City of Los Angeles Department of Recreation and Parks PECK PARK COMMUNITY CENTER

560 N. Western Avenue, San Pedro, CA 90732

Phone (310) 548-7580 Email: peckpark.recreationcenter@lacity.org



Camper's Last Name:	Fir	st Name:	
Date of Birth:/ Age	: Grade:		
*Parent/Guardian:		Legal Cus	tody: □YES or □NO
Address:	City:		Zip:
Primary Phone:	Work:	Email:	
*Parent/Guardian:		Legal Cu	ıstody: □YES or □NO
Address:	City:		Zip:
Primary Phone:	Work:		
Email:	_		
In Case of Emergency, contact:			
Name:	ne:Phone:		
parent/legal guardian. Please list al listed above, to pick up your child(r In the case I cannot be present, one scheduled camp time:	en). Individuals listed be	elow will be required t	o show valid photo I.D.
Name	Relationship	Phone#_	
Name	Relationship	Phone#_	
Name	Relationship	Phone#_	
*Name of any person(s) specifically	NOT to sign out the cam	per named above:	
Name:		Relationship	
Please note regarding NON-CUSTO recreation center, a non-custodial p time.			
Signature of Parent/Guardian:			Date:

City of Los Angeles Department of Recreation and Parks

WAIVER AND RELEASE FORM

In consideration of the City of Los Angeles acting through its Department of Recreation and Parks at **Peck Park**Community Center granting the above-named child ("Minor") the opportunity to participate in the **Peck**Park Community Center 2025 Summer Break Camp.

I, (print name)	the undersigned, Parent/Guardian
of (print name)	("the Minor"), I do hereby agree to
the following:	
I am aware that there are certain risks of injury and/or	damage inherent in the Program's activities;
	ick and needs to be sent home; I agree to pick them up at the time
requested by the Camp staff;	
I understand that the Camp carries no insurance.	
I agree to complete the Camps Health History form pro	oviding Minor's current, complete and truthful health history; including
immunization history and overall heath status;	
	e Camp staff may require a written authorization based on a physica
examination by a licensed medical person as requirement	
	(linor is neither subject to a physical or mental infirmity nor under the
	der their safe participation or the safety of others in the Program;
	plicies and regulations and to take reasonable precautions to minimize
risks of injury or damage arising from participation in the P	-
I give my consent to have the Minor participate in all aspe	· ·
	dily injury, emotional injury, death or property damage that may occur
in relation to the Minor as a consequence of participation in	
	van, chartered bus, chartered school bus and/or public transportation
as part of the Program;	•
I understand that the Camp has no obligation to obtain	medical treatment for the Minor. Should it become necessary for the
	g in the Program; I hereby give the Camp personnel my permission
	ive permission to the medical care provider selected by the Camp
personnel to render medical care deemed necessary and a	
Except for the gross negligence or willful misconduct of	
	e now or in the future, whether known or unknown, against the City o
Los Angeles, Department of Recreation and Parks, Peck Pa	rk CC its officers, agents, employees and/or personnel, and
I release, acquit and forever discharge the City of Los Ar	ngeles, Department of Recreation and Parks, Peck Park CC its officers
agents, employees and/or personnel, from and all liabil	ity for any bodily injury, emotional injury, or other personal injury
damage, loss or expense, claims, demands, causes of ac	ction, costs, loss of services or use, compensations, debts, monetary
damages, including but not limited to attorney fees, which	result from or are in any way connected with the Minor's participation
in the Program or any related activities;	
I agree to keep the Camp advised if I will be out of	contact for any period of time during the Program and to provide
additional and/or alternate contact information prior to my	leaving;
I also authorize the Camp, City of Los Angeles and D	epartment of Recreation and Parks to make, procure and/or use
	recordings or other likeness of the Minor's physical image and/or
voice as for use with the Program and/or Camps' public	city, marketing and/or advertising materials;
I have read this agreement and I understand what it	means to my legal rights and the Minors participation and by my
signature made of my own free will and act;	
I agree to abide by the rules and policies set forth in this	s registration and waiver release forms;
	nditions of enrollment policies as found in this registration form;
	d waiver release forms and extend this binding to the Minor(s).
Important: Parent/Guardian's original sig	gnature is required
Child's Name	Parent/Guardian Name
Signature	Date
DIGITAL	Datc

City of Los Angeles Department of Recreation and Parks **HEALTH HISTORY FORM**

Should the camper's health history information be altered after this form is returned, please update with the office immediately. Camper's Last Name: First Name: $\square M \square F$ Date of Birth:___/___ Age:____ Grade: ____ Parent / Legal Guardian (name): ______Phone #: _____ Address: _____ City: ____ Zip: ____ Primary Phone: ______ Work: _____ Email: ____ Phone: Doctor (name): If the camper has any of the following, please check: ☐ Chicken Pox ☐ Fainting ☐ Sinus Trouble ☐ Tonsillitis ☐ Consupant
☐ Appendicitis ☐ Stomach Upset
☐ Skin Rash □ Measles ☐ German Measles
☐ Rheumatic Fever ☐ Scarlet Fever ☐ Hay Fever ☐ Diphtheria ☐ Frequent Colds ☐ Heart Trouble ☐ Headaches ☐ Bed Wetting ☐ Ear Infection □ Nosebleeds ☐ Other: _____ Give the month and year of last immunization or booster: Tetanus Mumps Measles Diphtheria (DPT) German measles _____ Whooping Cough _____ Polio TB Test □POS or □NEG Restrictions: □ I have reviewed the program and activities and feel the camper can participate without restrictions. I have reviewed the program and activities and feel the camper can participate with the following restrictions or adaptations: Allergies / Other (please specify): □Food (name): □Medication(s): □Bee stings, mosquitoes, etc.: □Asthma (or hay fever): □Other: _____ Has the camper received medical treatment during the past year? □YES or □NO Date: Reason: Is the camper taking any medications now? \Box YES or \Box NO (If yes, please fill out the Request for Medication to be given during Camp)

Parent/Guardian Signature:

City of Los Angeles Department of Recreation and Parks REQUEST FOR MEDICATION TO BE GIVEN DURING CAMP

	, be monitored/allowed to take the
medicine described below according to the t	mp. I understand that staff of Peck Park CC will only give the ime, dosage and frequency indicated on the pharmacy label of
	stance a person takes to maintain and/or improve health. This
	dications must be in original pharmacy containers with
_	ugh of each medication to last the entire time the camper will be
at camp.	
Name of Medicine:	Reason(s) for medication
Amount/dose to be given:	Time(s) to be given:
Special instructions:	
Name of Medicine:	Reason(s) for medication
	Time(s) to be given:
Special instructions:	
Parent/Guardian Signature:	Date:
*************	*******************
	ONSENT TO TREATMENT OF MINOR AT ASE OF EMERGENCY ILLNESS OR ACCIDENT
	<u> </u>
directors of Peck Park CC as agent(s) for th medical or surgical diagnosis or treatment rendered under the general or special super	, a minor do hereby authorize the e undersigned to consent to any x-ray examination, anesthetic, and hospital care which is deemed advisable by, and is to be vision of any physician or surgeon licensed under the provision of of a licensed hospital whether such diagnosis or treat is rendered al.
being required but it is given to provide autl consent to any and all such diagnosis, treats	in in advance of any specific diagnosis, treatment or hospital care nority and power on the part of aforesaid agent(s) to give specific ment or hospital care which the aforementioned physician in the advisable. This authorization shall remain effective through the ed in writing and delivered to said agent(s).
Parent/Guardian Signature:	Date: