

AZUSA RECREATION & FAMILY SERVICES DEPARTMENT -- SUMMER DAY CAMP ENROLLMENT

_____ Child's Last Name		_____ Child's First Name		_____ Child's Birth Date
_____ Address		_____ City	_____ Zip	_____ Telephone
_____ School of Attendance				_____ Current Grade Completed
_____ Mother's Name		_____ Home Phone		_____ Mother's Cell Phone
_____ Mother's Employer				_____ Work Days & Hours
_____ Employer's Address		_____ City	_____ Zip	_____ Work Phone
_____ Father's Name		_____ Home Phone		_____ Father's Cell Phone
_____ Father's Employer				_____ Work Days & Hours
_____ Employer's Address		_____ City	_____ Zip	_____ Work Phone
E-mail address _____				
List any siblings also enrolled in this program _____				
Date of last tetanus booster _____				
Child's Physician _____ Address _____ Phone _____				
List medical history, allergies, specific needs/conditions we should be aware of _____				
_____				

In case of emergency, we will make every effort to contact the child's parents. We ask that three nearby adults be listed in the event that we are unable to reach the parents.

Name _____	Name _____	Name _____
Address _____	Address _____	Address _____
City _____	City _____	City _____
Phone _____	Phone _____	Phone _____

My child will arrive at the center at \_\_\_\_\_ in the morning and will be picked up at \_\_\_\_\_ in the evening.

In case of emergency, we give the staff of the center permission to consult Dr. \_\_\_\_\_, phone \_\_\_\_\_, and/or Huntington East Valley Hospital [ ], Foothill Presbyterian Hospital [ ], and, if necessary, to arrange for transporting the child to the doctor's office or an emergency center.

_____ Father's Signature	_____ Date	_____ Mother's Signature	_____ Date
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**CITY OF AZUSA  
RECREATION & FAMILY SERVICES DEPARTMENT**

**DAY CAMP TRIP PERMISSION FORM**

As the Parent or Guardian of \_\_\_\_\_, I hereby give my permission for him/her to attend the field trip during SUMMER VACATION DAY CAMP, JUNE 6 – AUGUST 12, 2016.

With, and in consideration of the Recreation and Family Services Department or the City of Azusa sponsoring the above described activity, and when furnishing the transportation, I agree to release and forever discharge the City of Azusa; the Recreation and Family Services Department; its officers and employees from any and all liabilities, demands or claims for loss or damage resulting from any injury or damage which may be sustained by his or her participation in the above indicated activity or transportation in connection with it.

Date: \_\_\_\_\_  
Parent/Guardian  
Signature: \_\_\_\_\_

Home Phone: (    )  
Emergency Phone: (    )

YES

NO



**PHOTO RELEASE**

I give the **City of Azusa, Recreation and Family Services Department**, the absolute right and permission to use my child's photograph(s) or my own in its promotional materials and publicity efforts. I understand that the photograph(s) may be used in a publication print ad, direct-mail piece, electronic media (e.g. video, CD-ROM, Internet, World Wide Web), or other form of promotion. I release the City of Azusa, the photographer, their offices, employees, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use.

***\*If NO is checked, it will be the parent or adult's responsibility to notify staff at the event to not take candid pictures of themselves or of their children. If not, notified pictures may be used.***

**AZUSA RECREATION & FAMILY SERVICES DEPARTMENT**  
**DAY CAMP PROGRAM EXPLANATION**  
**AND RULES & REGULATIONS**

**PURPOSE**

To provide a well diversified structured schedule of activities to your children. To allow them to grow and further develop their social skills in a daily day camp atmosphere.

**SITE**

Memorial Park Recreation Center

320 N. Orange Place, Azusa CA 91702

Joe Jacobs, Director (626) 812-5220

Administrative Office (626) 812-5280

Adrian Martinez, Day Camp Coordinator (626) 812-5195

**HOURS**

The Summer Day Camp is open Monday-Friday from 7:00 a.m.-6:00 p.m. **Drop off hours in the morning are between 7:00 a.m. - 9:00 a.m., (\*unless noted otherwise) while afternoon pick up hours are between 4:00 p.m. - 6:00 p.m. at the Memorial Park Recreation Center.**

**ACTIVITIES**

The activity schedule is a structured one. Within that structure, time is allowed for children to make activity choices. Each weekly schedule will be available to you at the end of the previous session so that you can prepare, as you need to for the upcoming week/session.

**AGES**

The Summer Day Camp is open to boys and girls ages 5-14, grades K-8.

**REGISTRATION-One Time Registration Fee of \$20.00**

Registration is taken Monday-Thursday, 7:00 a.m. - 5:30 p.m. in the Administrative Office at Memorial Park, and beginning June 10<sup>th</sup> from **7:00 a.m. to 9:00 a.m. on Fridays**. Please register your child in the Administrative Office **prior to dropping them off at Day Camp**. A unique facet of our program allows you to register for Day Camp on a daily basis (space permitting). However, if you register on a daily basis, you are responsible for checking the weekly printed schedule or calling ahead 812-5280 for special activities or announcements that would be pertinent to you. **Please do not sign your child into Day Camp until you have gone into the Administrative office and registered him/her for the day or week.**

**TRIPS**

There will be several trips planned throughout the summer that will require additional fees. This money will be accepted in the Administrative Office along with the daily fees. Each of the trips will be listed on your weekly Day Camp schedule, as well as the cost of each trip. If you or your child are not interested in the specific trip that is planned, **DO NOT** register your child for Day Camp that particular day. If your child is registered for Day Camp that day, **he/she will be expected to attend all trips scheduled during the day**. Spending money will be limited to concession items only, and should be given to Day Camp staff in a separate envelope on the day of the trip. The maximum allowable amount will be determined on a trip by trip basis. Children should bring a backpack daily, especially on pool days, library day, and other walking trips.

## **AZUSA DAY CAMP PROGRAM EXPLANATION AND RULES & REGULATIONS -PAGE TWO**

### **ATTENDANCE**

Children **must be signed in and out each day every day** of the program. I realize that at time this task may seem monotonous and time consuming, but your child's best interests and safety are at stake. Only those permitted to pick up your child will be allowed to do so. (Be prepared to show I.D. upon request). Please periodically review with your child as to who those people are. Only authorized adults (**18 and over**) listed on our Summer Day Camp Application are permitted to pick up the children.

### **CHILD CREDIT FOR ILLNESS/OTHER**

Due to the large number of children involved in the program, we are **NOT** in a position to issue credit to you due to a change in your schedule or your child's illness. Regulating this credit is very difficult and creates a tremendous imposition on both clerical and day camp staff. **No credits or refunds will be issued.**

### **MEDICATION**

A Medication form **must be completed** by the physician and the parent before medication can be administered by the Day Camp staff. You may request form in the Administrative Office. Medication must be in original prescription bottle. No plastic bags.

### **LUNCH**

Lunch will be provided by the Azusa Unified School District this year (June 6<sup>th</sup>-July 29<sup>th</sup>). Please provide **a hearty snack each day**. Microwave ovens will not be available. Please pack your children a snack that will help in replenishing many of the nutrients and energy they expend during their busy day. NO ice chests are allowed except on Beach trips.

### **INTER-CITY EXCURSIONS**

In an effort to keep your costs down to a minimum, the day camp staff and participants will frequently walk to local excursion sites such as the City Library, Pool, Fire Department, etc... To compensate for extreme and unanticipated heat, we have featured the following:

- a) Additional rest stops along the route(s)
- b) Water spray bottles to continually keep children cool
- c) Flexibility to re-evaluate and alter scheduled activity due to excessive heat and smog
- d) All children are encouraged to bring water bottles as well

### **SWIMMING**

We will attend Slauson Pool for Recreation Swim twice a week throughout the summer. As per the activity schedule, your child is expected to bring a swimsuit and towel to day camp each day an Aquatic activity is planned. Swimming days are scheduled for Monday and Wednesday afternoons **beginning Monday June 6, 2016**, This is not to be misinterpreted as swimming lessons. This is recreation swim. All children in attendance are to participate. Non-swimmers are encouraged to engage in water play in our zero depth pool or in our splash pad. If interested in swimming lessons, please contact Recreation Administrative staff at (626) 812-5280.

