



City of Los Angeles Department of Recreation and Parks
 Jackie Tatum Harvard Recreation Center
 1535 West 62nd Street, Los Angeles, CA 90047

Phone: (323) 778-2579 Email: jackietatumharvard.recreationcenter@lacity.org

AFTERSCHOOL CLUB REGISTRATION APPLICATION

Child's Last Name: _____ First Name: _____ M F
 Date of Birth: ___/___/___ Age: _____ School: _____ 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 children to friends, neighbors, or relatives without written consent 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).

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. (Individuals listed below will be required to present a photo I.D.)

Name _____ Relationship _____ Phone# _____

Name _____ Relationship _____ Phone# _____

Name _____ Relationship _____ Phone# _____

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

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 **Jackie Tatum Harvard Recreation Center** granting the above-named child (“Minor”) the opportunity to participate in the **Jackie Tatum Harvard Recreation Center Afterschool Club 2023**

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 and will contact the Jackie Tatum Harvard Recreation Center’s office if my child is sick, has a fever and/or will be absent from the program by 10am that morning; I will call the office and can follow up with an email (after the phone call). I will not send my child(ren) to the program if they are ill, have a fever nor will I allow the school to release my child to the Program if I have been contacted to pick them up at the school.

I agree to provide current working phone numbers and other contact information for my child for emergencies; I understand that I must notify the office immediately upon a change of phone numbers and/or contact information;

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 Program carries no insurance.

I agree to complete the program’s 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 program 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;

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 Program 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 Program, 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, Jackie Tatum Harvard RC its officers, agents, employees and/or personnel, and I release, acquit and forever discharge the City of Los Angeles, Department of Recreation and Parks, Jackie Tatum Harvard RC 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 Program 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 Program, City of Los Angeles and Department of Recreation and Parks to make, procure and/or use photographs, 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).

Child’s Name _____ **Parent/Guardian Name** _____

Signature _____ **Date** _____

City of Los Angeles Department of Recreation and Parks

HEALTH HISTORY FORM

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

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

Date of Birth: ___/___/___ Age: _____

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

Address: _____ City: _____ Zip: _____

Primary Phone: _____ Work: _____ Email: _____

Doctor (name): _____ Phone: _____

If the child has/had 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 child can participate without restrictions.
- I have reviewed the program and activities and feel the child can participate with the following restrictions or adaptations: _____

Allergies / Other (please specify):

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

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

Date: _____ Reason: _____

Is the camper taking any medications? YES NO (If yes, fill out the Request for Medication)

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 program. I understand that staff of **Jackie Tatum Harvard RC** 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 child will be in the program.

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 **Jackie Tatum Harvard RC** 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: _____