



City of Santa Clarita Parks, Recreation, and Community Services Department  
**2017 Camp Clarita Health History Form**

**PARTICIPANT INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Age\* \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Gender (circle one): Male / Female Parent/guardian email address: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION: AUTHORIZED TO PICK UP AND OBTAIN/CHANGE REGISTRATION INFORMATION**

Check here if address is the same as participant  
**Father/Guardian** (Full Name): \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Check here if address is the same as participant  
**Mother/Guardian** (Full Name): \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**PROGRAM INFORMATION**

Camp Program:  Wee Folks  Little Folks  Junior Adventures  
 Ranger Camp  Explorer Camp  Voyager Camp

Camp Location:  Canyon Country Park  Newhall Park  North Oaks Park  
 Santa Clarita Park  Valencia Glen Park  Valencia Meadows Park

**EMERGENCY CONTACT AND PERSONS AUTHORIZED TO PICK UP MY CHILD (other than parents, must be at least 16 years of age):**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**SWIM ABILITIES FOR RANGER, EXPLORER, AND VOYAGER CAMPERS: (check one only)**

- Wee Folks, Little Folks and Junior Adventures N/A  Not a strong swimmer but can touch in shallow water. No life vest required  
 Requires life vest (*parents may need to provide*)  Fully able to swim and may take swim test with lifeguards in order to swim in deep water and jump off diving board  
 Moderate swim ability/taken some swim lessons

**HEALTH INFORMATION**

The information you provide here will be held in the strictest confidence. It will be kept on file in our binder or carried by the camp director on field trips.

Name of Physician \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

**Allergies** Yes  No  If yes, please list the allergies and describe the severity of the reaction (medication, seasonal, food, etc.)  
 \_\_\_\_\_

If your child has any special need that requires specific accommodations so your child can fully enjoy camp, please contact Inclusion Services at (661) 290-2296, or [inclusionervices@santa-clarita.com](mailto:inclusionervices@santa-clarita.com). To ensure appropriate accommodations, please request inclusion services a **minimum** of two weeks in advance.

**Will your child need to take medication while at camp?** Yes  No

Any medication dispensed to your child must be brought to camp in its original prescription container and a **separate form** must be completed.

**INSURANCE INFORMATION**

Carrier/Plan Name \_\_\_\_\_ Group # \_\_\_\_\_ Name of Insured \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

\*We reserve the right to request proof of age at any time.

**PERMISSION TO PARTICIPATE / CAMP POLICIES AND PROCEDURES**

I have the authority and voluntarily agree for my child to participate in City operated activities or programs, or any extension thereof.

I hereby waive, release, and hold harmless from any liability or claims for damages for personal injury, including death, as well as from claims or property damage which may arise in connection with such activities or programs, against the Supervisors, City of Santa Clarita, and its elected and appointed officials, agents, and employees. As a parent/guardian, I hereby consent to treatment of my minor child for any and all medical procedures deemed necessary as a result of accident or injury. I further agree to pay any and all costs incurred as a result of said treatment. I hereby give permission to the City of Santa Clarita to use my child(ren)'s photographs as they see fit for promotional purposes. I understand the photographs belong to the City and I will not receive payment of any kind.

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