



CAMP OAKWOOD 2024 REGISTRATION FORM

FOR OFFICE USE ONLY

SHIRT _____

HEALTH CARD _____

CAMPER NAME: _____
Last Name First Name Age Birth date / / Gender

EMAIL ADDRESS: _____

Address _____ City _____ Zip Code _____

Home Phone (_____) _____ Cellular Phone (_____) _____

Parent/Guardian Name _____ Business Phone (_____) _____

Parent/Guardian Name _____ Business Phone(_____) _____

Emergency Contact other than parent: Name _____ Phone(_____) _____

I authorize only these additional people to pick up my child(ren):

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____



WEEK	DATES	TRIPS <small>**NOTE: THESE PROGRAMS ARE SUBJECT TO CANCELLATION/CHANGE**</small>	FEE OPTION #1 <small>* NO Extended Care * NO Fieldtrip</small>	FEE OPTION #2 <small>* With Extended Care * NO Field Trip (8a-10a & 4p-6p)</small>	FEE OPTION #3 <small>* NO Extended Care * With Field Trip</small>	FEE OPTION #4 <small>* With Extended Care * With Field Trip (8a-10a & 4p-6p)</small>
<input type="checkbox"/> One-Time Registration Fee \$25						
<input type="checkbox"/>	CAMP 90291 (TEEN CAMP, AGES: 13-15, MUST BE IN OR ENTERING HIGH SCHOOL FALL 2024)					<input type="checkbox"/> Mon. - Fri. \$50
<input type="checkbox"/> 1	6/17-6/21 <small>***Shortened week***</small>	DISCOVERY CUBE / HANSEN DAM	<input type="checkbox"/> Mon. -Thurs. \$100	<input type="checkbox"/> Mon. - Thurs. \$100	<input type="checkbox"/> Mon. - Fri. \$100	<input type="checkbox"/> Mon. - Fri. \$100
<input type="checkbox"/> 2	6/24 – 6/28	UNIVERSAL STUDIOS	<input type="checkbox"/> Mon. -Thurs. \$100	<input type="checkbox"/> Mon. - Thurs. \$100	<input type="checkbox"/> Mon. - Fri. \$100	<input type="checkbox"/> Mon. - Fri. \$100
<input type="checkbox"/> 3	7/1 – 7/5 <small>***Shortened week***</small>	SOAK CITY	<input type="checkbox"/> Mon. -Thurs. \$100	<input type="checkbox"/> Mon. - Thurs. \$100	<input type="checkbox"/> Mon. - Fri. \$100	<input type="checkbox"/> Mon. - Fri. \$100
<input type="checkbox"/> 4	7/8 – 7/12	DISNEYLAND	<input type="checkbox"/> Tues. -Thurs. \$100	<input type="checkbox"/> Tues. - Thurs. \$100	<input type="checkbox"/> Tues. - Fri. \$100	<input type="checkbox"/> Tues. - Fri. \$100
<input type="checkbox"/> 5	7/15 – 7/19	VENICE BEACH	<input type="checkbox"/> Mon. -Thurs. \$100	<input type="checkbox"/> Mon. - Thurs. \$100	<input type="checkbox"/> Mon. - Fri. \$100	<input type="checkbox"/> Mon. - Fri. \$100
<input type="checkbox"/> 6	7/22 – 7/26 <small>***Field Trip on Thursday**</small>	DODGERS GAME	<input type="checkbox"/> Mon. -Thurs. \$100	<input type="checkbox"/> Mon. - Thurs. \$100	<input type="checkbox"/> Mon. - Fri. \$100	<input type="checkbox"/> Mon. - Fri. \$100
<input type="checkbox"/> 7	7/29 – 8/2	JOHN'S INCREDIBLE PIZZA	<input type="checkbox"/> Mon. -Thurs. \$100	<input type="checkbox"/> Mon. - Thurs. \$100	<input type="checkbox"/> Mon. - Fri. \$100	<input type="checkbox"/> Mon. - Fri. \$100
<input type="checkbox"/> 8	8/5 – 8/9	KNOTTS BERRY FARM	<input type="checkbox"/> Mon. -Thurs. \$100	<input type="checkbox"/> Mon. - Thurs. \$100	<input type="checkbox"/> Mon. - Fri. \$100	<input type="checkbox"/> Mon. - Fri. \$100

Amount Paid \$ _____ STAFF INITIALS: _____

Receipt Number: _____ Household # _____



Policies And Procedures

Camp Oakwood 2024

RULES, PROCEDURES, WAIVER & RELEASE

PARENT CONSENT: I give my consent to have my child participate in all aspects of the program. Any child who does not cooperate with staff will lose privileges and can be asked to leave the program. There will be no refunds if asked to leave.

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

LATE PICK UP: Campers who are not signed out 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 children who do not have permission to sign themselves out.

DRESS CODE: For safety purposes, close-toed shoes with rubber soles must be worn daily, no exceptions. Camp shirts must be worn every day and be in good condition with no alterations.

PERSONAL ITEMS: City of Los Angeles Dept. of Rec. and Parks and Oakwood RC are not responsible for personal items brought to camp including but not limited to glasses, clothing, jewelry, backpacks, cell phones, toys, etc. City of Los Angeles Dept. of Rec. and Parks and Oakwood RC are not responsible for lost or stolen items.

PHOTO/VIDEO RELEASE: By registering, you agree to allow the City of Los Angeles, Dept. of Rec. and Parks and Oakwood RC to use photographs and videos of participants for use in publicity materials free of any fee or service charge.

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, 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. Oakwood RC 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. The approval process can take up to six weeks so please plan accordingly. Oakwood RC is not responsible for campers removed from the group by a shadow/aide.

I have read, initialed, and understand the above mentioned rules and procedures of Oakwood RC's Camp Oakwood Program. I further agree that failure to comply with these rules and procedures may result in the removal of my child from camp.

Signature of Parent/Guardian: _____ Date: _____

DIETARY RESTRICTIONS - Please indicate if your child has any of the following dietary restrictions:

- Kosher Gluten-Free Lactose Intolerant Peanut-Free

ALLERGIES/MEDICAL (please check and specify):

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

Is the child currently taking any medications ? Yes No

If your child does take medication during camp hours, please complete "Request for Medication to be Given Out" section on the Camper Health Card. Medication must be in a labeled bag in original container(s) and will be retained in the office.

PERMISSION TO SIGN IN AND OUT OF CAMP (ONLY FOR AGES 9-12)

Please be aware that by giving permission for your child to sign in and/or out of camp, the staff and recreation center are in no way responsible for your child until he/she signs in with a counselor, and are not responsible once they sign are signed out.

- YES NO My child has permission to sign him/herself INTO camp.
 YES NO My child has permission to sign him/herself OUT of camp.



Initial