

CHILD EMERGENCY FORM:

This form will remain at your child's camp and referred to by our Camp Directors. Only individuals named on this sheet are allowed to pick up your child and must show photo I.D. to our staff members. Any changes to this form can be made at any time. Please talk to your child's Camp Director to do so.

Child's Name: _____ Sex: M F Birth Date: _____ Age: _____

Mother: _____ Father: _____ Guardian: _____

Address: _____ City: _____ Zip: _____

EMERGENCY CONTACTS:

Parent/Guardian's Name: _____ Parent/Guardian's Name: _____

Home Phone Number: _____ Home Phone Number: _____

Work Phone Number: _____ Work Phone Number: _____

Cell Phone Number: _____ Cell Phone Number: _____

Email: _____ Email: _____

Alternative Contact: _____ Alternative Contact: _____

Home Phone Number: _____ Home Phone Number: _____

Work Phone Number: _____ Work Phone Number: _____

Cell Phone Number: _____ Cell Phone Number: _____

EMERGENCY INFORMATION:

Consent for Medical Treatment: As the parent/legal guardian, I hereby give consent to the Carmichael Recreation and Park District to obtain all emergency medical or dental care deemed necessary by a duly licensed physician (M.D.) or dentist (D.D.S.) for (child's name) _____. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Parent/Guardian Signature: _____ Date: _____

Medical Conditions: _____ Physician: _____

Allergies: _____ Address: _____

Current Medications: _____ Phone Number: _____

Dentist: _____ Hospital Desired: _____

Phone Number: _____ Insurance Company: _____

AUTHORIZED INDIVIDUALS TO BRING AND TAKE YOUR CHILD TO AND FROM THE FACILITY:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

HEALTH HISTORY:

Our Camp Directors refer to this sheet prior to your child attendance in our camps. This helps our Directors familiarize themselves with your child and any accommodations that may need to be made.

1. Past Illnesses: Mark illnesses that your child has had and approximate dates.

YES	NO	ILLNESS	DATE
		Asthma	
		Diabetes	
		Chicken Pox	
		Epilepsy	
		Hay Fever	
		Measles (3 days)	

YES	NO	ILLNESS	DATE
		Measles (10 days)	
		Mumps	
		Poliomyelitis	
		Rheumatic Fever	
		Whooping Cough	

2. Infectious Diseases? No ___ Yes ___ (If yes, please explain)

3. Other Serious/Severe Illness/Accidents? No ___ Yes ___ (If yes, please explain)

4. Does your child have any diet/food restrictions? No ___ Yes ___ (If yes, please explain)

5. Is your child diabetic and/or require special medical attention? No ___ Yes ___ (If yes, please explain)

6. What is your overall evaluation of your child's health?

7. All children must be able to use the bathroom without assistance to attend the program. Does your child have any difficulties using the bathroom? No ___ Yes ___ (If yes, please explain)

8. Does your child tire easily? No ___ Yes ___ (If yes, please explain)

9. How does your child get along with parents, siblings, and other children?

10. How does your child handle group experiences?

11. Does your child have any special needs? No ___ Yes ___ (If yes, please explain)

12. What is your overall evaluation of your child's personality?

13. Is there anything else you would like us to know about your child that could help them succeed at camp?

**Carmichael Recreation and Park District
Distance Learning Camps 2021 – January 4th – June 6th**

AGREEMENT, WAIVER, AND RELEASE

In consideration for being permitted by the District to participate in the above-referenced activity, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the District (including its officers, employees, volunteers, and agents) from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of active or passive negligence or carelessness on the part of the persons or entities mentioned above.

It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs, administrators, executors, and assigns and that I shall indemnify and hold the District (including its officers, employees, volunteers, and agents) free and harmless from any loss, liability, damage, cost, or expense which may arise out of or connected in any way with my participation in said activity.

Additionally, I fully understand that my participation in the above-referenced activity exposes me to the risk of personal injury, death, communicable diseases, illnesses, viruses, and/or property damage. I hereby acknowledge that I am voluntarily participating in this activity and agree to assume any such risks.

PHOTO and LIABILITY RELEASE: By signing this agreement, you are agreeing to release photo rights, including waiving any right of compensation, to Carmichael Recreation & Park District (CRPD). CRPD reserves the right to photograph facilities, activities, and program participants for potential future use, which may include sharing the photos with the Carmichael Recreation and Park District Foundation dba Carmichael Parks Foundation to use the photos to inform and promote the CRPD. **You further hereby release CPRD and Carmichael Parks Foundation from and against any injury or damage arising out of or related to the aforementioned activities.** All photos will remain the property of Carmichael Recreation & Park District.

