



CITY OF LEMON GROVE

Day Camp Registration Form

Child

First name:

Last name:

Birthday, Age & Grade

--	--	--

FOR SUMMER, CAMP ONLY: Camper's 1st day of the week MUST be on a Monday or Tuesday

Primary
Parent/
Guardian

<u>Full Name:</u>		<u>Relationship to child:</u>
<u>Address:</u>		<u>Child shirt size</u>
<u>Cell Phone:</u>	<u>Work Phone:</u>	<u>Email</u>

Secondary
Parent /
Guardian

<u>Full name</u>		<u>Relationship to child</u>
<u>Cell phone</u>	<u>Work phone</u>	<u>Email:</u>

Additional persons authorized for **PICK UP** or to be notified in case of an emergency in order of **PRIORITY**

<u>Name:</u>	<u>Relation to child</u>	<u>Pick up, Notify or both</u>	<u>Phone number</u>

To ensure our staff can provide the best possible care for your child, please kindly inform us of any relevant information from the following list. If none of the items apply, please indicate "N/A."

<u>Medication allergies:</u>	<u>Food allergies/restrictions</u>

This information will be kept confidential

<u>Medical diagnosis staff should be aware of</u>	<u>Explain medical diagnosis and list any warning signs/behaviors staff should be aware of</u>

FOR DEPARTMENT USE ONLY

[illegible]

LATE PICK UP LIST

[illegible]

By signing this waiver, I understand that my child will be under the general supervision of City staff during this program. I hereby authorize emergency treatment to be given to my child, if needed, by a licensed medical professional. I acknowledge and release The City of Lemon Grove, The Lemon Grove School District, and their respective officers, agents, employees, and volunteers from any liability pertaining to personal injury or property damage that may occur during my participation, my family's participation, or my organization's participation in Recreational activities. In the event of any claim or legal action, including claims of negligence against the city, I agree to indemnify and hold harmless The City of Lemon Grove, The Lemon Grove School District, and their officers, agents, employees, and volunteers, and I will bear all costs associated with such claims, including attorney's fees. I understand the inherent risks associated with this activity and assume responsibility for any risks involved on behalf of myself and any minor or dependent children who participate.

Parent/Guardian Signature & Date

I grant full permission for use of the participants name and voice/ video in any related media or other promotional materials for any purpose without compensation.

Parent/Guardian Signature & Date

Please write N/A if not applicable

I grant full permission for the use of the participants picture in any related media or other promotional materials for any purpose without compensation.

Parent/Guardian Signature & Date

Please write N/A if not applicable

I have received, thoroughly reviewed, comprehended, and consented to all of the Day Camp parent guidelines.

Parent/Guardian Signature & Date

SUMMER CAMP ONLY

I have received one official summer camp shirt for my child and I acknowledge that it is mandatory for my child to wear this shirt during all field trips. Failure to comply with this requirement will result in the exclusion of my child from attending. Additionally, I am aware that replacement shirts can be purchased for a cost of \$10 each, subject to availability.

Parent/Guardian Signature & Date

PLEASE TURN THIS COMPLETED FORM INTO DAY CAMP STAFF ON THE FIRST DAY OF CAMP