



City of South Pasadena  
Recreation Division

# Camp Med After School Program 2019-2020

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Registration Admission Agreement  
One Application per Child

Receipt #	
Amount	
Sibling	

Thank you for your interest in the City of South Pasadena's Camp Med After School Program. Our program offers an enjoyable and safe environment for all children. The program entails recreational activities ranging from sports activities, arts and crafts, games, reading and homework time. We have caring and experienced, CPR/First Aid certified staff. We are pleased to offer our Camp Med program from 2:30pm to 6:15pm (M-TH), and 1:00pm to 6:00pm (Fridays) at Orange Grove Park.

**815 Mission St., South Pasadena, CA 91030. Phone: (626) 403-7380**  
Monthly Fee: **\$360 per child**

I understand that I am enrolling my child \_\_\_\_\_ in the Camp Med After School Program.

### Child Information

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

### 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
___ Chicken Pox		___ Diabetes		___ Poliomyelitis	
___ Asthma		___ Epilepsy		___ Ten-Day Measles	
___ Rheumatic Fever		___ Whooping Cough		___ Three-Day Measles	
___ Hay Fever		___ Mumps			

I do hereby authorize that all of the above information is correct and that my child is fully able to participate in all 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 \_\_\_\_\_

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

**Please provide the best email address that we can use to keep you updated with the latest information**

## 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.**)

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

## Emergency Medical Care:

Doctor/Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address/Hospital \_\_\_\_\_ Medical Plan and Number \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Address/Hospital \_\_\_\_\_ Medical Plan and Number \_\_\_\_\_

## How did you hear about us?

\_\_\_\_ Returning Member

\_\_\_\_ Ad in paper

\_\_\_\_ Online Search

\_\_\_\_ Facebook

\_\_\_\_ Email/Newsletter

\_\_\_\_ Drove By

\_\_\_\_ School

\_\_\_\_ Family/Friend

\_\_\_\_ Other

Please specify: \_\_\_\_\_

## 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.

Yes, I give my permission

NO, I do not give my permission

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

# Camp Med Liability Waiver and Consent Form

I fully understand that the participation of my child/children in South Pasadena's Camp Med After-School 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 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 participants 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 recorded in the participants file. 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, Recreation Supervisor and Parent/Guardian--possibly resulting in removal from the After-School Program.

Participant/Parent 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, June 3, 2020.**

**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\_\_\_\_\_

# New Payment Policy & Responsibility- Please Read & Initial

\_\_\_ Registration application is required for each camper.

\_\_\_ Upon registration, payment for the programs' first four weeks of attendance is due. We will require a credit card number on file for our auto pay system; we will charge your card every four weeks.

\_\_\_ Registration for the After-School Program is based on a monthly fee. There is no option to cancel weeks in the four-week cycle, or roll over payment to another period. The only exception will be for Thanksgiving Camp, and Spring Break Camp. It is the parents' responsibility to notify the Recreation Office if child is not attending the above-mentioned camps.

\_\_\_ If there is an outstanding balance, camper will not be allowed to return to Camp Med. Balance needs to be paid, otherwise account will be turned in to the Finance Department for collections.

\_\_\_ If there are two (2) missed or delayed payments, your child will be suspended from the program. Failure to maintain a zero balance may hinder your child from being dropped from the program.

\_\_\_ In order to maintain your child's spot in the program, the monthly fee must be paid in advance, cancellations will not be permitted, and payments will not be rolled over. If your child is not participating regularly, they will be placed on a waitlist. There are no refunds or credits for days/weeks that child misses.

\_\_\_ Upon exiting the program for any reason, you may be required to fill out an exit evaluation.

\_\_\_ Any cancellations or changes must be made through the Recreation Office (626) 403-7380, not Camp Med site.

\_\_\_ Camp closes at 6:15pm (M-Th), 6:00pm (F). I understand that after a 5-minute grace period I will be charged a \$3 per minute, per child rate in addition to the regular fee. Campers who are picked-up late consistently and/or after 6 times, may be dropped from the program. I also understand that if my child remains at the facility at 7:00pm, a staff member may escort my child to the South Pasadena Police Station until he/she is picked up.

**South Pasadena Police Station | 1422 Mission Street | Phone: (626) 403-7270**

\_\_\_ I understand Camp Med is **CLOSED** on City observed holidays, as well as Pupil Free/Professional Development days. I also understand that it is the parents' responsibility to check the school/district calendar for scheduled days off & updates.

\_\_\_ I understand it is the parents' responsibility to notify the office if my child does not need a pick up for Camp Med. Notification to the office must be made **no later than 12 noon**. Staff will wait at the schools for no more than 5 minutes after dismissal time. If your child is not at the pick-up location on time, we will leave the school site.

\_\_\_ I understand that the Camp Med staff will assume responsibility for my child from the time he/she is signed into camp until my child leaves the program according to instructions for departure.

\_\_\_ I understand it is my responsibility to read the 2019-2020 Camp Med Handbook. (Handbook can be found on-line on our website, [www.southpasadenaca.gov/recreation](http://www.southpasadenaca.gov/recreation).)

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## **Credit Card Authorization Form For Camp Med Auto-Pay**

I/We give permission to the City of South Pasadena to charge the credit card for the Camp Med Program based on the payment policy.

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

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

*If payment is being made by another parent/guardian, please complete the information below:*

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

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

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):

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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 \_\_\_\_\_

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## Registration and Payment Policy

Registration for the After-School Program is based on a monthly fee. There is no option to cancel weeks in the four-week cycle, or roll over payment to another period. Credit will not be applied for any missed days/weeks.

<u>Payment Due Date</u>	<u>Monthly Cycle</u>	<u>Monthly Cost Per Child</u>
July 1-August 12	August 15-September 6	\$360
September 4	September 9-October 4	\$360
October 2	October 7-November 1	\$360
October 30	November 4-November 29	\$270 (Excludes Thanksgiving Break)
November 27	December 2-December 20	\$270 (Closed for Winter Break)
January 2	January 6-January 31	\$360
January 29	February 3-February 28	\$360
February 26	March 2-March 27	\$360
March 25	March 30-April 24	\$270 (Excludes Spring Break)
April 22	April 27-May 22	\$360
May 20	May 25-June 3	\$180

### **Thanksgiving/Spring Break/After School Fees**

	Thanksgiving (M-W)	Spring	After School
1 Child	\$93/week	\$150/week	\$360/month
Additional Children	\$88/week	\$140/week	\$340/month

### **Summer Break Fee**

	Resident	Non-Resident
1 Child	\$150/week	\$169/week
Additional Children	\$140/week	\$159/week

**PLEASE KEEP THIS PAGE FOR YOUR RECORDS  
AS IT SERVES AS YOUR REMINDER FOR  
MONTHLY PAYMENTS.  
Courtesy email reminders will not be sent.**