



SUMMER CAMP REGISTRATION FORM

KIDS CAMP
completed Kindergarten – 1st grade

CAMP ALOTTAFUN
completed 2nd-5th grade

CAMP PRIDE
completed 6th grade - 14 years

Child's Name: _____ Birth date: _____ Sex: _____

Home Address: _____

City, Zip Code: _____ Home Phone Number: _____

Mother's Name: _____ Work #: _____ Cell #: _____

Father's Name: _____ Work #: _____ Cell #: _____

Guardian's Name: _____ Work #: _____ Cell #: _____

I authorize the following individuals to pick up my child (other than parents/guardian):

Name: _____ Relationship: _____ Phone #: _____
Name: _____ Relationship: _____ Phone #: _____

The following individuals are not authorized to pick up my child:

Name: _____ Relationship: _____
Name: _____ Relationship: _____

Emergency Contact Numbers (other than parents):

Please Consider Your Emergency Contact People Carefully

1. Name: _____ Phone#: _____
2. Name: _____ Phone#: _____

Are any special accommodations needed for your child to participate in this program? No Yes

Please indicate what accommodations your child needs: _____

• **PERTINENT MEDICAL HISTORY INFORMATION** (Diabetes, Allergies, Asthma, Etc.):

• **HOLD HARMLESS AGREEMENT**

"I agree to waive and release the City of Pico Rivera and its officers, agents, and employees from and against any and all claims, cost liabilities, expenses, or judgements, including attorney's fees and court costs, arising from my child's participation in the City's recreation program or any illness or injury resulting therefrom, and hereby agree to indemnify and hold harmless the City of Pico Rivera from and against any and all such claims, whether caused by negligence or otherwise, except for illness and injury resulting directly from willful misconduct on the part of the City or its employees. I understand and agree that by signing this waiver, I am freeing the City of Pico Rivera and its employees, officers, or agents from any liability resulting from my (or my child's) participation in this event or activity.

Term	"I understand that the term of this Hold Harmless agreement and release for the 2010 Summer Camp program runs from June 21, 2010 through August 20, 2010."	Please initial: _____
Photo Release	I give my permission to the City of Pico Rivera to photograph me or my children participating in the programs for use in the City of Pico Rivera publicity and publications and will not seek compensation for such.	Please initial: _____
Payment Agreement	I have received and understand the Summer Camp Payment Information Sheet.	Please initial: _____

I hereby represent that I understand and am familiar with the nature of the activities in which I (or my child) will participate in this recreation program. I personally read and understand this Release."

Signature of Parent/Guardian _____ **Date** _____

<p>Summer Camp excursions may include trips to the beach and swimming pool. Please indicate whether or not your child is able to swim on his/her own. Life jackets are not permitted.</p> <p>_____ Yes, my child can swim.</p> <p>_____ No, my child cannot swim.</p>

FOR OFFICE USE ONLY:

Input by: _____ Date Entered: _____