



City of Santa Clarita Parks, Recreation and Community Services Department

2012 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: _____

Father/Guardian (Full Name): _____ Work Phone: _____ Cell Phone: _____

Mother/Guardian (Full Name): _____ Work Phone: _____ Cell Phone: _____

PROGRAM INFORMATION

Camp Program: Wee Folks Little Folks 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, use back of form if needed):

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

SWIM ABILITIES FOR RANGER, EXPLORER, AND VOYAGER CAMPERS: (check one only) Wee Folks & Little Folks N/A

- Requires life vest (parents may need to provide) Not a strong swimmer but can touch in shallow water. No life vest required
 Moderate swim ability/taken some swim lessons 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.)

Medical, Physical, or Emotional Conditions (including Disabilities): Allows staff to provide your child with the best camp experience.

Please check here if your child requires reasonable accommodations through our Inclusion Program
In addition, you must also submit an Inclusion Request form to Inclusion Services at least two weeks prior to the start of camp.

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 voluntarily agree to allow my child to participate in the above named program, or any extension thereof.
I hereby waive, release, and hold harmless from any liability or claims for damages for personal injury including accidental death, as well as from claims for property damage which may arise in connection with the above named activity, 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: _____



Camp Clarita Enrollment Agreement

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



Camper's Name _____ Camp Program _____

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 or session 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. My credit card/debit card will be charged on the dates outlined in the Parent Handbook as well as on the payment section of the Registration Form. 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, transfers, or addition of weeks/sessions 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.
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/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, water play, swimming, 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 I give permission for the City of Santa Clarita to use these photographs as they see fit for promotional purposes.
Initial _____
15. I understand the City of Santa Clarita and staff will not be held liable for personal injury, loss, damage, or theft of property while my child is in attendance at Camp Clarita.
Initial _____

Parent/Guardian Name

Parent/Guardian Signature

Date