PARENTAL/GUARDIAN CONSENT: (to be completed and signed by parent/guardian if Participant is under 18 years of age.)

I hereby consent that my son/daughter, _____, participate in the above-referenced activity, and I hereby execute the above Agreement, Waiver, and Release on his/her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the District (including its officers, employees, volunteers, and agents) free and harmless from any loss, liability, damage, cost, or expense which may arise out of or connected in any way with said minor's participation in said activity.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ABOVE DISTRICT AND I SIGN IT OF MY FREE WILL.

Signature

Name (Printed)

Date

CARMICHAEL RECREATION AND PARK DISTRICT

June 14th - August 12th, 2021
Activity Date(s)

Summer Day Camps
Activity Name

COVID-19 Informed Consent, Acknowledgment of Risk, and Waiver & Release of Liability

Information about COVID-19 and Risks of Participation

The current pandemic health emergency is related to the highly contagious novel coronavirus (“COVID-19”). COVID-19 is an illness caused by a virus that can spread from person to person, primarily through respiratory droplets. Recent data suggest that there can be transmission of COVID-19 through respiratory droplets of those with mild (or no) symptoms or those who do not feel ill. COVID-19 symptoms can range from mild (or no) symptoms to severe illness. Symptoms of COVID-19 may include, among other symptoms, fever or chills, cough, shortness of breath or difficulty breathing, fatigue, headache, congestion or runny nose, muscle or body aches, sore throat, new loss of smell or taste, nausea or vomiting, and diarrhea. The estimated incubation period is between 2 and 14 days with a median of 4 to 5 days. It is important to note that some people become infected and do not develop any symptoms or feel unwell.

The impact of COVID-19 on the health of the public is not yet fully known. COVID-19 is a new disease and there are limited data and information about the impact of many underlying medical conditions on the risk for severe illness from COVID-19. Severe illness from COVID-19 is defined as hospitalization, admission to the intensive care unit (ICU), intubation or mechanical ventilation, or death.

Among adults, the risk for severe illness from COVID-19 increases with age, with older adults at highest risk. Additionally, adults of any age with the following conditions are at increased risk of severe illness from the virus that causes COVID-19: cancer; chronic kidney disease; COPD (chronic obstructive pulmonary disease); Down Syndrome; heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies; immunocompromised state (weakened immune system) from solid organ transplant; obesity; severe obesity; pregnancy; sickle cell disease; smoking; and type 2 diabetes. Adults of any age with other medical conditions not listed here might be at increased risk for severe illness from the virus that causes COVID-19. As more data become available, additional risk factors for severe COVID-19 may be identified.

While fewer children have been sick with COVID-19 compared to adults, children can be infected with the virus that causes COVID-19, can get sick from COVID-19, and can spread the virus that causes COVID-19 to others. Children, like adults, who have COVID-19 but have no symptoms can still spread the virus to others. Most children with COVID-19 have mild symptoms or have no symptoms at all. However, some children can get severely ill from COVID-19 and might require hospitalization, intensive care, or a ventilator to help them breathe. In rare cases, they might die. Babies under one year old and children with certain underlying medical conditions might be at increased risk for severe illness from COVID-19. Children with the following conditions, among others not listed here, might be at increased risk for severe illness: asthma or chronic lung disease; diabetes; genetic, neurologic, or metabolic conditions; sickle cell disease; heart disease since birth; immunosuppression (weakened immune system due to certain medical conditions or being on medications that weaken the immune system); medical complexity (children with multiple chronic conditions that affect many parts of the body, or are dependent on technology and other significant supports for daily life); and obesity. The Centers for Disease Control and Prevention (CDC) and partners are investigating a rare but serious medical condition associated with COVID-19 in children called Multisystem Inflammatory Syndrome in Children (MIS-C). It is not yet known what causes MIS-C and who is at increased risk for developing it.

While there are now authorized and recommended vaccines to prevent COVID-19 in the United States, there is currently a limited supply of these vaccines. In addition, multiple variants of the virus that causes COVID-19 have been documented in the United States and globally during this pandemic. Therefore, the best way to prevent illness is to avoid being exposed to the virus that causes COVID-19. The CDC also advises, among other precautionary measures, that individuals should:

- cover their mouth and nose with a mask when around others;
- stay at least six feet away from others who do not live with them;
- avoid crowds;
- avoid indoor spaces that do not offer fresh air from the outdoors as much as possible, and if indoors, bring in fresh air by opening windows and doors, if possible;
- wash their hands often with soap and water for at least 20 seconds or use a hand sanitizer that contains at least 60% alcohol if soap and water are not readily available;
- cover coughs and sneezes; clean and disinfect frequently touched surfaces daily;
- monitor their health daily; and
- stay home and isolate from others when sick.

Additional information regarding COVID-19, is available online with the following public health resources:

- CDC website at <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- State of California website at <https://covid19.ca.gov/>
- California Department of Public Health website at <https://www.cdph.ca.gov/>
- Sacramento County Public Health

Although Carmichael Recreation and Park District has implemented certain preventative measures consistent with applicable rules, regulations, federal and state orders and guidance, and guidance from public health officials related to COVID-19, Carmichael Recreation and Park District cannot ensure that participants and/or their families or others in the participant’s household will not become infected with COVID-19. Moreover, Carmichael Recreation and Park District cannot protect against exposure to or infection by COVID-19 that occurs due to the actions, omissions, and/or negligence of participants or others, including Carmichael Recreation and Park District staff members.

California Public Health Guidance for Organized Sports and Recreation

COVID-19 continues to pose a severe risk to communities and requires all people in California to follow recommended precautions. The California Department of Public Health (“CDPH”) issued revised public health guidance for youth and adult sports on February 19, 2021. The guidance is intended to provide direction on all organized youth and recreational adult sports activities to support a safe environment for these sports. *A copy of the most recent version of these materials is enclosed for your information.*

Additionally, the guidance applies to all **organized** youth sports and recreation— including school- and community-sponsored programs, and privately-organized clubs and leagues — and adult recreational sports. The guidance may be subject to change as new information becomes available. You are encouraged to regularly consult updated health guidance information as well as specific guidance for sports and recreation including the following websites:

- American Academy of Pediatrics website at <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-interim-guidance-return-to-sports/>
- CDPH website at <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/outdoor-indoor-recreational-sports.aspx>

Informed Consent, Acknowledgement of Risk, & Waiver and Release of Liability

Before the participant may participate in the above-referenced activity, Carmichael Recreation and Park District requires that the participant or its Parent/Guardian read the information in this Notice, the enclosed materials, and sign below to ensure they are informed of and understand the risks related to COVID-19 that are associated with participation in sports and recreational activities.

In signing the below, you attest that you have read the Notice and understand the risks related COVID-19 that are associated with participation in the above-referenced activity. You further understand that there are cardiovascular and other health and safety risks associated with returning to athletic activities after COVID-19 infection. You also acknowledge that the health and safety risks posed by COVID-19 cannot be eliminated, despite the implementation of reasonable and age-appropriate precautions and protocols. You further understand that because of the COVID-19 pandemic and the risk of transmission inherent in sports participation, the CDPH has categorized youth and adult sports into four tiers based upon their level of contact and transmission risk. You also acknowledge that there may be risks associated with adhering to certain mitigation strategies recommended and/or required by the CDPH such as wearing a face covering mask that completely covers the nose and mouth, including during active play. Finally, given the unknown nature of COVID-19, you understand that it is not possible to list each and every specific risk associated with COVID-19 and that neither Carmichael Recreation and Park District nor public health officials can guarantee that any participant will not come into contact with someone infected by COVID-19 and/or contract such illness.

I understand that the choice to participate in the above-referenced activity is voluntary. By opting to participate, I agree to abide by any such health and safety protocols Carmichael Recreation and Park District may require. I understand that promoting public health is a shared responsibility and that every member of the community must do his/her part to minimize risks.

In consideration for being permitted by Carmichael Recreation and Park District to participate in the above-referenced activity, I fully **ASSUME ALL RISKS**, inherent and otherwise, whether or not described above, in connection with participation in the activity and hereby waive, release, and discharge any and all claims for damages for injury, harm, or illness including, but not limited to contracting COVID-19, which may in any way relate to participation in said activity. This release is intended to discharge in advance Carmichael Recreation and Park District (including its officers, employees, volunteers, and agents) from any and all liability arising out of or connected in any way with participation in said activity, even though that liability may arise out of active or passive negligence or carelessness on the part of the persons or entities mentioned above.

PARENTAL/GUARDIAN CONSENT: (to be completed and signed by parent/guardian if Participant is under 18 years of age.)

I hereby consent that my son/daughter, _____, participate in the above-referenced activity, and I hereby execute the above COVID-19 Informed Consent, Acknowledgment of Risk, and Waiver & Release of Liability on his/her behalf.

I HAVE CAREFULLY READ AND UNDERSTAND THE NOTICE ABOVE (INCLUDING THE INFORMATION ABOUT COVID-19 AND THE RISKS OF PARTICIPATION) AND HEREBY KNOWINGLY AND WILLING CONSENT TO THE PARTICIPATION IN THE ABOVE-REFERENCED SPORT/ACTIVITY.

Signature _____ Name (Printed) _____ Date _____