



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 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 inclusionsservices@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:



2018 Camp Clarita Enrollment Agreement

Each number must be initialed (not checked) in order for your child to participate.



Camper's Name _____ Camp Program _____

- _____ Initial 1. I acknowledge that I have reviewed the Camp Clarita Parent Handbook and agree to adhere to the policies and procedures outlined. I have also reviewed this pertinent information with my child so they can follow the guidelines as well.
- _____ Initial 2. I understand that my child must adhere to the Discipline Policy outlined in the Parent Handbook. If my child fails to meet behavioral expectations, they may be temporarily or permanently suspended from the program without refund.
- _____ Initial 3. I understand that registration for each program closes the Wednesday prior to the start of the week at 5:00 p.m. Enrollments will not be accepted after this time.
- _____ Initial 4. If I participate in the payment plan, I understand that I am responsible for payment for the weeks I have signed up for.

 - By enrolling in the payment plan, I am responsible for signing into my account weekly and making the payment by the due date or by following the secured link that will be emailed.
 The balance must be received no later than two weeks prior to the start of the week or my deposit will be forfeited and my child's spot will be made available to others. **The deposit is non-refundable and non-transferable.**
- _____ Initial 5. I understand that all requests for refunds must be submitted in writing to the Camp Clarita office by completing a Change form at least **10 business days** prior to the start of the week. For each week refunded, a **\$30 charge per child, per week** is withheld regardless of reason for refund. No refunds will be issued after this deadline. All requests for transfers, or addition of weeks/sessions must be submitted in writing to the Camp Clarita office by completing a Change form the Wednesday prior to the start of week by 5:00 p.m. and are based on availability.
- _____ Initial 6. I understand there are no make-ups for days missed at camp for any reason and my child may not attend camp on days they are not signed up for. Prorated refunds are not issued for campers who do not attend field trips and admission tickets are not distributed.
- _____ Initial 7. I understand the illness policy and will refrain from sending my child to camp when they are sick.
- _____ Initial 8. I understand that all medication must be checked in with the site Director and a Medication Consent form must be completed.
- _____ Initial 9. I understand that I must sign my child in and out of Camp Clarita daily. I must also be prepared to show photo identification in order to pick up my child.
- _____ Initial 10. I understand that only authorized people listed on the Health History form will be allowed to pick-up my child from camp. Should I wish to have my child released to another adult, I will send written authorization and they will be required to show photo identification.
- _____ Initial 11. I understand that camp hours are from 7:00 a.m. – 6:00 p.m. for Ranger, Explorer and Voyager, 9:00 a.m. – 12:30 p.m. for Wee Folks, and 9:00 a.m. – 1:00 p.m. for Little Folks. If I pick my child up after camp closes, I will be required to pay \$5 per child for each 15-minute increment, or portion thereof, in which I am late. Payment is due and made payable by check the day I am late. On the third offense, my child will be suspended from the program until arrangements can be made to ensure they are picked up on time.
- _____ Initial 12. I understand that my child will be participating in many types of activities (i.e. field trips and swimming for Ranger, Explorer, and Voyager, water play, playground structures, etc.). I hereby authorize my child to participate in these activities.
- _____ Initial 13. I understand that my child will be required to wear their Camp Clarita T-shirt daily (except Voyager). If my child arrives to camp without a Camp Clarita T-shirt, they will be given one and I must pay \$8 via check when my child is picked up.
- _____ Initial 14. I understand that photos of my child may be taken while at Camp Clarita and may be used by the City of Santa Clarita for promotional purposes.
- _____ Initial 15. I, on behalf of my minor child, agree to abide by the policies and conditions of the City of Santa Clarita Recreation and Community Services Division "Code of Conduct" as indicated on the back of this form.

Parent/Guardian Name

Parent/Guardian Signature

Date