### **LOCKERS**

Each child will receive a locker in day camp. This locker will be his/her responsibility to decorate, keep clean and to store his/her personal belongings and arts and crafts.

# **AZUSA DAY CAMP PROGRAM EXPLANATION AND RULES & REGULATIONS - PAGE THREE**

## **BEACH TRIPS**

As part of the diversification of activities, we will be going to go to the beach throughout the 10-week program. Please apply adequate sunscreen to your children in the morning prior to dropping him/her off at day camp. If additional attention is necessary, please alert Day Camp Site Director or Assistant Site Director for assistance.

## **PENALTIES**

A \$25.00 charge will be assessed on all returned checks. There will be a penalty if children are picked up late. A charge of \$5.00 (per child) for each 10 minutes past the 6:00 p.m. closing time will be assessed. (For example, if a child is picked up between 6:00 p.m. and 6:10 p.m., the penalty is \$5.00; between 6:10 p.m. and 6:20 p.m., the penalty is \$10.00). The late fee charge is payable to Day Camp staff at the time of late pick-up. Your child will not be readmitted to Day Camp until all fees have been paid in full.

## **DISCIPLINE RULES/CONSEQUENCES:**

See Contract for Parents/Child to sign and date (page 7).

In order for Day Camp to be a fun, safe, and happy place for all children who attend, we must have Rules and Consequences. Please review the Rules and Consequences listed below with your child/children. Please sign and date the bottom portion and return to Day Camp A.S.A.P. These Rules and Consequences will be reviewed and discussed periodically at Day Camp with the Day Campers to ensure that they are well understood and reinforced.

## **RULES**

1. Respect all staff and each other.
2. Follow directions the first time they are given.
3. Keep hands, feet and other objects to yourself.
4. Use appropriate language.
5. Take good care of games, toys, books, and outdoor equipment. Please put away what you take out.
6. Walk! Use "inside" voices in room.

## **SEE ATTACHED 3 STRIKES POLICY**

## **CONSEQUENCES\*\***

1. Warning
2. Time-Out to cool-off
3. Re-direct to another activity
4. Write to remember
5. Parent/Staff conference
6. Suspension
7. Expulsion

\*\*Consequences depend on the infraction and may not necessarily occur in this order.

## **POSITIVE REINFORCEMENT**

1. Praise
2. Special Privileges and Responsibilities awarded
3. Raffle Tickets for Prizes



Summer 2016

Dear Parents,

In an effort to provide a safe, enjoyable atmosphere and great experience for all participants and staff involved in the Azusa Day Camp Program, we will enforce a 3 *STRIKES POLICY*.

**3 STRIKES POLICY**

The Day Camper will:

1. Follow Day Camp Rules.
2. Obey authority
3. Be willing to participate in all activities

The Day Camper will **NOT**:

1. Use profanity.
2. Disrupt the activities or programs.

**\*\*Please note: One (1) incident that includes at least 3 of the above mentioned actions or failure to adhere to any of the top 3 expectations, would be equivalent to 3 strikes and would result in expulsion.\*\***

The following behaviors listed below are considered **SEVERE**. The consequences of these actions will result in the child's suspension or even expulsion from the program. Depending on the severity of the act, the consequences may be **IMMEDIATE** with no prior notice given. In the event that a child receives 3 Strikes in the duration of the Azusa Day Camp Program, they will be expelled from the Azusa Day Camp Program, and will not be allowed to return. Their status will be reviewed prior to admittance into the program next summer.

