

# Camper Information

City of San Diego Park and Recreation Department in Association with Camp Boogie

Child's Last Name:		Child's First Name:	
Child's Birthdate:	Child's Age:	Male/Female	

Home Address:	City/State:	Zip Code:	Email Address:

School Child Attends:	Last Grade Completed:

Mother's Name:	Home Phone:	Work Phone:	Cell:
Father's Name:	Home Phone:	Work Phone:	Cell:
In case of emergency, Contact Person's Name & Relationship:	Emergency Phone:	In case of emergency, Contact Person's Name & Relationship:	Emergency Phone:

### \*\*Medical History\*\*

Does your child have any allergies/allergic to any medicine?			
Has your child ever had any operations or serious injuries?			
Does your child have any special fears?			
Anything we should know about your child?			
Can your child swim?	Beginner	Intermediate	Advanced
In an emergency, if we cannot reach you, please state further instructions:			
Name of Medical Insurance:		Address:	
Name of Doctor:		Phone Number:	
Name of Dentist:		Phone Number:	

### \*\*Authorized List of Persons (Other Than Parents) To Pick-up/Drop-off Child\*\*

Person's Name:	Phone Number:	Relationship:

### \*\*Parent's Authorization\*\*

This health history is correct to the best of my knowledge, and the person herein described has permission to engage in all prescribed Camp Activities, except noted by me. In the event I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the *Camp Director* to hospitalize, secure treatment for and to order injection, anesthesia or surgery for my child as named above. I hereby give my authorization for *Camp Staff* to apply lotion I may send with my child in order to prevent sunburn. I understand that all camp fees are due before each session and understand that my child will not be allowed to participate in the program until all fees are paid in full.

Parent Signature:	Date:

# CITY OF SAN DIEGO PARK AND RECREATION DEPARTMENT WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in the City of San Diego Class/Activity, I acknowledge and agree that:

1. The city of San Diego does not maintain health insurance for injuries to the participant that may arise out of involvement in this class/activity.
2. By virtue of participation, **PARTICIPANTS RISK BODILY INJURY INCLUDING, BUT NOT LIMITED TO, PARALYSIS, DISMEMBERMENT, DEATH, AND OTHER LOSS** including damage to property.
3. **I KNOWINGLY AND FREELY ASSUME ALL SUCH RISK FOR MY CHILD (AND/OR MYSELF).**
4. **I RELEASE AND HOLD HARMLESS AND PROMISE NOT TO SUE THE CITY OF SAN DIEGO**, its officers, agents or employee with respect to any and all such injury including, but not limited to, paralysis, dismemberment, death or loss except that injury or loss which results from gross negligence or willful or wanton misconduct of one of those individuals or organizations.
5. I agree to inform my child that he/she must follow (or I agree to follow) all safety rules as well as any others given during this class/activity including during lessons, practice, meets, special events, field trips, games or tournaments.
6. I hereby authorize and give my consent for medical care to be given in an emergency situation to the below named child (or to myself) while participating in this activity including during lessons, practice, meets, special events, field trips, games or tournaments.
7. **THIS AGREEMENT IS BINDING ON MY HEIRS, PERSONAL REPRESENTATIVES, NEXT OF KIN, SPOUSE AND ASSIGNS.**
8. I hereby give permission for the following named child (or myself) to be photographed, videotaped or recorded for publicity purposes and that I waive all claims for compensation.
9. I certify to the best of my knowledge, my child's (or my) physical condition is satisfactory for participation in this class/activity, and that he/she is (or I) am free of any health problem that would affect his/her (or my) ability to participate. Please note: Individuals with health conditions such as, but not limited to, chronic allergies (i.e. asthma), seizures, and epilepsy, may not participate until a medical clearance has been submitted. In addition, the coach/instructor/leader must be notified of any health condition prior to participation.

Participant's Name (print): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_ Emergency Phone #: ( ) \_\_\_\_\_ / Name: \_\_\_\_\_

Participant's Signature (if participant is 18 years or older): \_\_\_\_\_ Date Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Parent/Guardian signature required if participant is 17 years of age or younger.

This is to certify that as a parent/guardian of this participant, I do consent to his/her waiver and release as set forth above. I realize that participation in this program is voluntary.

Parent/Guardian Name (print): \_\_\_\_\_ Relationship: \_\_\_\_\_

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

## San Diego Park and Recreation Camper Rules for Seasonal Camps in Association with Camp Boogie

Dear Parent:

The following is an agreement between parent, camper, and camp counselor. Please read through the information below with your child and sign at the bottom. This contract is designed to ensure that your child fully understands the rules at Camp Boogie, as well as the consequences for not following the rules.

### Camp Boogie Rules:

1. Follow directions the first time.
2. Stay in sight of counselors at all times (play in assigned areas only).
3. Treat other campers and counselors with respect.
4. If anyone bothers you or makes you feel uncomfortable, tell a counselor.
5. Keep hands and feet to yourself.
6. No inappropriate language or name-calling.
7. Helmet and proper safety gear are always required; children must wear CLOSED TOED SHOES.
8. You are responsible for your belongings.
9. Have fun!!!

### Consequences for not following rules:

1. Verbal warning
2. Time out
3. Contact Parents
4. Dismissal from program at Camp Director's discretion (no refund)

**Attention Parent(s):** Please be advised that children are to be picked-up on time. There will be a \$5 charge for every 5 minutes late. A \$25 fee will be charged for bounced checks. For any refunds, contact Camp Director at least one week prior to child's attendance.

I have read and understand all the above information (including the information regarding rules and consequences). I give Camp Boogie permission to take my child's picture and/or use it in promotional events. I give permission for my child to watch PG movies: *Initials* \_\_\_\_\_

Parent's Signature:

Date: