

# City of Los Angeles Department of Recreation & Parks



## **BELLEVUE RECREATION CENTER**

## **CAMP REGISTRATION FORM**

Please print clearly

# **SUMMER CAMP 2025**



| ONE APPLICATION PER CHILD             |                            | CIRCLE: WEEKS REGISTERING               |
|---------------------------------------|----------------------------|---|
| Shirt Size: YS YM YL                  | Xr Xxr Xxxr                | WK.1 WK.2 WK.3 WK.4 WK.5 WK.6 WK.7 WK.8 |
| CAMPER INFORMATION:                   |                            |   |
| First Name:                           | Last Name:                 |   |
| Date of Birth:Age:                    | Height:Weight:             | Gender: [ ] Male [ ] Female [ ] Oth     |
| Do you have a sibling attending camp? | [] Yes [] No If yes        | s, name_                                |
| Are you a returning camper?[] Yes []  | No If yes, how many Seasor | ns with <u>Camp?</u>                    |
| How did you hear about our Bellevue   | e Recreation Center?       |   |
| ·                                     |                            |   |
| DADENT/LECAL CHARDIAN INCODA          | A A TION.                  |   |
| PARENT/ LEGAL GUARDIAN INFORM         |                            |   |
| Parent or Legal Guardian Name:        |                            |   |
| Home Address:                         |                            |   |
| City:                                 | State:                     | Zip:                                    |
| Cell Phone :( ) Work Phone: ( )       | •                          |   |
| Parent or Legal Guardian Name:        |                            |   |
| Home Address:                         |                            |   |
| City:                                 |                            | Zip:                                    |
|                                       |                            |   |
| Cell Phone :( ) Work Phone: ( )       | Legal Custody              | YES NO                                  |
| <b>EMERGENCY INFORMATION</b>          |                            |   |
| Emergency Contact #1 F U II Name:     |                            | Relationship                            |
| Cell Phone: ( )                       | (H)Phone:                  |   |
| Emergency Contact #2: Full Name:      | :                          | Relationship                            |
| Cell Phone: ( )                       | (H)Phone:                  | :( )                                    |
| Name of Out-of-State Contact:         | Phone: ( )                 |   |

|                                  | ION   |  |
|----------------------------------|---|--|
| Insurance Provid <u>er:</u>      |   | Policy #:  |
| HEALTH HISTORY                   |   |  |
| f your child has any ph          | nysical restrictions, please explain:   |  |
| Conditions of                    | r behaviors that we should be aware   | e of in case of a major emergency:   |
| · · ·                            | to the child that would alter this health hist<br>please let the Park Director or Park Coordi | tory after this form is sent and before arrival to inator know immediately!  |
| HAS YOUR CHILD HA                |   |  |
| ALLERGIES (ALERGIAS) :           | [] Yes [] No Please Name:   |  |
| Medication for Aller             |   |  |
| Bee Sting Allergies [] Y         | 'es [] No Mosquito Bite Allergies ? []  | Yes [] No Medication:  |
| Food Allergies? [] Ye            |   | ch Food(s) :   |
| Medication for Food              | Allergies: Year of la   | st Immunization:   |
| CK UP AUTHORIZATION              |   |  |
| ithout any further confirm       |   | nd sign out the above child <b>from CAMP Bellevue</b><br>ay pick up my child. <mark>Bellevue RC does not take</mark><br>ted by parent or legal guardian. |
| in a continue billionie in decor |   | Phone:   |
| ame:                             |   |  |
|                                  |   | Phone:   |
| ame:<br>ame:                     | Relation:   | Phone:<br>Phone:   |

My child, a minor, has my permission to participate in all the activities. I understand that certain activities by nature have an increased risk of injury, including death, despite extensive measures taken by staff to provide a safe environment and ensure the safety of my child. I understand the nature of games and sports activities and I 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 & Parks, its officers and 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 & Parks CARRIES NO INSURANCE.

