

FAIR OAKS RECREATION & PARK DISTRICT PARTICIPANT'S REGISTRATION WAIVERS, RELEASE, ASSUMPTION OF RISK

Note: Participant(s) or legal guardian must complete waiver form in its entirety, prior to the first class meeting. If waiver is not signed, participant will not be registered, and form will be returned.

PAYEE INFORMATION

LAST NAME _____ FIRST NAME: _____

PHONE/HOME: _____ WORK: _____

ADDRESS: _____ CITY: _____ ZIP: _____

E-MAIL ADDRESS: _____

EMERGENCY CONTACT NAME: _____ PHONE: _____

PLEASE CHECK ONE: FAIR OAKS RESIDENT: _____ NON-RESIDENT: _____

METHOD OF PAYMENT: Payment at class cannot be made in cash. To pay with cash, you must register in District Office

Check #: _____ Card #: _____ Expiration Date _____ CVC _____ Visa ___ MasterCard _____

Cardholder's Name (Print) _____ Cardholder's Signature _____

Class Code	Participant's Name	Date of Birth	Class Name	Fee	Session
				Full Day \$155 (\$150 res) Extended \$175 (\$170 res)	#1
					#2
				Full Day \$155 (\$150 res) Extended \$175 (\$170 res)	#3
					#4
				Full Day \$155 (\$150 res) Extended \$175 (\$170 res)	#5
					#6
					#7
				Full Day \$155 (\$150 res) Extended \$175 (\$170 res)	#8
					#9

Please remember to sign the waiver on the bottom of this form, Thank You! _____ Please check here if you would like a receipt sent.

Agreement, Waivers, & Release Fair Oaks Recreation & Park District

2016

In consideration for being permitted by the above District to participate in the above activity(ies), I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity(ies). This release is intended to discharge in advance the above District (its officers, employees, and agents) from any and all liability arising out of or connected in any way with my participation in said activity(ies), even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding by my heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as a result of my death or any injury or property damage that I may sustain while participating in the said activity(ies).

Parental Consent

(To be completed and signed by parent/guardian if applicant is under 18 years of age)

I hereby consent that my son/daughter, _____ participate in the above activity(ies), and I hereby execute the above Agreement, Waiver and Release on his/her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense, which they may incur as a result of the death or any injury or property damage that said minor may sustain while participating in said activity(ies).

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ABOVE DISTRICT AND I SIGN IT OF MY OWN FREE WILL.

Signature of Participant (if under 18, Parent or Guardian): _____ Date: _____

I understand that photographs taken of recreational programs may be used by the District for promoting programs, classes or events.
_____ initial



FAIR OAKS RECREATION AND PARK DISTRICT
4150 TEMESCAL STREET, FAIR OAKS, CA 95628
916 966-1036

CAMP FAIR OAKS 2016 Participant Information and Emergency Authorization

Time (circle): Regular (9a-4p) Extended (7:30a-5:30p)

Camper Name _____

Male/Female (circle one)

DOB _____ Age: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____

Email Address: _____

*Email will be used for Camp shutterfly account and email updates. If you do not wish to receive email updates or shutterfly updates please **DO NOT** give your email address.*

Current Photo Required
To e-mail please put child's
name in subject line and send to
campdirector@fairoakspark.org

Allergies, Medical Conditions, Accommodations: _____

PRIMARY PARENT/GUARDIAN NAME: (PAYING ADULT)

Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Relationship to Camper _____

Does child primarily reside with this parent? _____ If no, where does child primarily reside? _____

SECOND PARENT/GUARDIAN NAME:

Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Relationship to Camper _____

Does child primarily reside with this parent? _____ If no, where does child primarily reside? _____

ARE PARENTS LIVING TOGETHER? YES _____ NO _____

ARE THERE ANY CUSTODY OR VISITATION RESTRICTIONS? If so, describe _____

Account Password For over-the-phone authorizations: _____

In case you forget your password, provide a hint: _____

EMERGENCY CONTACTS: *(Individuals other than parent or legal guardian who can be contacted in an emergency)*

Emergency Contact _____ Relationship to Child _____

Telephone (work) _____ (Home) _____ (Cell) _____

Emergency Contact _____ Relationship to Child _____

Telephone (work) _____ (Home) _____ (Cell) _____

DISMISSAL AUTHORIZATIONS: Everyday at dismissal time the Parent/Guardian or Authorized Alternate picking up the child MUST SIGN THEM OUT. No child will be permitted to leave camp with persons other than those listed below. **(PLEASE INCLUDE YOURSELF)**

