick-up times:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name of any person(s) specifically NOT authorized to sign out my child:

PERMISSION TO SIGN IN AND OUT OF CAMP (ages 9 and up only)

Please be aware that by giving permission for your camper to sign in and out, the staff of Cheviot Hills Recreation Center are not responsible for your camper until they sign in and after they sign out.

It is our policy to automatically enroll any camper not signed out by the parent into Extended Care at 4:00pm sharp unless the camper is authorized to sign themselves out.

_____ YES _____ NO My camper has permission to sign themselves IN to camp.

_____ YES _____ NO My camper has permission to sign themselves OUT of camp.

Signature of Parent/Guardian: _____ Date: _____

HEALTH HISTORY

Should any of your camper's health information change, please contact the Recreation Center office immediately to ensure the information is current.

Camper's Full Name: _____

Primary Physician: _____ Phone: _____

Insurance Carrier: _____ Policy #: _____

Please check if your child has had the following:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Measles | <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Hay Fever |
| <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Appendicitis | <input type="checkbox"/> Fainting |
| <input type="checkbox"/> Sinus Trouble | <input type="checkbox"/> Tonsillitis | <input type="checkbox"/> Bed Wetting | <input type="checkbox"/> Ear Infection |
| <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Headaches | <input type="checkbox"/> Skin Rash | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Upset Stomach | <input type="checkbox"/> Rheumatic Fever | _____ |
| <input type="checkbox"/> Nosebleeds | <input type="checkbox"/> German Measles | <input type="checkbox"/> Mumps | _____ |

Please indicate the date your child was vaccinated for the following:

Tetanus _____ Mumps _____ German Measles _____ Measles _____
Whooping Cough _____ Polio _____ Diphtheria (DPT) _____ TB Test _____ Pos Neg

Allergies/Other (please check and specify):

- Insects (bee stings, mosquitoes, etc.): _____
- Food (type/name): _____
- Medication (s) _____
- Asthma (or Hay Fever): _____
- Other: _____

Has the camper received major medical treatment during the past year: Yes No

Date: _____ Reason: _____

Date: _____ Reason: _____

MEDICAL TREATMENT AUTHORIZATION

I (we), the undersigned parent(s) of _____, a minor, do hereby authorize the directors of Cheviot Hills Recreation Center as agent(s) for the undersigned to consent to 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 special supervision of any physician or surgeon licensed under the provision of the Medical Practice Act 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.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but it is given to provide authority and power on the part of aforesaid agent(s) to give specific consent to any and such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable. This authorization shall remain effective through the conclusion of the event [summer day camp], unless sooner revoked in writing and delivered to said agent(s).

Signature of Parent/Guardian: _____ **Date:** _____

HEALTH HISTORY

Should any of your camper's health information change, please contact the Recreation Center office immediately to ensure the information is current.

Is the camper currently taking any medications ? Yes No

If your child is taking medication that may or will need to be dispensed to them during the day, please fill out 'REQUEST FOR MEDICATION TO BE GIVEN OUT DURING CAMP' below.

REQUEST FOR MEDICATION TO BE GIVEN OUT DURING CAMP:

I request that my child, _____, be allowed/monitored to take the following prescribed medicine(s) while at camp. I understand that the staff at Cheviot Hills Recreation Center will only monitor the medicine described below according to the time, dosage, and frequency indicated on the pharmacy label of the medicine bottle. "Medication" is any substance a person takes to maintain and/or improve health. This includes vitamins and natural remedies. All medications must be in original, labeled and non-modified pharmacy containers. Please provide enough of each medication to last the entire time campers will be enrolled in camp.

Name of Medicine: _____ Reason for taking medicine: _____ Date Started: _____
Dosage Amount: _____ Instructions: _____
Time given: 8am 9am 10am 11am 12pm 1pm 2pm 3pm 4pm 5pm Other: _____

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Signature of Parent/Guardian: _____ **Date:** _____

SHADOWS/AIDES:

Persons with disabilities are welcome to participate in our programs. Reasonable accommodations will be made with prior arrangements. If there are any special needs that your child may have due to a diagnosed condition (i.e. Autism, ADD, ADHD) we need to be made aware in order to ensure proper care for your camper. Some conditions may require a one-on-one aide. Cheviot Hills Recreation Center does not provide one-on-one supervision; all activities are group activities and are staffed as such.

All shadows and one-on-one aides must be fingerprinted and cleared by the City of Los Angeles prior to the camper's first day of camp. The approval process can take up to six weeks so please plan accordingly. There will be additional charges for shadows/aides attending field trips. Cheviot Hills Recreation Center is not responsible for campers removed from the group by a shadow/aide.

PERMISSION TO PARTICIPATE IN GOLF (ages 8 and up only)

_____ YES _____ NO My camper has permission to participate in golf.

Signature of Parent/Guardian: _____ **Date:** _____

I (print name) _____, the undersigned, as parent/guardian for (print camper name) _____ ("minor"), do hereby agree to all stated above.

WINTER CAMP RULES & PROCEDURES WAIVER AND RELEASE

PARENT CONSENT: I give my consent to have my child participate in all aspects of the program. I give my consent to have the minor transported by van, chartered bus, chartered school bus, and/or public transportation as part of the program. Any camper who does not cooperate with camp staff will lose privileges to activities and can be expelled from camp. There will be no refunds for campers asked to leave camp.

Initials: _____

REFUND POLICY: After the Wednesday prior to each session, no refunds will be given unless the program is cancelled by the Recreation Center. All refund requests must be submitted in person on the Refund Request Form. A non-refundable 15% administrative fee will be assessed by the City of Los Angeles Department of Recreation and Parks for any patron granted a refund, change, or transfer. There are no refunds or credits for missed days of camp.

Initials: _____

EXTENDED CARE & LATE PICK UP: Campers not signed out of camp by 4:00pm will automatically be placed in Extended Care. Campers who are not signed out of Extended Care by 6:00pm will be placed in the Recreation Center office and charged \$1 per minute, due at time of pick up. This applies to all campers who do not have permission to sign themselves out of camp.

Initials: _____

DRESS CODE: Camp shirts must be worn daily. If your child arrives without the proper camp shirt, we will provide one for them and you will be charged \$10. For safety purposes, close-toed shoes with rubber soles must be worn daily, no exceptions. Camp shirts must be in good condition with no alterations. **Initials:** _____

PERSONAL ITEMS: City of Los Angeles Department of Recreation and Parks and Cheviot Hills Recreation Center are not responsible for personal items brought to camp including but not limited to glasses, clothing, jewelry, backpacks, cell phones, games, toys, etc. City of Los Angeles Department of Recreation and Parks and Cheviot Hills Recreation Center are not responsible for lost or stolen items. **Initials:** _____

PHOTO RELEASE: By registering, you agree to allow the City of Los Angeles, Department of Recreation and Parks and Cheviot Hills Recreation Center to use photographs, video tapes, and testimonials of participants for use in publicity materials free of any fee or service charge.

Initials: _____

RECEIPTS: Understand that the receipts you receive for any camp payments will serve as proof of payment for income tax purposes. All receipts should be retained.

MAKE-UP DAYS: No credits, refunds, or make-up days will be given for missed days of camp.

I have read and understand the above mentioned rules and procedures of Cheviot Hills Recreation Center's Summer Day Camps Program. I further agree that failure to comply with these rules and procedures may result in the removal of my child from camp.

Camper's Full Name: _____ **Date:** _____

Signature of Parent/Guardian: _____