City of Covina
Parks & Recreation Department
2016 Summer Camp Covina Registration

**Registration paperwork must be submitted at the time of registration. NO EXCEPTIONS.**
**Campers must be at least age 6 and have completed kindergarten prior to the first day of camp to register.**

## CAMPER'S INFORMATION

LAST NAME FIRST NAME MIDDLE NAME

☐ MALE ☐ FEMALE

BIRTH DATE AGE CURRENT GRADE

CHILD'S HOME ADDRESS

## MEDICAL INFORMATION AND CONSENT

If child needs medication administered while at camp, the supplemental **MEDICATION AUTHORIZATION FORM** must be completed and submitted prior to child's first day at camp.

LIST ANY ALLERGIES, INCLUDING ALLERGIES TO MEDICATIONS:

LIST ANY MEDICAL, DEVELOPMENTAL, OR PHSYICAL CONDITIONS OR SPECIAL LIMITATIONS:

In the event of illness, accident, or injury which may occur while said Minor is engaged in Summer Day Camp ("Activity"), I hereby authorize and give my consent pursuant to California Family Code section 6910, to the City of Covina, its officials, officers, employees, agents, volunteers, and any other promoters, operators, or cosponsors of the Activity, to seek medical or dental treatment for said Minor as shall be necessary under the circumstances from a physician licensed under the laws of the State of California.

I also hereby authorize any health or medical facility providing care pursuant to California Family Code section 6910 to surrender physical custody of said Minor to the City upon completion of treatment. This authorization is given pursuant to Health and Safety Code section 1283.

PRINT NAME OF PARENT/GUARDIAN SIGNATURE OF PARENT/GUARDIAN DATE

## RECREATIONAL SWIM PERMISSION

Recreational Swim will take place on Tuesdays throughout the summer at the Michael D. Antonovich Aquatic Center at Covina Park. Recreational Swim is supervised by certified lifeguards. ALL campers will walk to Covina Park with camp staff, regardless of participation in Recreational Swim.

☐ YES, I give my child permission to participate in Recreational Swim and understand and give permission for my child to walk with camp staff to Covina Park to participate in Recreational Swim.

☐ NO, I do not give my child permission to participate in Recreational Swim, but understand and give permission for my child to walk with camp staff to Covina Park on Recreational Swim days.

SIGNATURE OF PARENT/GUARDIAN DATE

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**CAMPER'S NAME:** _____

## PARENT/GUARDIAN/CARE PROVIDER'S INFORMATION

**RELATIONSHIP TO CHILD:** ☐ MOTHER ☐ FATHER ☐ OTHER _____

PARENT/GUARDIAN'S NAME | PRIMARY PHONE | SECONDARY PHONE

ADDRESS | CITY | ZIP

EMPLOYER | ADDRESS | CITY | WORK PHONE

**RELATIONSHIP TO CHILD:** ☐ MOTHER ☐ FATHER ☐ OTHER _____

PARENT/GUARDIAN'S NAME | PRIMARY PHONE | SECONDARY PHONE

ADDRESS | CITY | ZIP

EMPLOYER | ADDRESS | CITY | WORK PHONE

**IN ADDITION TO PARENT(S)/GUARDIAN(S)/CARE PROVIDER(S), CAMPER MAY BE RELEASED TO:**

NAME | ADDRESS | PHONE | RELATIONSHIP

NAME | ADDRESS | PHONE | RELATIONSHIP

NAME | ADDRESS | PHONE | RELATIONSHIP

NAME | ADDRESS | PHONE | RELATIONSHIP

NAME | ADDRESS | PHONE | RELATIONSHIP

**IN THE EVENT OF A MEDICAL EMERGENCY OR INJURY, 9-1-1 WILL BE CONTACTED.**

**IN ADDITION TO PARENT(S)/GUARDIAN(S), ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY:**

NAME | PRIMARY PHONE | SECONDARY PHONE | RELATIONSHIP

NAME | PRIMARY PHONE | SECONDARY PHONE | RELATIONSHIP

NAME | PRIMARY PHONE | SECONDARY PHONE | RELATIONSHIP

NAME | PRIMARY PHONE | SECONDARY PHONE | RELATIONSHIP

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**CAMPER'S NAME:** _____

**FINANCIAL POLICIES AND RESPONSIBILITY**

**I am aware of the following policies** (please initial next to each policy):

____ The parent/guardian who initially registers child for the Camp Covina program assumes full responsibility for all payments due.

