



# Summer Camp Med Program 2018

FOR OFFICE USE ONLY	
Receipt #	
Amount	
Start week	

Registration Admission Agreement  
One Application per Child

Camp Med 5-9 years old

Middle School Camp 10-13 years old

**New participants will need to show Birth Certificate at the time of registration**

Thank you for your interest in the City of South Pasadena Camp Med Summer Program. We are pleased to offer our Camp Med program from 7:30am to 6:30pm at Orange Grove Park.

**815 Mission St., South Pasadena, CA 91030. Phone: (626) 403-7380.**

Weekly fees: **\$135 per child**

**I understand that I am enrolling my child \_\_\_\_\_ in the Camp Med Summer Program.**

Please check which weeks/days your child will attend Summer Camp Med.  
\$10 deposit required to reserve each week child is attending.

Week	Dates	Field Trip (trips are on Wednesday)	check (✓) weeks your child will attend
1	June 11-15	In-house field trip (Orange Grove Park)	
2	June 18-22	Sky High Sports (Woodland Hills)	
3	June 25-29	Mother's Beach (Long Beach) City Walk (Universal City) – <b>Middle School ONLY</b>	
4	July 2-6 <b>Camp will be closed 07/04</b>	Sky Space (Los Angeles) – <b>Thursday trip</b>	
5	July 9-13	Science Center (Los Angeles) King Tut Exhibit – <b>Middle School ONLY</b>	
6	July 16-20	Speed Zone (City of Industry)	
7	July 23-27	John's Incredible Pizza Co. (Montclair)	
8	July 30–August 3	Splash Water Park (La Mirada)	
9	August 6-10	Mother's Beach (Long Beach)	

Your Name (printed): \_\_\_\_\_

Primary Phone #: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

Please provide your email address so we can keep you updated with the latest information

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Child Information

Name \_\_\_\_\_ Male  Female  Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
 Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
 City \_\_\_\_\_ Zip Code \_\_\_\_\_  
 School \_\_\_\_\_ Grade \_\_\_\_\_ (that they will attend in the fall)

**Camp T-shirt Size:** YOUTH:  S  M  L  XL or ADULT:  S  M  L  XL  
 (T-Shirts must be worn on field trip days. Additional T-Shirts will be sold for \$10, if available)

## Recreational Swim Permission

Campers will walk to the high school for recreational swimming once a week.

Yes, I give my child permission to participate in Recreational Swim.

Please check your child's **swimming level:**

Does **NOT** know how to swim     Can swim, but is still a beginner     Is a good swimmer

NO, I do not give my child permission to participate in Recreational Swim

## Camp Med Photo/Video Release

I hereby give permission for images of my child, captured during regular and special Camp Med activities through video, photo and digital camera, to be used solely for the purposes of promotional material and publications, and waive any rights of compensation or ownership thereto.

**PLEASE ATTACH A RECENT PHOTO OF YOUR CHILD WITH THIS APPLICATION.**

Yes, I give my permission

NO, I do not give my permission

## Allergies, Medications & Illnesses

If your child arrives at the program sick or becomes ill during the day, you will be notified. Arrangements will then have to be made to have your child picked up within one (1) hour. Children may not return to program for 24 hours (one full day).

If we will be administering any medication to your child, a prescription from the doctor is required with complete instructions and exact dosage. The medication must be in the original prescription bottle and given to the Program Specialist. Children are not allowed to possess or administer their own medication.

List any allergies or medications (Please specify the severity): \_\_\_\_\_

Does your child require an Epi-Pen? Yes    No       

List any medical, developmental or physical conditions (Please specify the severity): \_\_\_\_\_

Past illnesses – Check (✓) illnesses that child has and specify approximate dates of illness:

Illness	Dates	Illness	Dates	Illness	Dates
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping Cough		<input type="checkbox"/> Three-Day Measles	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

I do hereby authorize that all of the above information is correct and that my child is fully able to participate in all summer program activities without the need of individual or specialized attention or medical regimen. I agree to notify Camp Med of any changes in my child's physical or mental health between the dates of enrollment and the start of the camp as well as during the camp. I hereby consent and authorize the administration of all medical treatment advisable or necessary under the judgment of the camp staff, emergency room physicians or any other clinical physicians with the understanding that I will be notified as soon as possible.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# Camp Med Emergency Information

Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Secondary #/Cellular \_\_\_\_\_  
Work Address \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Secondary #/Cellular \_\_\_\_\_  
Work Address \_\_\_\_\_

## Names of Persons Authorized to Take Child from the Facility

(Child will not be allowed to leave with any other persons without written authorization from parent or guardian. **All authorized persons should be at least 18 years old.**)

		<u>Over 18yrs?</u>
Name _____	Relationship _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name _____	Relationship _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name _____	Relationship _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name _____	Relationship _____	Yes <input type="checkbox"/> No <input type="checkbox"/>

## Additional Persons Who May be Called in an Emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Cellular Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Cellular Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Cellular Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

### How did you hear about us?

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Returning Member | <input type="checkbox"/> Facebook    |
| <input type="checkbox"/> Online Search    | <input type="checkbox"/> Ad in paper |
| <input type="checkbox"/> Email/Newsletter | <input type="checkbox"/> Drove By    |
| <input type="checkbox"/> School           | <input type="checkbox"/> Other       |
| <input type="checkbox"/> Family/Friend    | Please specify: _____                |

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# Camp Med Liability Waiver and Consent Form

I fully understand that the participation of my child/children in South Pasadena Camp Med Summer Program and related activities associated with the program (hereinafter "program") exposes them to the risk of personal injury, death or property damage. I hereby acknowledge that I am granting my child/children permission to participate in the program and agree to assume any such risks.

In consideration for being permitted to participate in the program, I hereby agree, for myself, my heirs, administrators, executors and assigns, to indemnify and hold harmless the City, its officers, employees, or agents from any and all claims, demands, actions or suits arising out of or in connection with my child's participation in the program from whatever cause, including the active or passive negligence of the City or any other participant in the activity.

I agree to represent that my child has no physical impairment with the activities planned. (See Health History form to inform us in writing of any medical problems.)

I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital services that may be rendered to said child under general or special instructions of the emergency room physician, whether such diagnosis or treatment is rendered at the hospital. It is understood that this consent is given in advance of any specific diagnosis or treatment being required, and is given to encourage said physician(s) to exercise his/her best judgment as to requirement of such diagnosis or treatment.

## Participants Code of Conduct

- I will treat participant and staff with respect and common courtesy.
- If I have a complaint or concern about anything, or anyone, I will contact a staff member (in private if necessary) rather than be derogatory or negative in public.
- I will refrain from any physical violence of any kind, or the threat of physical violence, towards a fellow participant, the public or representative of the City of South Pasadena Community Services Department.
- I will refrain from any objectionable demonstrations, such as throwing items, or any other forceful actions towards fellow participants, or representative of the City of South Pasadena Community Services Department.
- I will refrain from any verbal abuse upon a participant or representative of the City of South Pasadena Community Services Department.
- I will refrain from using profanity, obscene or vulgar language in any manner at any time.
- I will stay in the specified Camp Med limits at all times unless a representative of the City of South Pasadena Community Services Department instructs me otherwise.

I agree that if I do not comply to these rules, or engage in any other detrimental behavior, at any time throughout the care of Camp Med, Camp Med reserves the right to enforce a "3 STRIKE POLICY". A "STRIKE" is a written warning that will be filed in the participant's record. This written warning may vary due to the severity or frequency of the behavior. If the behavior continues, a second strike will be given, as well as a meeting with the Program Specialist and my Parent/Guardian. The third strike will be the last written warning, resulting in a final meeting with the Program Specialist, Program Specialist's Supervisor and Parent/Guardian--possibly resulting in removal from the Camp Med Program.

Participants Signature\_\_\_\_\_

I have read the code of conduct and agree to instruct my child to cooperate to the fullest with the staff of the program(s) sponsored by the South Pasadena Community Services Department.

**This release and consent shall remain in effect until the end of the program, August 10, 2018.**

**I HAVE CAREFULLY READ THIS RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT IT IS A FULL RELEASE OF ANY AND ALL POTENTIAL AND ACTUAL LIABILITY WITH THE CITY OF SOUTH PASADENA AND SIGN ON MY OWN FREE WILL.**

Parent/Guardian Name\_\_\_\_\_

Date\_\_\_\_\_

# Camp Med Payment Policy

Please read and initial.

- \_\_\_ Registration application is required for each camper with full payment for the first week.
- \_\_\_ Birth Certificate must be presented for **all new camp participants** at the time of registration for the Camp Med, ages 5-9.
- \_\_\_ Full payment for each child's first week of camp is due at registration. The balance of the payment is due on the Payment Due Dates listed below. There will be no exceptions. Credit cards will be charged based on the payment schedule listed below. \$10 deposit required to reserve each additional week, per child. \$10 deposit will be deducted from the weekly fee. If a cancellation is made for the week a reservation is made, the \$10 deposit will **not** be refunded. **Deposits and weekly payments are non-transferrable.**

Weeks	Camp Dates	Payment Due/Cancellation Deadline
Weeks 1 & 2	June 11-15 & June 18-22	May 11
Weeks 3 & 4	June 25-29 & July 2-6	May 25
Weeks 5 & 6	July 9-13 & July 16-20	June 8
Weeks 7 & 8	July 23-27 & July 30-Aug. 3	June 22
Week 9	August 6-10	July 6

- \_\_\_ If there is an outstanding balance; camper will not be allowed to return to Camp Med. Balance will need to be paid or the account will be turned in to the Finance Department for collections.
- \_\_\_ There will be no make-up days, refunds, or credits if a camper misses camp day(s).
- \_\_\_ Any cancellations must be made through the Recreation Office (626) 403-7380, not Camp Med site.
- \_\_\_ Cancellations made after the deadline will not be refunded, no exceptions.
- \_\_\_ I understand it is my responsibility to read the 2018 Summer Camp Med Handbook. (Handbook can be found on-line on our website, [www.southpasadenaca.gov/campmed](http://www.southpasadenaca.gov/campmed). A Handbook will also be e-mailed after registration.)

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## CREDIT CARD AUTHORIZATION FORM FOR CAMP MED AUTO-PAY

I give my permission to the City of South Pasadena to charge my credit card for the Camp Med Summer Program. Fees: \$135 per week/per child

Child's name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Card Type (Visa, MC, AMEX, Discover)

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# CITY OF SOUTH PASADENA

## FIELD TRIP/ACTIVITY PERMISSION SLIP

Participant has permission to participate in the City of South Pasadena’s Camp Med Program Activity, including but not limited to: Off-site field trips/excursions via motor coach bus or walking, on-site activities, pool trips, and any other activities.

1. I authorize Camp Med staff who will participate in this Activity to obtain on behalf of my child, at my expense, any first aid or emergency medical services which may be considered necessary or advisable at any time during this Activity. I understand efforts will be made to contact me in the event of any accident or injury to my child, but in the event that I cannot be reached, I hereby authorize the Camp Med staff to consent to whatever medical or surgical treatment may be considered necessary or advisable by a physician or nurse treating such injuries.

2. Special medical needs or conditions of my child/children (e.g. allergies, medications):  
\_\_\_\_\_

3. Medical Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Doctor/Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

On behalf of myself, my heirs, executors, administrators and assigns, in consideration of participating in the Activity by the City of South Pasadena, I do hereby acknowledge that it has been disclosed to me that participating in this Activity is a voluntary recreational activity which involves inherent risks, dangers and hazards to myself, other participants and non-participants, including, but not limited to, slipping and falling, injuries caused by other participants, said activities may be a dangerous recreational sport which presents the risk of serious bodily injury or death; that all participants in this event, including myself, knowingly and voluntarily assume and acknowledge the risks and liabilities. I further acknowledge and understand that I am accepting “AS IS” any activities held during Activity and any other equipment involved or provided to me in connection with Activity, and further acknowledge that NO WARRANTIES are being extended to me with respect to any aspect of the programming or activity. I further agree that, in the event that my participation in any activity should result in bodily injury or death to myself or any other person, I will not file any claim or lawsuit against the City and do hereby release, acquit and discharge the City of South Pasadena, together with its agents, employees, officers, shareholders, directors, volunteers, successors and/or assigns, of and from any and all claims, damages, costs, liabilities or suits of any kind or nature whatsoever.

I have read and understand the foregoing Field Trip/Activity Permission Slip, and agree to be bound thereby. I further understand and agree that if I am signing this release as a parent or guardian on behalf of a minor child, I am binding said child to the terms hereof.

Participants Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ DATE: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_