

Doyle Park Recreation Center

Kidz Kamp™

Spring 2015

City of San Diego Park & Recreation Department

Doyle Park Recreation Center

Registration

Child's Name: _____

(Last)

(First)

Date of Birth: _____ Grade: _____ Sex: Male _____ Female _____

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)

Revised 1.27.14

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.

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

___ I have explained to my child the Kidz Kamp meeting location and if he/she is still unsure to wait in their classroom for a Kidz Kamp Staff Member to come get them. Please Note: Kindergarten Participants are ALWAYS picked up at the classroom.

___ 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 will be issued. A credit for absences will only be issued if Kidz Kamp is notified at least 30 minutes prior to school dismissal. All credits can ONLY be processed through Kidz Kamp & must be used within 2 weeks.

___ 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: Medical History, Liability Release Waiver & Camp Rules.

___ 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 6pm. I understand that I am responsible of paying a Late Fee of \$1 per minute after 6pm.

I hereby agree to allow my child _____ to participate in the Doyle
(Please Print - Child's Full Name)

Park Recreation Center SPRING 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 the SPRING KIDZ KAMP™ to be conducted from September 1st - June 15th, 2015.

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 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
- Don't touch other people's belongings
- 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: _____

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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. _____		
3. _____		

- 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:

- The City of San Diego, the Doyle Park Recreation Council, the Doyle Park Kidz Kamp 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: _____
(Please Print)

Parent's Signature: _____ Date: _____

Reviewed By: _____
(Staff Initial)

CITY OF SAN DIEGO PARK AND RECREATION DEPARTMENT AND RECREATION COUNCIL
WAIVER, RELEASE OF LIABILITY, AND AUTHORIZATION FOR MEDICAL TREATMENT

PARTICIPANT'S NAME (PRINT): _____ DATE OF BIRTH: ____/____/____

ADDRESS: _____
Number Street Apt./Suite City State Zip Code

PHONE: () _____ EMERGENCY CONTACT NAME: _____ EMERGENCY CONTACT #: () _____

FAMILY PHYSICIAN: _____ TELEPHONE: () _____ INSURANCE COMPANY: _____

Pertinent Medical History Information (Epilepsy, Diabetes, Allergies, etc.): _____

In consideration of being allowed to participate in City of San Diego and Recreation Council Programs, I acknowledge and agree that:

1. Neither the City of San Diego nor the Recreation Council maintains health insurance for injuries to the participant that may arise out of involvement in classes/activities/events.
2. By virtue of participation, **PARTICIPANTS RISK BODILY INJURY, INCLUDING, BUT NOT LIMITED TO, PARALYSIS, DISMEMBERMENT, AND DEATH AND OTHER LOSS INCLUDING DAMAGE TO PROPERTY.**
3. **I KNOWINGLY AND FREELY ASSUME ALL SUCH RISK FOR MY CHILD (AND/OR MYSELF).**
4. **I RELEASE AND HOLD HARMLESS AND PROMISE NOT TO SUE THE CITY OF SAN DIEGO OR THE RECREATION COUNCIL,** their officers, agents or employees with respect to any and all such injury including, but not limited to, paralysis, dismemberment, death or loss except that injury or loss which results from gross negligence or willful or wanton misconduct of one of those individuals or organizations.
5. I agree to inform my child that he/she must follow (or I agree to follow) all safety rules, as well as any instructions given during the classes/activities/events listed below, including during lessons, practices, meets, special events, field trips, games or tournaments.
6. I hereby authorize and give my consent for medical care to be given in an emergency situation to the above named child (or to myself) while participating in this activity, including during lessons, practices, meets, special events, field trips, games or tournaments.
7. **THIS AGREEMENT IS BINDING ON MY HEIRS, PERSONAL REPRESENTATIVES, NEXT OF KIN, SPOUSE AND ASSIGNS.**
8. I hereby give permission for the above named child (or myself) to be photographed, videotaped or recorded for publicity purposes and that I waive all claims for compensation.
9. I certify to the best of my knowledge my child's (or my) current physical condition is satisfactory for participation in the classes/activities/events listed below and that he/she (or I'm) free of any health problem that would affect his/her (or my) ability to participate. Please note: Individuals with health conditions such as, but not limited to, chronic allergies (i.e. asthma), seizures and epilepsy may not participate until a medical clearance has been submitted. In addition, I must notify the coach/instructor/leader of any health condition(s) prior to participation.
10. I understand and agree that it is my sole responsibility to ensure that the address and emergency contact information are accurate at all times.
11. **CONSENT TO TREATMENT OF A MINOR:** In the event of sudden illness, accident or injury which may occur while said minor is engaged in classes/activities/events by City of San Diego and their representative, agents or assignees, when neither the parents, guardian or designated family physician can be contacted, I hereby give my consent for emergency treatment as shall be necessary under the circumstance by any physician licensed under the laws of the State of California.
12. The classes/activities/events to which this waiver, release of liability and authorization for medical treatment pertain are:

	<i>Class/Activity/Event</i>	<i>Participant or Parent/Legal Guardian Initials</i>	<i>Date</i>
a.	_____	_____	____/____/____
b.	_____	_____	____/____/____
c.	_____	_____	____/____/____
d.	_____	_____	____/____/____
e.	_____	_____	____/____/____
f.	_____	_____	____/____/____
g.	_____	_____	____/____/____

PARTICIPANT'S SIGNATURE (If Participant is 18 years or older): _____

PARENT/LEGAL GUARDIAN SIGNATURE REQUIRED IF PARTICIPANT IS 17 YEARS OF AGE OR YOUNGER: This is to certify that as a Parent or Legal Guardian of the participant, I consent to his/her waiver and release as set forth above. I realize participation in this program is voluntary.

Parent/Guardian Name (Print): _____ Relationship: _____

Parent/Guardian Signature: _____ Date Signed: ____/____/____