



City of Los Angeles  
Department of Recreation & Parks



### BELLEVUE RECREATION CENTER

### CAMP REGISTRATION FORM

Please print clearly

## SUMMER CAMP 2025

ADD CHILD'S  
PHOTO HERE

### ONE APPLICATION PER CHILD

**CIRCLE: WEEKS REGISTERING**

Shirt Size:  YS  YM  YL  XL  XXL  XXXL

WK.1 WK.2 WK.3 WK.4 WK.5 WK.6  
WK.7 WK.8

### CAMPER INFORMATION:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: [ ] Male [ ] Female [ ] Other

Do you have a sibling attending camp? [ ] Yes [ ] No If yes, name \_\_\_\_\_

Are you a returning camper? [ ] Yes [ ] No If yes, how many Seasons with Camp? \_\_\_\_\_

How did you hear about our Bellevue Recreation Center? \_\_\_\_\_

### PARENT/ LEGAL GUARDIAN INFORMATION:

Parent or Legal Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone : ( ) \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ **Legal Custody:** YES  NO

Parent or Legal Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone : ( ) \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ **Legal Custody:** YES  NO

### EMERGENCY INFORMATION

**Emergency Contact #1** Full Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ (H)Phone: ( ) \_\_\_\_\_

**Emergency Contact #2:** Full Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ (H)Phone: ( ) \_\_\_\_\_

Name of Out-of-State Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Relationship \_\_\_\_\_

**MEDICAL INFORMATION**

Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

**HEALTH HISTORY**

If your child has any physical restrictions, please explain: \_\_\_\_\_

**Conditions or behaviors that we should be aware of in case of a major emergency:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Should anything happen to the child that would alter this health history after this form is sent and before arrival to **Camp Bellevue Program**, please let the Park Director or Park Coordinator know immediately!

**HAS YOUR CHILD HAD THE FOLLOWING?**

<b>ALLERGIES (ALERGIAS) :</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		Please Name: _____
<b>Medication for Allergies:</b>		
Bee Sting Allergies <input type="checkbox"/> Yes <input type="checkbox"/> No Mosquito Bite Allergies ? <input type="checkbox"/> Yes <input type="checkbox"/> No Medication: _____		
<b>Food Allergies?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Which Food(s) :</b> _____
<b>Medication for Food Allergies:</b> _____		<b>Year of last Immunization:</b> _____

**PICK UP AUTHORIZATION**

The following individuals have my unrestricted permission to pick up and sign out the above child **from CAMP Bellevue** without any further confirmation from me. Only those listed below may pick up my child. **Bellevue RC does not take any over the phone requests. Requests must be in writing and submitted by parent or legal guardian.**

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

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

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

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

**INITIAL EACH POLICY BELOW:**

**AUTHORIZATION TO PARTICIPATE**

I, as the parent and /or legal guardian of the minor participating in this program, do hereby authorize the City of Los Angeles Department of Recreation & Parks to act as agents for the undersigned to consent for 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 specialized supervision of any physician licensed under the provisions of the Medicine Practice Act on the staff of the licensed hospital, whether such diagnosis or treatment is rendered at the office of the said physician or a said hospital. It is understood that this authorization is given in advance of any such diagnose, treatment or hospital care which the aforementioned physician in the exercise of their best judgment, may deem advisable. This authorization shall remain effective through the conclusion of the event or program that the minor is participating in, unless revoked sooner in writing and delivered to said agent.

**CONSENT TO TREATMENT OF A MINOR**

I, as the parent and /or legal guardian of the minor participating in this program, do hereby authorize the City of Los Angeles Department of Recreation & Parks to act as agents for the undersigned to consent for 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 specialized supervision of any physician licensed under the provisions of the Medicine Practice Act on the staff of the licensed hospital, whether such diagnosis or treatment is rendered at the office of the said physician or a said hospital. It is understood that this authorization is given in advance of any such diagnose, treatment or hospital care which the aforementioned physician in the exercise of their best judgment, may deem advisable. This authorization shall remain effective through the conclusion of the event or program that the minor is participating in, unless revoked sooner in writing and delivered to said agent.

**PHOTO RELEASE:** By participating in our programs, patrons agree to allow the City of Los Angeles Department of Recreation and Parks and **BELLEVUE RECREATION CENTER** to use photographs, video tapes, and testimonials of participants for use in publicity materials free of any fee or usage charge.



