

Doyle Park Recreation Center  
Kidz Kamp™  
**School Year 2021-2022**  
City of San Diego Park & Recreation Department  
Doyle Park Recreation Center  
**Registration**

Child's Name: \_\_\_\_\_

(Last)

(First)

Date of Birth: \_\_\_\_\_ Grade/Room: \_\_\_\_\_ Sex: Male \_\_\_ Female \_\_\_

Email Address: \_\_\_\_\_

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

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

Child lives with: \_\_\_\_\_ Both Parents – Together  
\_\_\_\_\_ Both Parents – Separately  
\_\_\_\_\_ Mother Only  
\_\_\_\_\_ Father Only  
\_\_\_\_\_ Other \_\_\_\_\_

Parent/Guardian Name 1: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Parent/Guardian Name 2: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_

In case of Emergency please Contact: \_\_\_\_\_  
(Please Print)

Emergency Contact Phone #: \_\_\_\_\_

Please list the names of people and who can pick up your child:

Is your child required to complete homework while attending camp: \_\_\_\_\_  
(Yes or No)

**Basic Health Information:**

\_\_\_\_ Allergies (severity) \_\_\_\_\_

\_\_\_\_ Physical Limitations \_\_\_\_\_

\_\_\_\_ Special Behavioral Considerations \_\_\_\_\_

\_\_\_\_ Developmental Considerations \_\_\_\_\_

I have previously attended Kidz Kamp: Yes \_\_\_\_ No \_\_\_\_

**How I heard about Kidz Kamp:**

Flyer through School \_\_\_\_

Recreation Center \_\_\_\_

Friend/Family Recommended \_\_\_\_

Previously Attended \_\_\_\_

**Please initial and sign to indicate understanding and agreement.**

\_\_\_\_ I understand that my child must attend Doyle Elementary School to participate in Kidz Kamp After School Care, but during our Summer program children may attend from all schools.

\_\_\_\_ I understand that Kidz Kamp participation begins after he/she has been checked in to the program by a Kidz Kamp Staff Member.

\_\_\_\_ I am aware that activities and schedules are subject to change at the discretion of Kidz Kamp and their Staff.

\_\_\_\_ I understand that no refunds or credits will be issued by Kidz Kamp.

\_\_\_\_ I understand that it is the child's responsibility to participate in the whole camp program. I'll ensure my child abides by the rules of the program.

\_\_\_\_ I have completed all necessary documents and understand that without these documents my child will not be able to attend

\_\_\_\_ I understand that payments must be made prior to my child's attendance and it is my responsibility to keep my own receipt records.

\_\_\_\_ I understand that Kidz Kamp will run each school day until 5:30pm. I understand that I am responsible for paying a Late Fee of \$2 per minute after 5:30pm.

I hereby agree to allow my child \_\_\_\_\_ to participate in the Doyle

Revised 1.27.14

(Please Print - Child's Full Name)

Park Recreation Center KIDZ KAMP™. I hereby release the City of San Diego, the San Diego Park and Recreation Department, the Recreation Leaders, Park Staff, volunteers and contractual staff and all other individuals concerned from all personal or public liability resulting from participation in DP KIDZ KAMP LLC™ to be conducted from September 2021 to June 2022.

Parent's Name: \_\_\_\_\_  
(Please Print)

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_  
(Staff Initial)

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**Camp Rules**

Please discuss the following camp rules with your child. For the safety and enjoyment of all, campers are expected to behave appropriately and responsibly. For those who continue to disregard the camp rules, parents will be contacted and asked to pick up their child. No refunds or credits will be granted.

- Kidz Kamp will not be responsible for lost or broken property; All items (ex. toys, video games, trading cards, etc.) are brought at your own risk
- Use appropriate words and actions
- Keep hands and feet to yourself
- Kidz Kamp participants will not be able to attend if rules are not followed
- No touching, fighting or hitting others
- If you have a problem, discuss it with a Counselor, or Camp Director
- Follow the directions of Camp Counselors
- Stay with your group leader at ALL times
- Kidz Kamp is not responsible if your child wanders away from designated group areas without permission
- Help with clean up
- Have a fun camp experience

My child has my permission to attend Kidz Kamp, and I understand that extensive measures will be taken to safeguard the health and safety of campers while under Kidz Kamp supervision, during the specified hours. I certify that my child is in good health and can participate in all day camp activities. I understand that he/she will be expected to remain at camp for the hours stated unless he/she presents a written permission to the camp director, requesting that he/she be excused at a specific time.

I UNDERSTAND AND HAVE DISCUSSED CAMP RULES WITH MY CHILD.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Child

Reviewed By: \_\_\_\_\_  
(Staff Initial)

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## Medical Information

To be filled in by parent or guardian ONLY

Child's Name: \_\_\_\_\_

\_\_\_\_\_  
(Last) (First)  
Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

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

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

MEDICAL INFORMATION:

**Immunization up-to-date?** YES \_\_\_\_\_ NO \_\_\_\_\_

If no, please explain:

\_\_\_\_\_

**Please list allergies to any of the following:**

Foods :

\_\_\_\_\_

Drugs :

\_\_\_\_\_

Others:

\_\_\_\_\_

**Activity restrictions:**

\_\_\_\_\_

**Is your child currently on any behavior plan at home/school?**

Please describe.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Does your child have any type of disability?** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe the disability

\_\_\_\_\_

\_\_\_\_\_

**Does your child take any medication while attending camp?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Complete the following if it is necessary to administer medication during camp hours.**

**Physician's Orders**

Medication

Dosage

Schedule at Camp

1.

\_\_\_\_\_

\_\_\_\_\_

2.

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3.

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- Medication will be given by Camp Staff. Please provide exact dosages in correct prescription container with instructions clearly stated on container.
- It is Parent/Guardian's responsibility to inform Kidz Kamp Staff of medication.

**Any additional information:**

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The City of San Diego, the Doyle Park Recreation Council, the DP Kidz Kamp LLC and the subcontractor provider agency does not maintain health insurance for injuries to the participant that may arise out of the involvement in this program.

By virtue of participation, I, or my child may risk bodily injury and or other loss including damage to property. I knowingly and freely assume all such risk for myself and my child.

I release and hold harmless and will not hold legally responsible the City of San Diego, its officers, agents, contractors, subcontractors, or employees with respect to any and all such injury and or loss except that injury or loss which results from negligence or willful misconduct of one of the individuals or organizations.

I agree to inform my child that he/she must follow all safety rules, as well as any others given during Kidz Kamp program activities.

**Parent's Name:**

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(Please Print)

**Parent's Signature:** \_\_\_\_\_ **Date:**

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Revised 1.27.14

Reviewed By: \_\_\_\_\_  
(Staff Initial)