

## **REGISTRATION FORM**

Please print legibly

1. Participant's Name: \_\_\_\_\_  MALE  FEMALE  OTHER \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

2. Participant's Name: \_\_\_\_\_  MALE  FEMALE  OTHER \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian 1: \_\_\_\_\_ Legal Custody:  YES  NO  JOINT

Relationship to Participant(s): \_\_\_\_\_ Primary/Cell Phone #: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_ Legal Custody:  YES  NO  JOINT

Relationship to Participant(s): \_\_\_\_\_ Primary/Cell Phone #: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Email: \_\_\_\_\_

### In Case of Emergency, contact:

Name: \_\_\_\_\_ Relationship to Participant(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

### AUTHORIZED RELEASE

We do not release campers to friends, neighbors, or relatives without written confirmation from the parent/legal guardian. If parents are not available, please list any other adults authorized to pick-up child from Balboa Sports Center. Photo ID will be required.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

Name of any person(s) specifically **NOT** to sign out the camper named above (additional documentation may be required):  
\_\_\_\_\_

### HEALTH HISTORY

Note: Should anything happen to the camper that would alter his health history please let the camp know immediately.

1. Camper's Name: \_\_\_\_\_

Can the camper participate without restrictions?  YES or  NO

If there are restrictions, please list them: \_\_\_\_\_

Is the camper taking any medications now?  YES or  NO

If so, does medication need to be taken during camp?  YES or  NO

Does the camper have any allergies?  YES or  NO

Please list any allergies: \_\_\_\_\_

2. Camper's Name: \_\_\_\_\_

Can the camper participate without restrictions?  YES or  NO

If there are restrictions, please list them: \_\_\_\_\_

Is the camper taking any medications now?  YES or  NO

If so, does medication need to be taken during camp?  YES or  NO

Does the camper have any allergies?  YES or  NO

Please list any allergies: \_\_\_\_\_

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

**WAIVER AND RELEASE FORM**

In consideration of the City of Los Angeles acting through its Department of Recreation and Parks at **Balboa Sports Center** granting the enrolled-named child ("Minor") the opportunity to participate in the **Balboa Sports Center Camp** ("Program")

I, (print name) \_\_\_\_\_ the undersigned, as the parent/guardian of (print name/s) \_\_\_\_\_ ("the Minor/s"), I do hereby agree as follows:

- I am aware that there are certain risks of injury and/or damage inherent in the Program's activities;**
- I understand that if my child misbehaves and/or is sick and needs to be sent home;** I agree to pick them up at the time requested by the Camp staff;
- I understand that the Camp carries no insurance.**
- I understand that breakfast will not be served.** I agree to be responsible for if my child has eaten breakfast before or bring it with them to eat at camp.
- I understand that under certain medical conditions the Camp** staff may require a written authorization based on a physical examination by a licensed medical person as requirement for the Minor to participate in the Program;
- I confirm to the best of my knowledge and belief the Minor** is neither subject to a physical or mental infirmity nor under the influence of any medication or substances which might hinder their safe participation or the safety of others in the Program;
- I will instruct the Minor to abide by all safety** rules, policies and regulations and to take reasonable precautions to minimize risks of injury or damage arising from participation in the Program;
- I give my consent** to have the Minor participate in all aspects of the Program;
- I knowingly assume full responsibility** for all risks of bodily injury, emotional injury, death or property damage that may occur in relation to the Minor as a consequence of participation in the Program at the Camp;
- I give my consent** to have the Minor transported by: walking, car, van, chartered bus, chartered school bus and/or public transportation as part of the Program;
- I understand that the Camp has no obligation to obtain medical treatment** for the Minor. Should it become necessary for the Minor to have emergency medical care while participating in the Program; **I hereby give the Camp personnel my permission** to use their judgment in obtaining medical care, and; **I give permission to the medical care provider** selected by the Camp personnel to render medical care deemed necessary and appropriate;
- Except for the gross negligence or willful misconduct of the Camp, I waive** all rights of recovery which the Minor or I may have now or in the future, whether known or unknown, against the City of Los Angeles, Department of Recreation and Parks, **Balboa Sports Center** its officers, agents, employees and/or personnel, and
- I release, acquit and forever discharge** the City of Los Angeles, Department of Recreation and Parks, **Balboa Sports Center** its officers, agents, employees and/or personnel, from and all liability for any bodily injury, emotional injury, or other personal injury, damage, loss or expense, claims, demands, causes of action, costs, loss of services or use, compensations, debts, monetary damages, including but not limited to attorney fees, which result from or are in any way connected with the Minor's participation in the Program or any related activities;
- I also authorize the Camp, City of Los Angeles and Department of Recreation and Parks to make, procure and/or use photographs, films, tapes, digital media recordings or other likeness of the Minor's physical image and/or voice as for use with the Program and/or Camps' publicity, marketing and/or advertising materials;**
- I have read this agreement and I understand what it means to my legal rights** and the Minors participation and by my signature made of my own free will and act;
- I agree to abide by the rules and policies set forth in this registration and waiver release forms;**
- I have read and understand the payment, refund and conditions of enrollment policies** as found on this registration form and/or the park's brochure
- I agree to be legally bound** by signing this registration and waiver release forms and extend this binding to the Minor(s).

**Parent/Guardian Name (print)** \_\_\_\_\_ **Child(ren's) Name (print)** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR AT AUTHORIZED HOSPITAL IN CASE OF EMERGENCY ILLNESS OR ACCIDENT**

I (We), the undersigned parent(s) of \_\_\_\_\_, a minor do hereby authorize the directors of Balboa Sports Center as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician or surgeon licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital whether such diagnosis or treat is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but it is given to provide authority and power on the part of aforesaid agent(s) to give specific consent to any and all such diagnosis treatment or hospital care which the aforementioned physical in the exercise of his best judgment may deem advisable. This authorization shall remain effective through the conclusion of the event, unless sooner revoked in writing and delivered to said agent(s).

Signature parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**PAYMENTS, RECEIPTS & REFUNDS**

I understand that payments must be made in full prior to the week in which my child plans to attend and I am responsible for obtaining and keeping a copy of my receipt at the time of payment.

**Cash:** Exact cash only.

**Credit Cards:** We accept Visa and Mastercard for camp payments

**Checks:** Make checks payable to "City of Los Angeles." Any check returned by the bank will have a "Return Check Charge" added to the total amount of payment.

**A non-refundable 15% administrative fee will be assessed by the Recreation Center for any patron granted a refund. Credits, changes or transfers are not allowed. No full refunds will be issued unless the program is cancelled by the Recreation Center. No refunds for campers who are absent, sick, sent home early, and/or suspended from camp.**

Signature parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**CAMPER #1:**  DAY CAMP  SPORTS CAMP **CAMPER #2:**  DAY CAMP  SPORTS CAMP