



CAMP REGISTRATION FORM



Camper's Last Name _____ **First Name** _____
 Birth Date ____/____/____ Age ____ Gender ____ T-Shirt Size _____
 Address _____ City _____ Zip _____

Parent's Name _____ Cell Phone _____ Cell Provider _____
 Work Phone _____ E-Mail _____
Parent's Name _____ Cell Phone _____ Cell Provider _____
 Work Phone _____ E-Mail _____

AUTHORIZED PICKUP

Emergency Contact _____ Emergency Phone () _____

I authorize only these additional people to pick up my children):

Name _____	Phone _____	Relationship _____
Name _____	Phone _____	Relationship _____
Name _____	Phone _____	Relationship _____
Name _____	Phone _____	Relationship _____
Name _____	Phone _____	Relationship _____
Name _____	Phone _____	Relationship _____
Name _____	Phone _____	Relationship _____
Name _____	Phone _____	Relationship _____

RECOMENDATIONS AND RESTRICTIONS WHILE AT CAMP

Does your child have any conditions that would prevent him/her from participating in any camp activities:

Allergies (Foods, Nuts, Drugs, Bee Stings, Etc. _____

Asthma or Hay Fever: _____

Does the camper take medication at present: _____

*****If medication is to be given during camp, please contact the office.**

Dietary Restrictions: Kosher Gluten-Free Lactose Intolerant Peanut Free Other _____

Health Care Information

Insurance Provider: _____ Policy #: _____

Doctor Name: _____ Phone #: _____

Additional Medical Information: _____



PERMISSION TO SIGN IN AND OUT OF CAMP (ONLY FOR AGE 9 AND UP)

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.

Circle One:

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.

Signature of Parent/Guardian _____ Date _____

POLICIES AND PROCEDURES

Please read carefully before you sign:

Campers must be signed into and out of camp and extended care daily by a person who has been authorized by you. Any person authorized to pick up must have their name on file with the Recreation Center and be prepared to show I.D. Toberman Recreation Center is not responsible for children before or after day camp unless they are currently enrolled in Extended Care. Written permission must be provided if you wish your child to be released to anyone other than those authorized on the registration form. We will check identification.

Campers who are not signed out by 6:00 p.m. will be placed in the recreation center office and charged a late fee of \$5.00 for every 15 minutes or part thereof. This applies to all children unless they have written parental permission (see below) to sign themselves out of camp. Children in Preschool Camp who are not picked up within 15 minutes of camp ending for the day will be charged \$10 for every 15 minutes or part thereof.

I understand that my child must wear the appropriate Camp Shirt everyday in addition to Field Trip Days. Children not wearing the proper shirt will be given one and charged \$10.00. I understand that all children must ride the charter bus to the field trips provided by the Recreation Center. There will be NO drop-offs or pick-ups at the trip sites. **NO EXCEPTIONS.** Staff is not responsible for lost or stolen items. Please write your child's name on their belongings.

I acknowledge that I have read the 2020-2021 Camp Brochure and Parent Information Packet. I understand and agree to all terms and requirements.

Signature of Parent/Guardian _____ Date _____

CANCELLATION & TRANSFER PROCEDURES

All transfers are subject to a \$20.00 charge per session per transfer. If a refund is requested prior the beginning of the session for which they are enrolled, a 15% administration fee will be applied. **NO refunds will be granted once a session has begun.** No make-ups or credits will be given for missed days. **NO refunds for suspensions or expulsions.**

Signature of Parent/Guardian _____ Date _____

PARENTAL CONSENT

I give permission for my child _____ to participate in the Toberman Recreation Center Camp programs, including field trips by chartered bus. I agree to hold harmless the City of Los Angeles, Department of Recreation and Parks and its officials, agents/employees for injury to my child as a result of participation in Day Camps. I understand that the



park nor the Department of Recreation and Parks carries insurance. I also understand that any camper who does not cooperate with camp staff will lose privileges to activities and can be expelled from camp.

I, the undersigned parent(s) of _____, do authorize Toberman Recreation Center as agent for the undersigned to consent to 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 provision of the Medical Practice Act on the staff of a licensed hospital, whether such diagnoses or treatment is rendered at the office of said physician or at said hospital.

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

PHOTO RELEASE

The City of Los Angeles' Department of Recreation and Parks or its assigned agents has my permission to use images (digital, film, tape, or video) of my child _____ (minor's name) and/or myself for promotion of Toberman Recreation Center program

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

MOVIES

YES NO My child has permission to watch G or PG movies during Quiet Time (alternate activities available)

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

HEALTH HISTORY FORM

Note: Should anything happen to the camper that would alter his health history information after this form is returned, and before arrival at camp, please let the camp know immediately.

Doctor (name): _____ Phone #: _____

Has the camper had the following (please check all that apply):

- | | | |
|--|---|--|
| <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"/> Stomch 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 of the camp and feel the camper can participate without restrictions.
- I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations:

ALLERGIES/OTHER (please specify):

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

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

Date: _____ Reason: _____

Is the child taking any medications now? YES or NO

The following non-prescriptions may be stocked at camp and are used as an as needed basis to manage illness and injury. Check the box if the camp may be given the following or its generic form. Neosporin Sunscreen

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

REQUEST FOR MEDICATION TO BE GIVEN DURING CAMP

I request that my child, _____, be monitor/allowed to take the following prescribed medicine (s) while at camp. I understand that staff of Toberman Recreation Center 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 vitamin & natural remedies. All medications **must be 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: _____ # of Pills _____ Date Started _____

When is it given: Breakfast Lunch Dinner Bedtime Other _____

Amount of Dose Given: _____ How is it given: _____

Resons for taking Medicine: _____

Name of Medicine: _____ # of Pills _____ Date Started _____



When is it given: Breakfast Lunch Dinner Bedtime Other _____

Amount of Dose Given: _____ How is it given: _____

Reasons for taking Medicine: _____

Name of Medicine: _____ # of Pills _____ Date Started _____

When is it given: Breakfast Lunch Dinner Bedtime Other _____

Amount of Dose Given: _____ How is it given: _____

Reasons for taking Medicine: _____

Signature of Parent/Guardian _____ **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 Toberman 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 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 judgement may deem advisable. This authorization shall remain effective through the conclusion of the event, unless sooner revoked in writing and delivered to say agent(s).

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