Make checks payable to:
City of Whittier

Office Use Only
Pd. Ck.____Cash____ CC_____
Weeks:1 2 3 4 5 6 7 8
Parent Signature:_____

Camp registration fee _____
T-shirt size _____
****Attending the parent meeting will ensure shirt size.
Not attending the meeting may not guarantee
the requested shirt size****
Parent Signature _____

CITY OF WHITTIER
YOUTH SERVICES DIVISION
SUMMER DAY CAMP
REGISTRATION FORM

EMERGENCY INFORMATION

Day Camp Site: _____

DAY CAMP IS FOR CHILDREN AGES 5 – 12
All 5 year olds must be eligible for kindergarten in the fall

Child's Name _____Date of Birth_____

Home Address_____Male/Female_____

City_____ Zip_____

Email _____

Home Phone_____ Cell Phone _____

School_____Grade_____Age_____

Mother's Name _____Work Phone _____

Father's Name _____Work Phone_____

Legal Guardian _____Work Phone_____

Emergency contact (local person)_____Phone_____

Persons authorized to pick up child in addition to emergency contacts:

1. _____ Phone # _____

2. _____ Phone # _____

_____ _____
Parent/Guardian Date

CITY OF WHITTIER
RELEASE FROM LIABILITY AND INDEMNIFICATION

I agree to waive and release the Parks, Recreation, & Community Services Department and the City of Whittier, its officers, and employees from and against any and all claims, liabilities, expenses, or judgments, including attorney's fees and court cost arising from my child's participation in the City's recreation program or accruing after my child has been released to me at the below stated time, or any and all illness/injury resulting there from, and hereby agree to indemnify and hold harmless the City of Whittier, its officers, agents, and employees from and against any and all such claims, whether caused by negligence or otherwise, except for illness and injury resulting directly from gross negligence or willful misconduct on the part of the City of Whittier or its officers, agents, or employees. I understand and agree that by signing this waiver I am releasing the City of Whittier, its officers, agents, or employees, from any and all liability resulting from my (or my child's) participation in this City sponsored event or activity. I recognize that this event or activity can be dangerous to me (or my child) and accept those dangers. I understand that if I am (or my child is) injured during my (or my child's) participation in the City sponsored event or activity, or after the time of my child's release, this waiver will be used against me and anyone else claiming damage because of my (or my child's) injury in any legal action. I also understand that no City officer, employee or agent is authorized to modify this waiver. I hereby represent that I understand and am familiar with the nature of the event or activity in which I (or my child) will participate in this City recreation program and that I am (or my child is) in good physical health and that I (or my child) do not have physical and/or emotional conditions, past or present, of which I am aware, which would in any way affect my (or my child's) ability to participate in this activity, or my ability to supervise my child after the time of my child's release. **"I have personally read and understand this waiver."**

In case of emergency, I give my permission for emergency medical treatment. I also give my permission for any photographs taken of myself or any member of the family to be used for advertising purposes for the Community Services Department. This form shall be considered valid until canceled or changed in writing by the undersigned parent/guardian and received by the City. My signature acknowledges that I understand and agree to the above conditions.

Name of Child Being Released_____ Age _____

Signature_____ **Full Name Printed** _____

Verification Date _____ / _____ / _____ My Relationship to participant(s) *Parent *Legal Guardian *Participant

The Release from Liability and Indemnification Form will cover all field trips, recreational swim and any other excursions and activities mentioned on the weekly calendar. Please see your weekly calendar for exact time and date of activities.

EMERGENCY MEDICAL INFORMATION

Family Physician_____Phone_____

Insurance Company_____ Policy Number _____

Medical History (allergies, epilepsy, diabetes, etc.) _____

_____

Is your child taking medication? Yes_____ No_____

If yes, please fill out a medication release form on the following page..

Is your child allergic to any food items, i.e. peanuts, cashews, dairy products, etc?

_____

"LATE FEE POLICY PROCEDURES"

1. We will begin accessing late fees after **6:05 p.m.** at the rate of $1 per minute.
2. **If you are late, you must sign the log and fill in the requested information.**
3. All payments will need to be submitted to Parnell Park Community Center. **Failure to pay the fees may result in a revoked membership for your child.**
4. An additional $25 fee will be charged on all returned checks.

-I have read and understand the information packet and I understand all of the rules and regulations.
-I also understand that the City of Whittier is not responsible for lost, stolen or misplaced items.
-I am aware that I-Pods, MP3 players, & video games are not allowed at camp.
-I am also aware that campers are expected to be respectful of people and property.

_____ _____

Parent/Guardian Signature Date

PHYSICIAN'S RECOMMENDATIONS FOR MEDICATION

This request must be completed and returned to the Parnell Park Community Center before any medication can be administered.

_____ Birth date:_____

Last Name First Middle Age Month Day Year

_____ _____ _____

Name of Site Date Name of Staff

The law allows any person to assist in carrying out a physician's recommendation. The City recognizes the desirability of following a physician's recommendation as nearly as possible at the sites, just as does a parent at home or other person (not necessarily a nurse) if the physician requests their assistance.

Do you wish this child to receive medication at the site? Yes_____ No_____

If yes, please fill in the following blanks:

Name of Medication	Form Tablet, pill capsule, etc.	Dosage	Time of Day
#1._____	_____	_____	_____
#2._____	_____	_____	_____

Precautions, if any _____

Side Effects/Allergic Reactions_____

_____M.D. _____ _____

Physician's Signature License Number Date

_____ _____

Address Telephone Number

**********PARENT'S REQUEST**********

The supervisor or his/her designee is requested to assist in carrying out the above-named physician's prescribed medication for my child. It is recognized that this is an accommodation, which our program is not legally required to perform, and we agree to hold the City of Whittier, and the Parks, Recreation and Community Services Department/and its personnel free from any or all suits or any legal action, which might arise out of these arrangements.

If clarification is needed, please call the Parnell Park Community Center, (562) 567-9450.

_____ _____ _____ _____

Parent's or Guardian's Full Name Address Telephone No. Date