

City of Los Angeles Department of Recreation and Parks
PECK PARK COMMUNITY CENTER
560 N. Western Avenue, San Pedro, CA 90732
Phone (310) 548-7580 Email: peckpark.recreationcenter@lacity.org
2024-25 WINTER CAMP
REGISTRATION APPLICATION

Camper's Last Name: _____ First Name: _____ M F

Date of Birth: ___/___/___ Age: ___ Grade: ___

*Parent/Guardian: _____ Legal Custody: YES or NO

Address: _____ City: _____ Zip: _____

Primary Phone: _____ Work: _____ Email: _____

*Parent/Guardian: _____ Legal Custody: YES or NO

Address: _____ City: _____ Zip: _____

Primary Phone: _____ Work: _____

Email: _____

In Case of Emergency, contact:

Name: _____ Phone: _____

AUTHORIZED SIGNATURE LIST

We do not release campers to friends, neighbors, or relatives without written confirmation from the parent/legal guardian. Please list all individuals that are authorized, in addition to the parents/guardians listed above, to pick up your child(ren). Individuals listed below will be required to show valid photo I.D. In the case I cannot be present, one of the following people have my permission to sign out my child at the scheduled camp time:

Name _____ Relationship _____ Phone# _____

Name _____ Relationship _____ Phone# _____

Name _____ Relationship _____ Phone# _____

*Name of any person(s) specifically **NOT** to sign out the camper named above:

Name: _____ Relationship _____

Please note regarding NON CUSTODIAL PARENTS. Unless a copy of a current court order is on file at the recreation center, a non-custodial parent will be allowed to sign-out the above named camper at any time.

Signature of Parent/Guardian: _____ Date: _____

City of Los Angeles Department of Recreation and Parks
WAIVER AND RELEASE FORM

In consideration of the City of Los Angeles acting through its Department of Recreation and Parks at **Peck Park Community Center** granting the above-named child (“Minor”) the opportunity to participate in the **Peck Park Community Center 2024 Winter Camp**.

I, (print name) _____ the undersigned, Parent/Guardian

of (print name) _____ (“the Minor”), I do hereby agree to the following:

I am aware that there are certain risks of injury and/or damage inherent in the Program’s activities;

I understand that if my child misbehaves and/or is sick and needs to be sent home; I agree to pick them up at the time requested by the Camp staff;

I understand that the Camp carries no insurance.

I agree to complete the Camps Health History form providing Minor’s current, complete and truthful health history; including immunization history and overall health status;

I understand that under certain medical conditions the Camp staff may require a written authorization based on a physical examination by a licensed medical person as requirement for the Minor to participate in the Program;

I confirm to the best of my knowledge and belief the Minor is neither subject to a physical or mental infirmity nor under the influence of any medication or substances which might hinder their safe participation or the safety of others in the Program;

I will instruct the Minor to abide by all safety rules, policies and regulations and to take reasonable precautions to minimize risks of injury or damage arising from participation in the Program;

I give my consent to have the Minor participate in all aspects of the Program;

I knowingly assume full responsibility for all risks of bodily injury, emotional injury, death or property damage that may occur in relation to the Minor as a consequence of participation in the Program at the Camp;

I give my consent to have the Minor transported by: car, van, chartered bus, chartered school bus and/or public transportation as part of the Program;

I understand that the Camp has no obligation to obtain medical treatment for the Minor. Should it become necessary for the Minor to have emergency medical care while participating in the Program; **I hereby give the Camp personnel my permission** to use their judgment in obtaining medical care, and; **I give permission to the medical care provider** selected by the Camp personnel to render medical care deemed necessary and appropriate;

Except for the gross negligence or willful misconduct of the Camp, I (print name) _____ **waive** all rights of recovery which the Minor or I may have now or in the future, whether known or unknown, against the City of Los Angeles, Department of Recreation and Parks, **Peck Park CC** its officers, agents, employees and/or personnel, and

