

SUMMER DAZE DAYCAMP 2020 REGISTRATION FORM

Please Print

PARTICIPANT INFORMATION					
First Name	MI	Last Name	Gender	Date of Birth	Grade in 20/21
Home Address		City	Zip	Phone (xxx) xxx-xxxx	
PLEASE SELECT T-SHIRT SIZE. (check one) ___YS ___YM ___YL ___YXL ___AS ___AM ___AL ___AXL					
PLEASE ASSESS YOUR CHILD'S SWIM ABILITIES. (check one)					
___ non-swimmer		___ beginning swimmer		___ advanced swimmer	
ADULT PAYEE INFORMATION					
First Name	MI	Last Name	Home Phone (xxx) xxx-xxxx		
E-Mail Address			Date of Birth	Cell Phone (xxx) xxx-xxxx	
EMERGENCY CONTACT INFORMATION					
Parent's Name:			Parent's Name:		
Day Phone:			Day Phone:		
Cell Phone:			Cell Phone:		
EMERGENCY CONTACT (other than parents):					
Name:		Phone:		Relationship:	

PICK-UP AUTHORIZATIONS		
I authorize only the following person(s) to pick up my child (other than parents and emergency contact).		
Name: _____	Phone Number: _____	Relationship: _____
Name: _____	Phone Number: _____	Relationship: _____
Name: _____	Phone Number: _____	Relationship: _____
Name: _____	Phone Number: _____	Relationship: _____
Name: _____	Phone Number: _____	Relationship: _____
Name: _____	Phone Number: _____	Relationship: _____

SPECIAL HEALTH CONSIDERATIONS OR SPECIAL NEEDS

Please note any information that will help staff effectively supervise your child.

Allergies, physical limitations, etc.:

Current Medications:

_____ **(Please Initial)** I understand Over the Counter (OTC) and Prescription Medication cannot be administered in camp without a completed Medication Release Form on file.

PARENT AND MEDICAL EMERGENCY TREATMENT CONSENT

PARENT CONSENT: I give permission for my child to participate in the City of Burbank Parks and Recreation day camp program, including trips by van or bus. I agree to hold harmless the City of Burbank, it's employees, officials and agents from and against any and all liability claims, demands, losses, and/or actions from injury to and/or death of persons and/or damage to property as a result of participation in day camp.

I grant the City of Burbank permission to use my or my child(ren)'s photographs and images, including but not limited to video images and sound recording, for the purpose of publicizing and marketing City activities. I understand that no compensation shall be given for use of these photographs and that these images shall become the sole property of the City of Burbank

Signature of Parent / Guardian: _____ **Date:** _____

MEDICAL EMERGENCY TREATMENT CONSENT: As parent/guardian, I hereby consent to treat my minor child for any and all medical procedures deemed necessary as a result of accident or injury or illness. Consent is given for any licensed physician, surgeon, or accredited emergency unit to give medical attention, and to administer such treatment, drugs and medicines (except as noted below), and to perform such surgical procedures as he/she shall think the existing emergency requires. I further understand that the City of Burbank has no medical insurance and that I am responsible for payment of said treatment.

Signature of Parent / Guardian: _____ **Date:** _____



FOR OFFICE USE ONLY

Date Paperwork was Received: _____

Lottery Number: _____

Received Field Trip Waiver: _____ (staff initial)

Profile Verified on ETrak: _____ (staff initial)

Receipt # _____

Filed Electronically: _____ (staff initial)

**RELEASE, INDEMNIFICATION, AND ASSUMPTION OF THE RISK AGREEMENT FOR
PARTICIPATION IN CITY OF BURBANK PARKS AND RECREATION DEPARTMENT SUMMER DAZE FIELD TRIPS.**

For and in consideration of my child's participation in the City of Burbank's Parks and Recreation Department Summer Daze Field Trips (hereafter, "Event(s)"), I hereby voluntarily release, discharge, waive, and relinquish any and all actions or causes of action for personal injury, property damage or wrongful death against the City of Burbank or any of its officers, agents, servants or employees, whether the same shall arise by the negligence of any of said persons, or otherwise, occurring to me and/or my children as a result of participating in the Event(s) or any activities incidental thereto wherever or however the same may occur and for whatever period said activities may continue.

IT IS MY INTENTION BY SIGNING THIS INSTRUMENT, TO EXEMPT AND RELIEVE THE CITY OF BURBANK, ITS OFFICERS, AGENTS, SERVANTS OR EMPLOYEES FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE. I am fully aware of the risk and hazards inherent in my child's participation in the Event(s). I understand that serious accidents can occur during participation in the Event(s) and that participants could suffer serious injury. I realize that NO MEDICAL INSURANCE IS PROVIDED BY THE CITY OF BURBANK FOR ANY INJURIES THAT MAY OCCUR TO MY CHILD DURING PARTICIPATION IN THE EVENT(S). Nevertheless, I hereby elect voluntarily to allow my child to participate in the Event(s) and assume all risk of loss, damage, or injury that may be sustained to me and/or my children during participation in the Event(s) or any activities incidental thereto.

I agree that in the event any claim for personal injury, property damage, or wrongful death shall be prosecuted against the City of Burbank, or any of its officers, agents, servants, or employees as a result of my child's participation in the Event(s), I shall indemnify and save harmless the City of Burbank or any of its officers, agents, or employees from any and all such claims or causes of action by whomever or wherever made or presented.

I understand that this RELEASE, INDEMNIFICATION AND ASSUMPTION OF RISK AGREEMENT shall apply not only to me and/or my children but also to my and/or their heirs, executors, administrators, next of kin, assigns, and successors.

I ACKNOWLEDGE THAT I HAVE READ THE FOREGOING AND AM COMPLETELY AWARE OF THE POTENTIAL DANGERS INCIDENTAL TO MY CHILD'S PARTICIPATION IN THE EVENT(S), AND I AM FULLY AWARE OF THE LEGAL CONSEQUENCE OF SIGNING THIS INSTRUMENT.

Name of Child _____
(Please Print)

Name of Parent/ Guardian (Please Print)

Relationship to Child

Signature of Parent / Guardian

Date