

Camp Coyote

@ the Van Nuys-Sherman Oaks Recreation Center

2014 REGISTRATION FORM

CAMPER'S FIRST NAME: _____ CAMPER'S LAST NAME: _____

BIRTHDATE: ___/___/___ AGE: _____ GENDER: _____ EMAIL: _____

HOME ADDRESS: _____ CITY: _____ ZIP: _____

MOTHER'S NAME: _____ FATHER'S NAME: _____

(_____) _____ - _____ - WORK PHONE - (_____) _____ - _____

(_____) _____ - _____ - CELL PHONE - (_____) _____ - _____

DC= DAY CAMP [5-12YRS] SC= SPORTS CAMP [7-12YRS] GDC= GYMNASTICS / DANCE / CHEER [7-12YRS]
CH= CAMP HOLLYWOOD [9-12YRS] AC= ART CAMP [8-12YRS] SWC= SWIM CAMP [9-12YRS]

CHECK: WEEK 1 (6/09 – 6/13) WEEK 2 (6/16 – 6/20) WEEK 3 (6/23 – 6/27) WEEK 4 (6/30 – 7/03) (No CAMP 7/04) WEEK 5 (7/07 – 7/11)

CHECK: WEEK 6 (7/14 – 7/18) WEEK 7 (7/21 – 7/25) WEEK 8 (7/28 – 8/01) WEEK 9 (8/04 – 8/08) WEEK 10 (8/11 – 8/15)

OFFICE USE ONLY: REGISTRATION FEE PAID (\$20) T-SHIRT GIVEN EXTRA T-SHIRT @ \$10 = _____

WEEK	FULL PAYMENT	REDUCED FEE "NO TRIP" "NO CAMP"	CAMP CHOICES PLEASE CIRCLE ONE CHOICE	CHECK # CASH CREDIT CARD	DATE PAID	RW # 458	STAFF INITIAL
1	<input type="checkbox"/> \$180	<input type="checkbox"/> \$160	DC ~ SC ~ GDC ~ CH ~ AC ~ SWC				
2	<input type="checkbox"/> \$180	<input type="checkbox"/> \$160	DC ~ SC ~ GDC ~ CH ~ AC ~ SWC				
3	<input type="checkbox"/> \$180	<input type="checkbox"/> \$160	DC ~ SC ~ GDC ~ CH ~ AC ~ SWC				
4	<input type="checkbox"/> \$160	<input type="checkbox"/> \$140	DC ~ SC ~ GDC ~ CH ~ AC ~ SWC				
5	<input type="checkbox"/> \$180	<input type="checkbox"/> \$160	DC ~ SC ~ GDC ~ CH ~ AC ~ SWC				
6	<input type="checkbox"/> \$180	<input type="checkbox"/> \$160	DC ~ SC ~ GDC ~ CH ~ AC ~ SWC				
7	<input type="checkbox"/> \$180	<input type="checkbox"/> \$160	DC ~ SC ~ GDC ~ CH ~ AC ~ SWC				
8	<input type="checkbox"/> \$180	<input type="checkbox"/> \$160	DC ~ SC ~ GDC ~ CH ~ AC ~ SWC				
9	<input type="checkbox"/> \$180	<input type="checkbox"/> \$160	DC ~ SC ~ GDC ~ CH ~ AC ~ SWC				
10	<input type="checkbox"/> \$180	<input type="checkbox"/> \$160	DAY CAMP ONLY				

REFUND POLICY

FULL REFUNDS ARE ONLY ISSUED IF THE RECREATION CENTER CANCELS THE ACTIVITY.

A 15% CANCELLATION FEE IS ASSESSED FOR ALL REFUNDS. CHANGES OR TRANSFERS MAY BE ASSESSED ADDITIONAL FEES.

PRINT PARENT/GUARDIAN NAME _____ SIGNATURE _____ DATE _____

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CAMPER'S NAME: _____

EMERGENCY CONTACTS AND PICK-UP AUTHORIZATION

NAME	RELATION	CONTACT NUMBER	Can they pick up your child?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Does your camper have any allergies, dietary restrictions, or medications, special needs (one to one) or **“anything”** that we should know about?

