LOS ALAMITOS
RECREATION & COMMUNITY SERVICES

*City of Los Alamitos Recreation & Community Services Department*
*10911 Oak St., Los Alamitos, CA 90720* *562-430-1073* *FAX 562-594-9657*

# Los Alamitos C.I.T. Program

*Please complete **ONE** form **PER CHILD**.*

| CHILD'S NAME | AGE | SEX |
|---|---|---|
| | | |

| Address | City | Zip |
|---|---|---|
| | | |

## PARENTS / GUARDIANS:

| NAME | RELATIONSHIP |
|---|---|
| | |

**PLEASE CHECK BOX IN BEST CONTACT NUMBER**

| HOME PHONE ☐ | WORK PHONE ☐ | CELL PHONE ☐ |
|---|---|---|
| | | |

| E-MAIL ADDRESS |
|---|
| |

*(THIS MIGHT BE USED TO RELAY IMPORTANT CAMP INFORMATION)*

| NAME | RELATIONSHIP |
|---|---|
| | |

**PLEASE CHECK BOX IN BEST CONTACT NUMBER**

| HOME PHONE ☐ | WORK PHONE ☐ | CELL PHONE ☐ |
|---|---|---|
| | | |

| E-MAIL ADDRESS |
|---|
| |

*(THIS MIGHT BE USED TO RELAY IMPORTANT CAMP INFORMATION)*

## PLEASE LIST NAME(S) OF THOSE AUTHORIZED TO PICK UP YOUR CHILD(REN) FROM CAMP:

| NAME | RELATIONSHIP | PHONE |
|---|---|---|
| NAME | RELATIONSHIP | PHONE |
| NAME | RELATIONSHIP | PHONE |

## IN CASE OF EMERGENCY, PLEASE NOTIFY: *(PARENTS/GUARDIANS WILL BE CALLED FIRST!)*

| NAME #1 | | PHONE |
|---|---|---|
| ADDRESS | CITY | ZIP |
| RELATIONSHIP | | |

| NAME #2 | | PHONE |
|---|---|---|
| ADDRESS | CITY | ZIP |
| RELATIONSHIP | | |

OVER →

**CHILD'S NAME:** _____

1. *Does your child have any allergies?* **YES** ☐ **NO** ☐
   *If yes, please list:* *(bee stings, peanuts, medication, etc.)*

2. *Is your child currently on medication?* **YES** ☐ **NO** ☐
   *If yes, please specify:*

3. *Does your child have any physical injury or limitation that may constrain his/her participation in the Day Camp program? If yes, please specify:* **YES** ☐ **NO** ☐

4. *Does your child wear any appliances?* *(glasses, hearing aid, etc.)* **YES** ☐ **NO** ☐
   *If yes, please specify:*

5. *Additional Information Day Camp Coordinators/Leaders should be aware of:*

6. *My child will bring sunscreen to Summer Camp daily:* **YES** ☐ **NO** ☐

   **IF YES,** *He/She will apply it* ***INDEPENDENTLY*** *:* **YES** ☐ **NO** ☐

   *He/She will* ***NEED ASSISTANCE*** *:* **YES** ☐ **NO** ☐

# LIABILITY RELEASE

Release, Waiver and Assumption of Risk: I fully understand that my/my child's participation in the events/programs/classes listed below, exposes me/my child to the risk of personal injury, death or property damage. I hereby acknowledge that I/my child am/is voluntarily participating in this event/program/class and agree to assume any such risks. I hereby release, discharge and agree not to sue the City of Los Alamitos and their respective officers, agents, employees, representatives, board members, volunteers and sponsors for any injury, death or damage to or loss of personal property arising out of, or in connection with my/my child's participation in the event/program/class from whatever cause, including the active or passive negligence of City of Los Alamitos and their respective officers, agents, employees, representatives, board members, volunteers and sponsors, or any other participants in the event/program/class. The parties to this agreement understand that this document is not intended to release any party from any act or omission of "gross negligence," as that term is used in applicable case law and/or statutory provision. In consideration for being permitted to participate in the event/program/class, I hereby agree, for myself, my heirs, administrators, executors, assigns, and agents that I shall indemnify and hold harmless City of Los Alamitos and their respective officers, agents, employees, representatives, board members, volunteers and sponsors, from any and all claims, demands, actions or suits arising out of or in connection with my participation in the event/program/class. I also grant my irrevocable right and permission with respect to photographs, videos, motion pictures, and/or sound recordings being taken of myself/my child. I further certify that said person/minor is in good health and has no physical or other impediment which would endanger him/her from participating in such an activity. I hereby consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to myself/my child by a physician or hospital selected by staff for any injury or incident arising out of or connect with this event/program/class.

I HAVE CAREFULLY READ THIS WAIVER, RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENT

| **Parent Signature** | **Date** |
|---|---|
| | |

**How did you hear about Los Al Summer Day Camp?**

| | | | |
|---|---|---|---|
| ☐ **Newspaper** | ☐ **Mailer** | ☐ **Word-of-Mouth:** *From whom?* | ☐ **School:** *Which One?* |
| ☐ **E-Mail** | ☐ **Flyer** | ☐ **Advertisement:** *Where & What?* | ☐ **Other:** *Be specific* |