

## City of Los Alamitos Recreation & Community Services Department

10911 Oak St., Los Alamitos, CA 90720

562-430-1073

FAX 562-594-9657

Please complete <u>ONE</u> form <u>PER CHILD</u>. Proof of identification <u>REQUIRED</u> at pick-up.

CHILD'S NAME							AGE	SEX	
Address	City				Zip				
PARENTS / 0	SU	JARI	1AIC	NS:					
NAME				RELATIONSHIP	·				
	PΙ	EASE CHEC	K BOX IN E	EST CONTA	CT NUMB	ER			
HOME PHONE		WORK PHONE				CELL PHONE			
E-MAIL ADDRESS									
	(THI	S MIGHT BE US	ED TO RELAY II	MPORTANT CAI	MP INFORMAT	ION)			
NAME				RELATIONSHIP	)				
	PL	EASE CHEC	K BOX IN E	EST CONTA	CT NUMB	ER			
HOME PHONE		WORK PHONE				CELL PHONE			
E-MAIL ADDRESS		<u>I</u>				<u> </u>			
	(THI	S MIGHT BE US	ED TO RELAY II	MPORTANT CAI	MP INFORMAT	ION)			
							_		
PLEASE LIST NAME(S) OF T	THO:	SE AUTH			K UP YO	UR CHIL		FROM CAMP	:
NAME			RELATIONSHI	P			PHONE		
NAME			RELATIONSHI	ρ			PHONE		
NAME			RELATIONSHI	p			PHONE		
IN CASE OF EMERG	EN	ICY, P	LEAS	E NO	ΠFY:	1	ARDIANS WILL	BE CALLED FIRST!)	
NAME #1						PHONE			
ADDRESS				CITY				ZIP	
RELATIONSHIP				•					
NAME #2						PHONE		1	
ADDRESS				CITY		<u> </u>		ZIP	
RELATIONSHIP				<u> </u>				OVER→	

1. Does your cl	hild have any	allergies?		YES	NO NO	
•	•	, peanuts, medication, etc	:)			
2. Is your child *Recreation staff w	•		If yes, please spec	• •	<b>NO</b> e for storage of medication	ns.
Does your child participation in	have any physica the Day Camp pr	r <b>YES</b>	NO			
1. Does your cl If yes, please	-	YES	NO			
5. Additional II	nformation D	ay Camp Coordi	nators/Leaders sho	ould be aware o	of:	
6. My child	will bring sur	YES	NO			
IF Y	ES,	He/She will ap	ply it <b>INDEPENDEI</b>	<u>NTLY</u> : YES	NO	
		He/She	will <b>NEED ASSISTA</b>	NCE: YES	NO	
		LIABILI	TY RELE	ASE		
knowledge that I/my child amy the State of California and eac onnection with my/my child's pateir respective officers, agents, tended to release any party frogereby agree, for myself, my hei efficers, agents, employees, repr y irrevocable right and permiss their impediment which would a syself/my child by a physician or otect program participants fror crease your risk and your child posed to or infected by COVID-19 at the rerogram participants and their father ecreation program. On mo any and all claims, including elease and Assumption of Risk i elease and Assumption of Risk i	Its voluntarily participating in h of their respective officers, articipation in the event/projection in the view of "grass, administrators, executors, administrators, executors, esentatives, board members ion with respect to photograendanger him/her from participation in the spread of COVID-19; hs risk of contracting COVID-19 by attending the recreation program may resulf imilies. I voluntarily agree to by behalf, and on behalf of m at all liabilities, actions, dama; all liabilities, actions, dama; all liabilities, I voluntarily agree to neucludes any Claims based on he recreation program. I HAN	this event/program/class and agree agents, employees, representatives, gram/class from whatever cause, incl board members, volunteers and spor oss negligence," as that term is used i assigns, and agents that I shall indust volunteers and sponsors, from any aphs, videos, motion pictures, and/or cipating in such an activity. I hereby c any injury or incident arising out of owever, the City of Los Alamitos cann 9. By signing this Liability Release and program and that such exposure or from the actions, omissions, or negli assume all the foregoing risks and acy child, I hereby release, covenant no tes, costs or expenses of any kind aris the actions, omissions, or negligence E CAREFULLY READ THIS WAIVER, RE	events/programs/classes listed below, exp to assume any such risks. I hereby release, board members, volunteers and sponsors uding the active or passive negligence of C sors, or any other participants in the even a applicable case law and/or statutory pro ninfy and hold harmless City of Los Alamitic and all claims, demands, actions or suits arisound recordings being taken of myself/m onsent to any x-ray, examination, anesther or connect with this event/program/class. ot guarantee that you or your child will not d Assumption of Risk, I acknowledge the cir infection may result in personal injury, ill gence of myself and others, including, but cept sole responsibility for any harm, injur to sue, discharge, and hold harmless the ing out of or relating to my child's attenda, whether passive or active, of the Release. LEASE, HOLD HARMLESS AND AGREEMENT	discharge and agree not to sue the for any injury, death or damage tiy of tos Alamitos or LAUSD or Mit typrogram/class. The parties to the vision. In consideration for being it so or LAUSD or Millitary Departmer sing out of or in connection with reychild. I further certify that said price, medical or surgical diagnosis of the City of Los Alamitos has put in the become infected with COVID-19 and mess, permanent disability, and denot limited to, the City of Los Alam, or damage that may befall my city of done and the country of the City of Los Alamitos, its officers, agence to the recreation program ("Cdd Parties and irrespective of whet	e City of Los Alamitos or LAUSD or Mi to or loss of personal property arising e litiary Department of the State of Cali is agreement understand that this do bermitted to participate in the event/, to f the State of California and each c ny participation in the event/program erson/minor is in good health and has retreatment and hospital care to be re to place preventative measures and j Further, attending the recreation pro- voluntarily assume the risk that my c voluntarily assume the risk that my c atth. I understand that the risk of bec- nitos, its officers, agents, and employe- bild or myself relating to me or my ch gents, and employees (collectivel) "Ri liams"). I understand and agree that her a COVID-19 infection occurs befor	ilitary Department vut of, or in fornia and each of cument is not program/class, I of their respective of/class. I also grant is no physical or indered to protococh to orgam could hild and I may be owning exposed to bees, and other ild's attendance eleased Parties')
Parent Signat	ure			Date		
How did you	u hear about	Los Alamitos De	ay Camp?		1	
Newspaper	Mailer	Word-of-Mouth:	From whom?	School:	Which One?	
E-Mail	Flyer	Advertisement:	Where & What?	Other:	Be specific	