

City of Costa Mesa ♦ Camp Costa Mesa ♦ Registration Form

PLEASE PRINT AND FILL OUT COMPLETELY

MINOR RELEASE WAIVER

CHILD 1 FIRST NAME	CHILD 1 LAST NAME	DATE OF BIRTH ____ / ____ / ____	AGE	GENDER	GRADE
CHILD 2 FIRST NAME	CHILD 2 LAST NAME	DATE OF BIRTH ____ / ____ / ____	AGE	GENDER	GRADE
PARENT/GUARDIAN FIRST NAME	PARENT/GUARDIAN LAST NAME	CELL NUMBER () -	HOME/WORK NUMBER () -		
PARENT/GUARDIAN FIRST NAME	PARENT/GUARDIAN LAST NAME	CELL NUMBER () -	HOME/WORK NUMBER () -		
MAILING ADDRESS		APT. # (If Applicable)	CITY	ZIP CODE	
EMAIL				T-SHIRT SIZE (circle) Child 1: <input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL Child 2: <input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL	

MEDICAL HISTORY			ADDITIONAL INFORMATION		
PLEASE CHECK ALL THAT APPLY	CHILD 1	CHILD 2	DESIRED CAMP:		
ADD/ADHD	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Winter Wk 1	<input type="checkbox"/> Winter Wk 2	SUMMER WEEKS: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Presidents'	<input type="checkbox"/> Spring	<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	EMERGENCY CONTACTS		
Seizures	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	NAME		
Chicken Pox	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	PHONE		
Head Lice (recent)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	() -		
Other Diseases/Conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	RELATION		
1-on-1 care is needed for my child**	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	NAME		
ALLERGIES			PHONE		
Bee Stings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	() -		
Latex	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	RELATION		
Foods	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	NAME		
Drug Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	PHONE		
Any Other Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	() -		
<i>If Yes, please explain: _____</i>			RELATION		
<i>If your child needs medication to be taken while at Camp, you will need to fill out a "Request for Administration of Medication" form. Please request form from staff.</i>			SIGNING OUT		
Name of medication: _____			Do you give your child(ren) permission to sign themselves in/out of Camp? <input type="checkbox"/> *Yes <input type="checkbox"/> No		
Reason: _____			<i>*If yes, parent/guardian must provide a written letter of consent to the program director or email consent to cmrecinfo@costamesaca.gov.</i>		
**Please note the City strives to make reasonable accommodations for participants with a special need or developmental disability. The City does not currently offer structured inclusion services to participants that require a 1-on-1 aid for assistance or supervision during program hours. A 1-on-1 aid that is provided by the participant's family/guardian will be accepted with proper documentation.			CODE WORD		
			_____ <i>(Adults must sign out child(ren) from Camp using the above code word. The code word is for your child's safety. Please remember this is confidential and should only be released to trusted individuals.)</i>		

- GENERAL POLICIES:** I, the undersigned, understand and agree to the General Policies set forth herein. I further understand that if a participant has previously been or is the subject of discipline, suspension, or expulsion in connection with any City recreation programs, or has exhibited disruptive conduct, the City may, in its discretion, immediately unenroll the participant.
 - Request for refund must be submitted in writing, (3) business days prior to the first day of Camp and a \$20 fee will apply. Refunds will NOT be granted if request was made under three (3) business days, due to the special nature of purchasing excursion tickets. **All requests can be emailed to: cmrecinfo@costamesaca.gov.**
 - A \$20 fee will be charged for every 15 minutes, or part thereof, for late pick-ups.
 - I have read and understand the rules & disciplinary process of Camp Costa Mesa (see parent packet).

PARENT/GUARDIAN INITIAL: _____

- ASSUMPTION OF RISK:** I fully understand that my or my child/children's participation in City recreation programs may expose me or my child/children to the risk of personal injury, death and/or property damage. I hereby acknowledge that participation in City programs is voluntary and I agree to assume the full risk of any injuries and/or damages and/or losses of property, regardless of severity and including death, that may occur in connection with my or my child/children's participation in City programs.
- PHOTO RELEASE:** I understand that City representatives may photograph or record activities of City programs and participants. I hereby grant permission for the City to use and/or publish my or my child/children's photograph or likeness photographed or recorded during my or my child/children's participation in City programs to promote City programs and services, and for any other purpose, without compensation to me or my child/children.
- MEDICAL RELEASE:** I authorize the City to provide or cause to be provided such medical treatment to me or my child/children as may be necessary or appropriate if any injury occurs during my or my child/children's participation in City recreation programs. I further agree to pay any and all costs incurred in connection with such treatment.
- CIVILITY CONDUCT POLICY:** I understand that the Recreation Division's Civility Conduct Policy is intended to provide a safe, friendly and comfortable environment for participants and staff by requiring that everyone "treat others the way you want to be treated." I understand that any participant that violates the Civility Conduct Policy may, depending on the severity of the violation, be subject to disciplinary action, including, but not limited to, a verbal warning, immediate removal from the program/event, and/or denial of future participation in City programs.
- WAIVER AND RELEASE OF LIABILITY:** I, intending to be legally bound for myself and my heirs, personal representatives, next of kin, and anyone who might make a claim on my behalf, hereby waive, release, and discharge the City of Costa Mesa, and its elected officials, officers, agents, employees, and volunteers from any and all claims for damages and/or liability, whether caused by any active or passive negligent act or omission of the City of Costa Mesa, or its elected officials, officers, agents, employees, and/or volunteers, or otherwise related to my or my child/children's participation in City programs, and promise not to sue the City of Costa Mesa, or its elected officials, officers, agents, employees, and/or volunteers for any damages I incur in connection with the City's programs. This release and waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown.

As part of our commitment to the "Americans with Disabilities Act" and our participants, are there any special accommodations needed for participation in the above mentioned activities?

Yes No

If yes, please explain: _____

Signature: _____

Print Name: _____

Date: _____