I release, acquit and forever discharge the City of Los Angeles, Department of Recreation and Parks, **Peck Park CC** its officers, agents, employees and/or personnel, from and all liability for any bodily injury, emotional injury, or other personal injury, damage, loss or expense, claims, demands, causes of action, costs, loss of services or use, compensations, debts, monetary damages, including but not limited to attorney fees, which result from or are in any way connected with the Minor’s participation in the Program or any related activities;

I agree to keep the Camp advised if I will be out of contact for any period of time during the Program and to provide additional and/or alternate contact information prior to my leaving;

I also authorize the Camp, City of Los Angeles and Department of Recreation and Parks to make, procure and/or use photographs, social media, films, tapes, digital media recordings or other likeness of the Minor’s physical image and/or voice as for use with the Program and/or Camps’ publicity, marketing and/or advertising materials;

I have read this agreement and I understand what it means to my legal rights and the Minors participation and by my signature made of my own free will and act;

I agree to abide by the rules and policies set forth in this registration and waiver release forms;

I have read and understand the payment, refund and conditions of enrollment policies as found in this registration form;

I agree to be legally bound by signing this registration and waiver release forms and extend this binding to the Minor(s).

Important: Parent/Guardian’s original signature is required

Child’s Name _____ Parent/Guardian Name _____

Signature _____ Date _____

City of Los Angeles Department of Recreation and Parks
HEALTH HISTORY FORM

Should the camper's health history information be altered after this form is returned, please update with the office immediately.

Camper's Last Name: _____ First Name: _____ M F

Date of Birth: ____/____/____ Age: ____ Grade: ____

Parent / Legal Guardian (name): _____ Phone #: _____

Address: _____ City: _____ Zip: _____

Primary Phone: _____ Work: _____ Email: _____

Doctor (name): _____ Phone: _____

If the camper has any of the following, please check:

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

Give the month and year of last immunization or booster:

Tetanus _____	Mumps _____	
Diphtheria (DPT) _____	Measles _____	
Whooping Cough _____	German measles _____	
Polio _____	TB Test _____	<input type="checkbox"/> POS or <input type="checkbox"/> NEG

Restrictions:

- I have reviewed the program and activities and feel the camper can participate without restrictions.
 I have reviewed the program and activities and feel the camper can participate with the following restrictions or adaptations: _____

Allergies / Other (please specify):

- Food (name): _____
 Medication(s): _____
 Bee stings, mosquitoes, etc.: _____
 Asthma (or hay fever): _____
 Other: _____

Has the camper received medical treatment during the past year? YES or NO

Date: _____ Reason: _____

Is the camper taking any medications now? YES or NO

(If yes, please fill out the Request for Medication to be given during Camp)

Parent/Guardian Signature: _____ Date: _____

City of Los Angeles Department of Recreation and Parks

REQUEST FOR MEDICATION TO BE GIVEN DURING CAMP

I request that my child, _____, be monitored/allowed to take the following prescribed medicine(s) while at camp. I understand that staff of **Peck Park CC** will only give 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 & natural remedies. All medications **must be in original pharmacy containers with labels**, no modifications. Please provide enough of each medication to last the entire time the camper will be at camp.

Name of Medicine: _____ Reason(s) for medication _____

Amount/dose to be given: _____ Time(s) to be given: _____

Special instructions: _____

Name of Medicine: _____ Reason(s) for medication _____

Amount/dose to be given: _____ Time(s) to be given: _____

Special instructions: _____

Parent/Guardian Signature: _____ Date: _____

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR AT AUTHORIZED HOSPITAL IN CASE OF EMERGENCY ILLNESS OR ACCIDENT

I (We), the undersigned parent(s) of _____, a minor do hereby authorize the directors of **Peck Park CC** 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 treat 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 all 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, unless sooner revoked in writing and delivered to said agent(s).

Parent/Guardian Signature: _____ Date: _____