____ If someone other than the parent/guardian will be making payments for this child, the parent/guardian must provide that information at time of initial registration. Changes will not be made after initial registration has been processed.

____ If registrations are not paid in full by the due date, then the child's space may be forfeited and released to another child.

____ Cancellations must be made by the Cancellation Deadline for each camp week to be eligible for a full refund. A minimum 6-week processing period applies for all refunds. NO REFUNDS will be issued after Cancellation Deadline.

____ If cancellations occur after the Cancellation Deadline, and the space is resold, then a CREDIT may be issued less a $20 late cancellation fee.

____ There will be no makeup days, refunds, or credits if a camper misses a day of camp.

____ Any changes (cancellations, transfers, etc.) must be made through the Parks & Recreation office, not at the Camp Covina site.

____ I understand I am responsible for reading the 2016 Camp Covina Parent Handbook and agree to abide by all policies and procedures. I will review these policies and procedures with my child prior to their first day of camp.

_____ _____
PARENT/GUARDIAN'S SIGNATURE DATE

City of Covina
Parks & Recreation Department
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**CAMPER'S NAME:** _____

## WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

For and in consideration of the City of Covina furnishing facilities, supervisors, equipment or expenses for (print minor's name)_____ to participate in the Camp Covina program during and all associated activities included in the program provided to the minor with the sole intent and understanding to participate, the undersigned acknowledges, affirms, represents, and covenants, he/she is of lawful age and is the lawful guardian of named minor and has the sole right and authority to execute this agreement on behalf of the minor in that he/she has not sold, assigned, transferred, conveyed, hypothecated or otherwise disposed of his/her right and authority.

The undersigned, his/her heirs, executors, administrators, successors, assigns, directors or agents, hereby release, waive, discharge and relinquish any actions or causes of action, demands, rights, damages, costs, loss of services, expenses and any and all claims whatsoever, which may hereafter arise for or to minor, himself/herself and for his/her heirs, executors, administrators, successors or assigns and shall not prosecute or present any claim to the City of Covina, its elected officials, directors, officers, agents, employees, council members, administrators, or any other persons, firms, corporations, associations or partnerships (hereinafter referred to as "releasees") for any causes of action including, but not limited to, losses caused by the active or passive negligence of the releasees.

(Print minor's name) _____ and/or undersigned acknowledges, affirms and understands and assumes all risk inherent in the Camp Covina program and all incidental activities associated therewith and said activities involve a risk of serious physical injury and/or death to minor's person and damage to property and the undersigned is permitting minor to participate with full and complete knowledge of said risks. This waiver and release specifically exempts, relieves and releases the releasees from all liability for personal or bodily injury, including wrongful death and property damage.

The undersigned, for minor and for himself/herself, his/her heirs, executors, successors, administrators or assigns agrees that in the event of any claim of the minor and/or undersigned for personal or bodily injury, property damage or wrongful death against releasees, that the undersigned shall indemnify, defend and hold harmless the releasees, from and against any and all liability, suits, actions, proceedings, judgements, claims, liens, losses, damages (whether in contract or in tort, including personal and bodily injury, death or property damage), costs and expenses, including attorneys' fees, litigation, arbitration and mediation expenses) of every nature or kind which arise from, are caused by, or which are alleged to have arisen from or to have been caused by, or in conjunction with, any and all acts, or omissions, whether negligent or otherwise.

*The undersigned acknowledges that he/she has read the foregoing and, has been fully and completely advised concerning the contents and ramifications of the same and is fully aware of legal consequences of signing this document. Based upon the independent evaluation of the risk, I affirm and reaffirm my knowledge and express assumption of the risk and dangers set forth hereinabove and sign this release and waiver of liability freely and voluntarily without any inducement, assurance or guarantee being made to me and intend my signature to be a complete and unconditional release of liability to the greatest extent allowed by law.*

Minor's/Child's Name (printed): _____

| _____ | _____ | _____ |
|---|---|---|
| Parent's/Guardian's Name (printed) | Parent's/Guardian's Signature | Date |