1. **Harming other children or staff with malice or threatening to do so.**
2. **Carrying a weapon.**
3. **Habitual profanity or obscenity.**
4. **Habitual defiance of authority.**
5. **Damaging, stealing, or attempting to steal school or private property.**
6. **Severe disruption of Day Camp activities.**

Parents will be informed of all strikes incurred.

Thank you for your cooperation in this matter.

Sincerely,

Adrian Martinez  
Azusa Day Camp Coordinator

**I HAVE READ THE AZUSA DAY CAMP RULES & REGULATIONS, 3 STRIKES POLICY AND CONSEQUENCES AND I UNDERSTAND THEM, AND I HAVE REVIEWED THEM WITH MY CHILD(REN).**

\_\_\_\_\_  
Child's Name (print)

\_\_\_\_\_  
Child's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Name (print)

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date



**CITY OF AZUSA RECREATION & FAMILY SERVICES DEPARTMENT  
MINOR HOLD HARMLESS AND INDEMNIFICATION AGREEMENT  
AND CONSENT FOR TREATMENT**

PLEASE PRINT

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone:(\_\_\_\_) \_\_\_\_\_ Business Phone:(\_\_\_\_) \_\_\_\_\_ Pager/Cell:(\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Activity: \_\_\_\_\_

**HOLD HARMLESS AND INDEMNIFICATION AGREEMENT**

4) The above named Legal Parent/Guardian of said Minor, hereby gives permission for the Minor to participate in the above-mentioned activity. (This activity may consist of various indoor/outdoor playtime, sports, running, jumping, climbing, swimming, trip/slip & fall, field trips, etc.)

I understand that the City of Azusa has rules which govern and may restrict the activities in which the Minor can participate, it is agreed that both the Parent and the Minor will comply with all rules, regulations, and procedures of the City of Azusa Recreation & Family Services Department and cooperate with any Azusa Agent, Officer or Employee acting within the scope of their duties.

I, the Parent of the participating Minor, further understand that serious accidents occasionally occur during said activity, and participants in such activity occasionally sustain serious personal injuries, damage, or even death and/or property damage. As a consequence thereof, knowing the risks of said activity, nevertheless, on behalf of said minor child, I hereby, agree to release from liability, claims, demands, or causes of action of any nature, whether known or unknown, for any harm, loss, damage, injuries or death, due to negligence or any other cause, resulting from, arising out of, or in any way related to the City of Azusa, it's facilities, equipment, or any other connection to the City of Azusa. I agree to indemnify, hold harmless, and discharge forever the City of Azusa, it's affiliates and successors, partners, employees, and agents, for any injury, damage, or loss, to the Minor's person or property.

This Release shall be binding upon the Parent(s), Guardian(s), the Minor, or, any successors in interest and/or any person(s) suing on the Minor's behalf.

Date: \_\_\_\_\_ Signature of Parent or Guardian: \_\_\_\_\_

**CONSENT FOR TREATMENT OF MINOR**

In the event of sudden illness, accident or injury which may occur while said minor is engaged in an activity supervised by the City of Azusa, Azusa Recreation and & Family Services Department and their representatives, agents or assignees, when neither the parents, guardian or designated family physician can be contacted. I hereby give my consent for emergency treatment as shall be necessary under the circumstances by any physician licensed under the Laws of the State of California.

Also, I agree to hold harmless the physician or hospital treating the above mentioned minor. I also give the hospital permission to release information to my insurance company(s) and give them permission to collect payment from said insurance company(s).

Date: \_\_\_\_\_ Signature of Parent or Guardian: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Telephone #:(\_\_\_\_) \_\_\_\_\_

Hospital: \_\_\_\_\_ Telephone #:(\_\_\_\_) \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Group or Policy #: \_\_\_\_\_

Pertinent Medical History Information (Epilepsy, Diabetes, Allergies, Medication Reactions, Etc.): \_\_\_\_\_

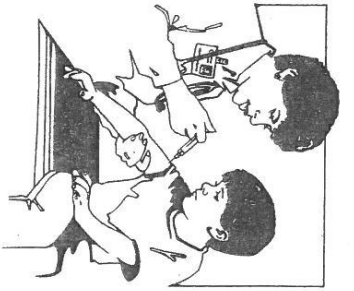
Medications currently taking: \_\_\_\_\_ Last Tetanus Shot (Date): \_\_\_\_\_

**Emergency Numbers (other than Parents):**

1. Name: \_\_\_\_\_ Telephone #:(\_\_\_\_) \_\_\_\_\_ Pager/Cell #:(\_\_\_\_) \_\_\_\_\_

2. Name: \_\_\_\_\_ Telephone #:(\_\_\_\_) \_\_\_\_\_ Pager/Cell #:(\_\_\_\_) \_\_\_\_\_





Under state law a person under 18 generally cannot receive medical attention without a parent's (or legal guardian's) written consent. Completion of a consent form for each child will provide peace of mind as you will know that needed care will not be withheld. **Foothill Presbyterian Hospital** will, of course, make every effort to contact parents or guardians at the phone numbers provided on the consent form.

The identification card is also provided so that your child (or child under your guardianship) will have the additional protection of letting other people know where they can be treated in case of injury or illness. The identification card also provides the bearer's general medical history. A babysitter can have access to the card for young children.

We hope your loved one will not require emergency treatment, but completion of the consent form will ensure that your child's health care needs will be met. **Foothill Presbyterian Hospital's** Emergency Department is open 24 hours a day, 365 days per year. Our staff is ready to serve in time of need. Remember to call 911 in the case of an emergency.

One consent form and one identification card are required for each child. **Foothill Presbyterian Hospital** will provide as many as you need. Call (818) 857-3103.

## IDENTIFICATION CARD

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Phone No. \_\_\_\_\_  
 Parents' Names \_\_\_\_\_ / \_\_\_\_\_  
 Child's Phone No. \_\_\_\_\_ / \_\_\_\_\_

1. Consent form should be completed and sent to Foothill Presbyterian Hospital.  
 2. Identification card should be completed and carried by your child.

## CONSENT TO TREAT MINOR

Please detach and return to Foothill Presbyterian Hospital

Minor's name \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Blood Type \_\_\_\_\_ Last tetanus injection \_\_\_\_\_  
 Allergies to drugs or foods \_\_\_\_\_  
 Physical conditions, special medications or other information \_\_\_\_\_  
 Parents' names \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Telephone(s) \_\_\_\_\_ (mother/home) \_\_\_\_\_ (business)  
 Name of person to contact if you are unavailable \_\_\_\_\_ (father/home) \_\_\_\_\_ (business)  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Child's physician \_\_\_\_\_ Phone \_\_\_\_\_  
 Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_

I (we) the undersigned parents (or guardians) of a minor, do hereby authorize and consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable and is to be licensed under the general or special supervision of any medical or emergency room staff licensed under the provision of the Medical Practice Act and on the staff of **Foothill Presbyterian Hospital**.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide consent to such care when the foregoing licensed **Foothill Presbyterian Hospital** physician in his/her best judgment deems it advisable. It is understood that the hospital shall attempt to contact the undersigned and the physician identified on this form if one is noted prior to rendering treatment to the minor. However, treatment will not be withheld if the undersigned cannot be reached.

I (we) hereby authorize the hospital to surrender physical custody of my (our) minor to the individual who presented the minor for treatment upon completion of the treatment if I (we) are not present on said minor's release.

Date \_\_\_\_\_  
 Consent shall remain in effect until age 18 or \_\_\_\_\_

Signatures: Mother \_\_\_\_\_  
 Father \_\_\_\_\_

**Witness\***  
 An adult (other than your spouse) must witness this form to make it valid.

Minor's Name Last \_\_\_\_\_ First \_\_\_\_\_ Nickname \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

Please return with enrollment packet, do not return to hospital.