



City of Santa Clarita Parks, Recreation, and Community Services Department
2018 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 (3-4 yrs) Little Folks (4-5 yrs) Ranger Camp (5-8 yrs)
 Explorer Camp (8-12 yrs) Voyager Camp (11-15 yrs)

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

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. 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: _____