## **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 & Parks to act as agents for the undersigned to consent for any x-ray examination, 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 the licensed hospital, whether such diagnosis or treatment is rendered at the office of the said physician or a said hospital. It is understood that this authorization is given in advance of any such diagnose, 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.

PHOTO RELEASE: By participating in our programs, patrons agree to allow the City of Los Angeles Department of Recreation and Parks and BELLEVUE RECREATION CENTER to use photographs, video tapes, and testimonials of participants for use in publicity materials free of any fee or usage charge.

### BELLEVUE RECREATION CENTER

## GENERAL CAMP POLICIES

**Important Notice:** Due to the nature and size of **Camp at Bellevue RC**, Camp Bellevue demands a high level of maturity and responsibility from each camper as a prerequisite to attend our camp. Our goal is to provide a safe and enjoyable camp environment for each participant. While we understand that campers are still children, we hold each individual accountable for their actions and behaviors at all times. Individuals who repeatedly violate camp rules, cause excessive distraction in camp, require disproportionate camp staff attention, supervision, and/or discipline, or show continued disrespect towards camp staff or other campers will not be tolerated, and those individuals will be expelled from camp.

- 1. Campers must be age appropriate by the first day of camp and are required to show proof of age.
- 2. For safety purposes, shoes with rubber-soles must be worn daily.
- 3. Request for refunds must be submitted in writing for review. Weekly credits will not be granted, no credits for missed days or weeks. An administrative fee of **20%** will apply to all refunds. **Refunds will not be given for missed days.** Please allow 10-12 weeks for the processing of refunds. Refund request must be submitted in writing.
- 4. Staff reserves the right to change or alter programming at any time without notice.
- 5. Camp Bellevue facility and staff are NOT responsible for lost or stolen articles.
- 6. A late fee of \$1 per minute will be assessed after 6pm; there is no "grace period".

  Any changes needed on the Application, will only be made by the parent or legal guardian that register the child at camp.
- 7. Participants with an unexcused absence may be dropped from the program and their spot filled from the waiting list. Child must attend three days out of the week to attend field trip day. Field trips are incentives for program attendance, good conduct and participation.
- 8. Parents and legal guardians will cooperate with program Directors when addressing any behavior or misconduct issues that relate to their child.
- 9. Co-Parenting parents must provide any court agreements for any restrictions or sharing pick up days. The parent that initiates program registration will **ONLY** be allowed to make changes on camp application.
- 10. Campers of ages 5-6 will remain at the center on WATER field trip days. Activities will be available on-site.
- 11. Campers with any dietary restrictions are encourage to bring their own lunch, due to limited options from our Summer Lunch program.

I acknowledge that I have read and understand all of the camp policies as listed on this application. By my child's participation in Camp Bellevue Program, I agree to follow and abide by these rules.

| Print Name(s) of Parent(s)/Guardian(s): |       |
|---|-------|
| Signature of Parent/Guardian:           | Date: |

| COMPLETE            | BY STAFF ONLY |
|---------------------|---------------|
| HOUSEHOLD #         |               |
| RECEIVED BY:        |               |
| CAMPER CAN RETURN?  | YES OR NO     |
| TERMINATED Y/N      | YES OR NO     |
| RECEIVE # OF SHIRTS |               |

SUMMER CAMP 2025 REGISTRATION FORM

Rev. 03/2025

OFFICE USE ONLY

| Registration | WEEK 1 | WEEK2 | WEEK 3 | WEEK 4 | WEEK 5 | WEEK 6 | WEEK 7 | WEEK8 | WEEK 9 |
|--------------|--------|-------|--------|--------|--------|--------|--------|-------|--------|
| Receipt#     | RR#    | RR#   | RR#    | RR#    | RR#    | RR#    | RR#    | RR#   | RR#    |
|              |        |       |        |        |        |        |        |       |        |
|              |        |       |        |        |        |        |        |       |        |