

# LOS ALAMITOS DAY CAMP SUMMER 2010

Please complete **ONE** form **PER CHILD**. Additional forms available at front counter.

<b>CHILD'S NAME</b>		(CIRCLE)	
		<b>MALE</b>	<b>FEMALE</b>
PHONE		ADDRESS	
CITY		STATE	ZIP
AGE	SESSION: (CIRCLE)	<b>1</b>	<b>2</b>
		<b>3</b>	<b>4</b>
		<b>5</b>	<b>6</b>
		<b>7</b>	<b>8</b>
		<b>9</b>	<b>10</b>

## ***PARENT(S) or GUARDIAN(S):***

NAME		RELATIONSHIP	
HOME PHONE	WORK PHONE	CELL PHONE	
E-MAIL ADDRESS			

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

NAME		RELATIONSHIP	
HOME PHONE	WORK PHONE	CELL PHONE	
E-MAIL ADDRESS			

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

## ***PLEASE LIST NAMES OF THOSE WHO ARE AUTHORIZED TO PICK UP YOUR CHILDREN FROM DAY CAMP:***

NAME	RELATIONSHIP	PHONE
NAME	RELATIONSHIP	PHONE
NAME	RELATIONSHIP	PHONE

## ***IN CASE OF EMERGENCY, PLEASE NOTIFY:***

NAME #1	PHONE
ADDRESS	CITY
RELATIONSHIP	

NAME #2	PHONE
ADDRESS	CITY
RELATIONSHIP	

***OVER*** →

# ***MEDICAL INFORMATION CONCERNING YOUR CHILD***

***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***

I agree to indemnify and hold harmless the City of Los Alamitos, its officers, agents, and employees from any liability, claim or action arising out of participation in the 2010 Summer Day Camp Program, which includes all off-site excursions. I further certify that said child is in good health and has no physical or other impediment which would endanger him/her from participating in such activities. I also grant irrevocable right and permission with respect to photographs, videos, motion pictures and/or sound recordings taken of my child(ren) to be used strictly in advertising Los Alamitos Day Camp programs.

<b>Parent Signature</b>  	<b>Date</b>  
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