CITY OF PASADENA SUMMER DAY CAMP APPLICATION

THERE IS NO CHARGE FOR SUMMER CAMP AT WASHINGTON PARK; HOWEVER, SOME FIELD TRIPS MAY HAVE FEES

[ ] Washington Park 2010 Summer Day Camp

PARENTS/CAREPROVIDERS OF CHILDREN WITH DISABILITIES ARE REQUIRED TO CONTACT JACKIE SCOTT, ADAPTIVE RECREATION SPECIALIST AT (626) 744-7257 PRIOR TO REGISTRATION FOR CAMP PROGRAMS.

PLEASE PRINT CLEARLY **City of Pasadena Day Camps are Not a Licensed Day Care**

Parent/Guardian

Street Address City Zip

( ) ( )
Home Phone Work Phone

Emergency Contact Name Relationship

( )
Emergency Contact Phone

Child's Last Name First Name

Sex (M/F)	Age	Date of Birth	T-Shirt Size

Indicate any physical limitations, allergies, medications, etc.

Is your child restricted from participating in any activities, such as running, jumping, hiking, swimming, and other? [ ] Yes [ ] No If yes, please specify.

Does your child swim? [ ] Yes [ ] No If yes, what level? (Beginner, Intermediate or advanced)

MEDICAL INFORMATION

MEDICAL INSURANCE COMPANY NAME_____ I.D. #_____

REGULAR PHYSICIAN'S NAME_____TELEPHONE CO._____

Please describe your child's needs as they affect participation or the participation of other participants, or interfere with the guidance from staff:_____

PLEASE NOTE THAT PARENT/GUARDIAN WILL BE RESPONSIBLE FOR ALL MEDICATION NEEDS

AUTHORIZATION FOR PARTICIPANT'S PICK-UP

Name of Person Authorized to take Child from Facility and Relationship to Child (Please Print) _____

1._____ 5._____
2._____ 6._____
3._____ 7._____
4. 8.

[ ] YES, I hereby give or [ ] NO , I do not give my consent for the use of any photographs taken of my child for such publicity as the City of Pasadena Human and Services Recreation Department chooses and release all claims whatsoever which may arise in said regard.

RELEASE: "I, _____parent and natural guardian of _____, know that the activity includes strenuous exercise and participation in hazardous recreational sports/activities that could lead to serious injury or death. I agree to assume the risks of the activities and hold harmless City of Pasadena." I permit my child to attend all planned activities arranged by the Pasadena Human Services & Recreation Department and do release Pasadena Human Services & Recreation Department, it's officers, agents, and employees from any and all liability arising out of my child's participation in such activities. I further certify that my child is physically able to participate in such activities and in case of accident or illness I give the Pasadena Human Services & Recreation Department, and/or its representatives permission to obtain proper aid (hospitalization, secure treatment, injection, x-ray, etc.) deemed necessary by a physician and agree to pay all expenses incurred. I understand that every attempt will be made to contact the participant's parents and/or personal physician in any emergency that may arise.

_____ _____

Parent/Guardian's Signature **Date**