Yes No Explain: _____

AUTHORIZATION TO PARTICIPATE: MY CHILD, A MINOR, HAS MY PERMISSION TO PARTICIPATE IN THE **CAMP COYOTE DAY CAMP, SPORTS CAMP, HOLLYWOOD PRODUCTION CAMP, GYMNASTICS/DANCE CAMP, OR LITTLE CRITTER'S CAMP** PROGRAMS AND ALL ACTIVITIES THEREIN, INCLUDING CHARTERED VEHICLES FOR TRIPS. BY MY CHILD'S PARTICIPATION IN THE CAMP PROGRAM I UNDERSTAND THAT CERTAIN ACTIVITIES BY NATURE HAVE AN INCREASED RISK OF INJURY, INCLUDING DEATH, DESPITE EXTENSIVE MEASURES TAKEN BY THE CAMP STAFF TO PROVIDE A SAFE ENVIRONMENT AND ENSURE THE SAFETY OF MY CHILD. I UNDERSTAND THE NATURE OF THE CAMP'S GAMES AND SPORTS ACTIVITIES AND AM AWARE OF THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE MY CHILD TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL AND EMOTIONAL CONDITION TO PARTICIPATE IN SUCH ACTIVITIES. I AGREE TO RELIEVE THE CITY OF LOS ANGELES DEPARTMENT OF RECREATION AND PARKS, ITS OFFICERS, AGENTS AND EMPLOYEES FROM ANY INJURY TO MY CHILD IN CONNECTION WITH THIS PROGRAM. I FURTHER UNDERSTAND THAT THE CITY OF LOS ANGELES DEPARTMENT OF RECREATION AND PARKS AND THE **VAN NUYS-SHERMAN OAKS RECREATION CENTER** CARRIES NO INSURANCE. I FURTHER AGREE THAT THE CITY OF LOS ANGELES DEPARTMENT OF RECREATION AND PARKS AND THE **VAN NUYS-SHERMAN OAKS RECREATION CENTER** HAS MY PERMISSION TO USE PHOTOGRAPHS, VIDEO AND/OR AUDITORY STATEMENTS TAKEN DURING CAMP ACTIVITIES FOR PUBLICITY PURPOSES.

CONSENT TO TREATMENT OF A MINOR: I, AS THE PARENT AND/OR LEGAL GUARDIAN OF THE MINOR PARTICIPATING IN THIS PROGRAM, DO HEREBY AUTHORIZE THE CITY OF LOS ANGELES DEPARTMENT OF RECREATION AND PARKS TO ACT AS AGENTS FOR THE UNDERSIGNED TO CONSENT FOR ANY X-RAY EXAMINATIONS, ANESTHETIC, MEDICAL OR SURGICAL DIAGNOSIS OR TREATMENT AND HOSPITAL CARE WHICH IS DEEMED ADVISABLE BY, AND IS TO BE RENDERED UNDER THE GENERAL OR SPECIALIZED SUPERVISION OF ANY PHYSICIAN LICENSED UNDER THE PROVISIONS OF THE MEDICINE PRACTICE ACT ON THE STAFF OF A LICENSED HOSPITAL, WHETHER SUCH DIAGNOSIS OR TREATMENT IS RENDERED AT THE OFFICE OF SAID PHYSICIAN OR A SAID HOSPITAL. IT IS UNDERSTOOD THAT THIS AUTHORIZATION IS GIVEN IN ADVANCE OF ANY SUCH DIAGNOSIS, TREATMENT OR HOSPITAL CARE WHICH THE AFOREMENTIONED PHYSICIAN IN THE EXERCISE OF THEIR BEST JUDGMENT MAY DEEM ADVISABLE. THIS AUTHORIZATION SHALL REMAIN EFFECTIVE THROUGH THE CONCLUSION OF THE EVENT OR PROGRAM THAT THE MINOR IS PARTICIPATING IN, UNLESS REVOKED SOONER IN WRITING AND DELIVERED TO SAID AGENT.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND ALL OF THE CAMP RULES, REGULATIONS AND POLICIES AS LISTED IN THIS CAMP BROCHURE, INCLUDING THOSE INCLUDED ON THIS PAGE. BY MY CHILD'S PARTICIPATION IN THE **CAMP COYOTE PROGRAM (VAN NUYS-SHERMAN OAKS RECREATION CENTER)** I AGREE TO FOLLOW AND ABIDE BY THESE RULES.

(PRINT) NAME OF PARENT/GUARDIAN

SIGNATURE OF PARENT/GUARDIAN

DATE