PARENT/GUARDIAN (1) _____

PARENT/GUARDIAN (2) _____

ALTERNATE (1) _____

ALTERNATE (2) _____

ALTERNATE (3) _____

ALTERNATE (4) _____

NAME OF PERSONS NOT ALLOWED TO PICK UP THE CHILD. (PLEASE ATTACH APPROPRIATE CUSTODY PAPERWORK IF A PARENT IS NOT ALLOWED TO PICK UP THE CHILD):

NAME (1) _____ Relationship to Camper _____

NAME (2) _____ Relationship to Camper _____

SWIMMING RELEASE

My child has permission to swim during the camp program Yes No

My child's swimming ability is:

BEGINNER (wading pool only) INTERMEDIATE (wave pool & small slides) ADVANCED (all slides)

Parent Signature _____ **Date** _____

SUNSCREEN

Any sunscreen brought and used at camp must be supplied by the child's parent or legal guardian and must be labeled with the child's name in effort to reduce exposure to allergens. By signing below you are agreeing to apply sunscreen to your child before bringing him/her to camp and give your child permission to apply additional sunscreen to him/her while at camp. A signature also states that you recognize that the District and its staff will not be responsible for ensuring that participants are not exposed to the sun.

My child will be provided with sunscreen _____ initial

Parent Signature _____ **Date** _____

MEDICAL INFORMATION AND HEALTH HISTORY

NOTE: The purpose of this section of the District's form is to authorize adult employees of the Fair Oaks Recreation and Park District to obtain medical, surgical, or dental aid for your child should the need arise. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

As the parent, agency representative, or legal guardian, I hereby give consent to provide all emergency dental or medical care prescribed by a duly licensed physician (M.D) or dentist (D.D.S) for (child) _____. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

Physician's Name _____ Telephone _____
Insurance Carrier _____ ID _____

Dentist's Name _____ Telephone _____
Insurance Carrier _____ ID _____

Date of Last Tetanus Shot _____

Allergies: Hay Fever ____ Poison Ivy ____ Insect Stings ____ Foods ____ Drugs ____
Identify/Other _____

NOTE: If District program hours include meal times (including but not limited to snacks and lunch), and your child has food allergies, the child's parent, agency representative, or legal guardian must provide meals for the child to bring to the program to prevent exposure to food allergens. The District and its staff will not be responsible for ensuring that participants are not exposed to food allergens. _____ (Initials of parent or guardian)

Chronic or Recurring Illness: _____

Does your child need to take medication during camp hours? YES NO

If yes, please list all medications that your child will be bringing _____

(A copy of a Doctor's note for medication must be submitted to allow the medication to be taken at camp. Only the dosage that is required per day is allowed to be brought to camp and must be kept in the child's lunch bag that will be locked in a room and accessible only by the Camp Director. It is up to the child to remember to take medication as Camp Staff is not allowed to administer medication)

Child's Health Statement

I, the undersigned, understand that a Fair Oaks Recreation & Park District camp program contains physical activity that is a regular part of the program. I understand that walking field trips, swimming and hiking are a regular part of the camp program. To the best of my knowledge, my child is in excellent physical health and needs no restrictions (except what is listed on the other side) from strenuous physical activity. If I have any questions regarding my child's health, I understand that it is my obligation to seek professional medical advice and to inform the Fair Oaks Recreation & Park District of any restriction on my child's activities. I further certify that my child's immunizations are current.

Parent or Legal Guardian Signature _____ Date: _____

Consent to Treatment

FAIR OAKS RECREATION AND PARK DISTRICT, AUTHORIZATION BY PARENT OR LEGAL GUARDIAN TO ADULT PERSON TO CONSENT TO MEDICAL, SURGICAL, HOSPITAL AND DENTAL CARE TO MINOR.

THE UNDERSIGNED, who is the parent having legal custody, or the legal guardian of _____ hereby authorizes any adult staff member of THE FAIR OAKS RECREATION AND PARK DISTRICT , into whose care the above named minor child has been entrusted, to consent to any e-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a physician or licensed under the provisions of the Medical Practice Act, or to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act. It is understood that the Fair Oaks recreation and Park District neither assumes nor admits to any liability for payment of any medical or related services, including ambulance fees, rendered pursuant to this authorization. This authorization is given in consideration of participation of the name minor child in a program or programs conducted by the Fair Oaks Recreation and Park District. .

Parent or Legal Guardian Signature _____ Date: _____

Section C: Acknowledgment of Parent Handbook/Refund Policy

I have received a copy of the Fair Oaks Recreation & Park District Parent Handbook and/or program information sheet and agree to abide by the policies and procedures set forth within. I understand the refund policy that has been established for this program.

Parent or Legal Guardian Signature _____ Date: _____

AGREEMENTS

I give approval for my child to be photographed by Fair Oaks Recreation & Park District (FORPD) staff to be used for the sole purpose of promoting or publicizing the FORPD programs. I understand that these become the property of FORPD. _____ Initial here