

2019 Summer Camp Application



PLEASE WRITE LEGIBLY AND PRINT TWO-SIDED. This is the only document we have to get a hold of you in an emergency!

CHILD INFORMATION

Child's Name		Age:	Date of birth: mm/dd/yyyy
Address		City	Zip
			CURRENT YEAR 2018-19 Grade:
Primary email			

PARENT/ GUARDIAN

Name:	Cell Phone	Work Phone	Home Phone
Name:	Cell Phone	Work Phone	Home Phone

PERSONS AUTHORIZED TO PICK UP CHILD (2 Required)

Please provide the names and contact information for all persons you are authorizing to pick-up your child from camp. All persons authorized to pick up your child must be 18 years or older and must be prepared to show a valid picture ID. If we cannot contact a parent we will use this list to contact in case of emergency, illness, behavior or late pick-up. With this in mind, please list in order of contact for emergency. Remember if a child is being sent home for any reason, they must be picked up within 1 hour and we will use this list if a parent cannot be contacted.

Name:	Cell Phone	Work Phone	Home Phone
Name:	Cell Phone	Work Phone	Home Phone
Name:	Cell Phone	Work Phone	Home Phone

MEDICAL INFORMATION

Preferred hospital	Doctor/Phone	Medical card/Policy #
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CAMP SESSIONS- DO NOT MARK, staff will mark at the time of registration

Session	Dates	Terrabay Specialty Camp	Terrabay Specialty Camp	Traditional Orange Park	Traditional Ponderosa	TEEN Ponderosa
1	June 3-7	<input type="checkbox"/> Sports Variety	<input type="checkbox"/> Lego-STEM	<input type="checkbox"/> Academy	<input type="checkbox"/> Academy	<input type="checkbox"/> Academy
2	June 10-14	<input type="checkbox"/> Animals	<input type="checkbox"/> Basketball	<input type="checkbox"/> Oakland Zoo	<input type="checkbox"/> Oakland Zoo	<input type="checkbox"/> Oakland Zoo
3	June 17-21	<input type="checkbox"/> Art	<input type="checkbox"/> Science	<input type="checkbox"/> Blackberry	<input type="checkbox"/> Blackberry	<input type="checkbox"/> Blackberry
4	June 24-28	<input type="checkbox"/> Carpentry	<input type="checkbox"/> Soccer	<input type="checkbox"/> SF Giants	<input type="checkbox"/> SF Giants	<input type="checkbox"/> SF Giants
5	July 1-5 4 th Holiday	<input type="checkbox"/> Baseball	<input type="checkbox"/> Happiest	<input type="checkbox"/> Marin Fair	<input type="checkbox"/> Marin Fair	<input type="checkbox"/> Marin Fair
6	July 8-12	<input type="checkbox"/> Video	<input type="checkbox"/> Wild & Crazy	<input type="checkbox"/> Morton's	<input type="checkbox"/> Morton's	<input type="checkbox"/> Morton's
7	July 15-19	<input type="checkbox"/> Urban Farmers	<input type="checkbox"/> Self Defense	<input type="checkbox"/> Santa Cruz	<input type="checkbox"/> Santa Cruz	<input type="checkbox"/> Santa Cruz
8	July 22-26	<input type="checkbox"/> Around the World	<input type="checkbox"/> Lego-Minecraft	<input type="checkbox"/> Movies	<input type="checkbox"/> Movies	<input type="checkbox"/> Movies
9	July 29 - Aug 2	<input type="checkbox"/> Cooking	<input type="checkbox"/> Superhero	<input type="checkbox"/> Aqua Adv	<input type="checkbox"/> Aqua Adv	<input type="checkbox"/> Aqua Adv
10	Aug 5-9	<input type="checkbox"/> Art	<input type="checkbox"/> Volleyball	<input type="checkbox"/> BBQ	<input type="checkbox"/> BBQ	<input type="checkbox"/> BBQ
4	June 24-28	<input type="checkbox"/> Police 12-14 Year only	Adult T-shirt size: S M L XL			

CONSENT FOR MEDICAL TREATMENT

I do hereby authorize that all of the above information is correct and that my child is fully able to participate in all summer camp activities without need of specialized or medical regimen. I agree to notify Summer Camp of any changes in my child's physical or mental health or medication changes between the dates of enrollment and the start of the camp as well as during camp. I hereby consent and authorize the administration of all medical treatments advisable or necessary under the judgment of the camp staff, emergency room physicians, or any other clinical physicians with the understanding that I will be notified as soon as possible.

Name	Signature	Date	Relationship
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MEDICAL/BEHAVIOR INFORMATION

Remember we are a NUT FREE ZONE!!!!

Please include any medical concerns, asthma, dietary needs, limitations, or medications. Give specific information as well as any information that you believe will help us meet all of the needs of your child. This may include fears, likes, dislikes, discipline strategies, any changes in the home etc. Please include any behavior information that would be important to know to help plan a safe and quality program for your child.

ALLERGIES OR REACTIONS TO MEDICINES/FOODS/OTHER AGENTS

Medication/Food/ Environmental Allergy	Reaction or Side Effect	Medication Needed, Dosage, Time of Dosage or Special Instructions	Will take meds at camp
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

WAIVER AND RELEASE OF LIABILITY

DO NOT SIGN THIS DOCUMENT BEFORE YOU READ IT AS IT CONTAINS A WAIVER AND RELEASE OF LIABILITY TO WHICH YOU WILL BE BOUND

I agree that my participation in the **City of South San Francisco's Summer Camp Program** is voluntary and that I assume all risk of injury, illness, damage, or loss to me or to my property that might result from my participation. I further agree (on behalf of myself and my family members, personal representatives, heirs, executors, administrators, agents and assigns) to release and discharge the City of South San Francisco and its officers, employees, and agents, from any and all claims, liability, loss, penalties, expenses, and costs (including attorney's fees), or causes of action (known or unknown) (collectively, "Liability") arising out of my participation, except to the extent that such Liability is caused by the gross negligence or willful misconduct of the City. I give the City of South San Francisco permission to use any photos of my child for promotional purposes. **I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND I FULLY UNDERSTAND THAT, BY SIGNING BELOW, I AM WAIVING ANY RIGHT THAT I MAY HAVE TO BRING A LEGAL ACTION OR TO ASSERT A CLAIM AGAINST THE CITY FOR NEGLIGENCE.**

Child's Name	Address
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Parent/Guardian Signature	Date
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<input type="checkbox"/>	I give permission for my child to view PG rated movies.
<input type="checkbox"/>	My child is proficient in swim skills and does not require 1:1 supervision during swimming activities. I give permission for my child to attend recreation swim.

ETHNICITY

For statistical purposes please circle any and all that apply. This helps us in acquiring grants and applying for funding for our programs.

Native American/ Alaskan Native	African American	Asian	Hispanic/ Latina	White	Native Hawaiian/ Pacific Islander	Other:
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