



2021 Camp Clarita Health History Form

PARTICIPANT INFORMATION

Last Name First Name Age\* Date of Birth

Parent/guardian email address:

Address: City: Zip Code: Home Phone:

PARENT/GUARDIAN INFORMATION: AUTHORIZED TO DROP OFF, 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/Explorer Camp (5-12 yrs)
Camp Location: Canyon Country Park, Santa Clarita Park, Newhall Park, Valencia Glen Park, North Oaks Park, The Centre, Valencia Meadows Park

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

Name: Relationship: Phone:

Name: Relationship: Phone:

Name: Relationship: Phone:

SWIM ABILITIES FOR RANGER/EXPLORER CAMPERS: (select only one)

- 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.

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.)

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: