



2023

Start Your Summer NOW!

Registration Packet

Needs to be completed before your child can be dropped off at summer camp



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. Comments?

POOL PERMISSION SLIP:

Participants in our camps may go swimming at local pools including the Antelope Aquatic Complex (7990 Palmerson Drive). Schedules for the pool days are located at your child's camp. We transport the children in our district vans using our experienced and certified drivers. Please review and complete the following section.

Can your child swim? Yes Yes, but still learning No, not at all

If you marked *No, not at all*, please read and complete the following:

For children who have a difficult time swimming, there is a small wading pool available. Please mark below if you would like your child to only be allowed in the wading pool or if you would prefer your child to stay away from the wading and swimming pools entirely.

Wading Pool ONLY No Wading or Swimming Pool Use

If you marked *Yes*, or *Yes, but still learning*, please read and complete the following:

Can your child jump off the diving board? Yes No

The Sunrise Recreation and Park District Lifeguards perform swim test for all participants. Children will be separated according to their swim test results and given wristbands to designate if they can or cannot swim. This is a measure Sunrise Recreation and Park District staff take to ensure children safety. If you have marked your child can swim but he/she fail the swim test, he/she will not be allowed to swim over 4 ft. at the pool that day.

Staff members do swim and help supervise the children as well as the Sunrise Recreation and Park District's Lifeguards. It is important for our staff members to know which children are not strong swimmers so we can help them and closely supervise them. Please describe in more detail your child's swimming abilities:

I hereby absolve the Carmichael Recreation & Park District, its agents and employees and all members from liability for any damages or person injury that my child or I might sustain while participating in or traveling with the group.

Child's Name: _____

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

TRANSPORTATION – BOOSTER SEATS:

Attention parents with 5-7 year old children:

According to California Vehicle Restraint Laws, children must be 8 years or older or taller than 4'9" to not need a booster seat. If your child is 5 - 7 years old and shorter than 4'9", you child will be placed in one of our district booster seats while being transported in our district vans. For all trips done with school district busses we will follow the districts policy regarding children riding in the bus.

FIELD TRIP PERMISSION SLIP FOR SUMMER CAMP 2023:

Participants in our camps may go on field trips. These trips may include but are not limited to Antelope Aquatic Complex, John's Incredible Pizza, Funderland, Foothill Skate, Sky Zone, Wacky Tacky, Rebounderz, Fliptastic, and other local destinations. These trips are generally listed on the Weekly Activity Schedules but all trips are subject to change, if necessary. Children are transported in school busses with district drivers or in District vans using our drivers for all of our field trips and swim trips. Please review and complete the following section.

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 CRPD 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 child, _____, participate in the above-referenced activity, and I hereby execute the above Agreement, Waiver, and Release on their 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

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