



# LA HABRA WINTER CAMP

AT THE CHILDREN'S MUSEUM AT LA HABRA

## WINTER CAMPER REGISTRATION FORM

Camper's Last Name, First Name, Middle Name Age as of Dec. 1, 2024

Birthdate School Grade in School Year 24/25

Address (Street, City, & Zip)

Parent/Guardian Name Cell Phone:

E-Mail Address

Parent/Guardian Name Cell Phone:

E-Mail Address

**Allergies & Medical Conditions:** Anything listed here, your child will NOT be given while at camp.

**Authorized People:** Aside from the parents./guardians listed above, please name all authorized people who may pick up your camper

Name	Relationship	Phone Number

**Custody:** Are there custody issues that we need to be aware of:  NO  YES

We will assume the parent(s)/guardian(s) who registers the camper will have custody of the child. If there are custody issues, which might involve staff, please notify the Manager immediately.

## **PHOTO LIABILITY RELEASE**

The City of La Habra has my consent to photograph my child for archival or public relations purposes, which includes but is not limited to: City of La Habra Website, *Life in La Habra* magazine, La Habra Recreation Division Facebook Page, La Habra Twitter, and La Habra Recreation Division Instagram.

## **PICK-UP PROCEDURE**

For the safety of your camper(s), a PHOTO ID must accompany every person permitted to pick up your child. There will be no exceptions to this policy. If you would like someone to pick up your child who is not on the list, please send written notification prior to the date that individual will pick up your child.

## **2024 RELEASE OF WAIVER AND LIABILITY FORM**

The Undersigned, \_\_\_\_\_, who is one of the authorized representatives of the above-named child, a minor, (who resides at address listed on same), herein authorizes the adult sponsor of the La Habra Winter Camp, or any responsible adult person bearing this written authorization into whose said care the above-mentioned minor has been entrusted, to consent to any care necessary to preserve the life, limb or well-being of the child named above. An x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or specific supervision and upon the advice of a physician and surgeon licensed under the provisions of the California Medicine Practice Act, and to consent to an x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provisions of the California Dental Practice Act.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of said adult person to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician or dentist in the exercise of their best judgment may deem advisable. This authorization shall include transportation to receive the medical or dental care. This authorization shall remain effective until the end of child care at La Habra Winter Camp, unless sooner revoked in writing and delivered to the adult sponsor of aforesaid La Habra Winter Camp activity.

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**Parent/Guardian Name (Printed)**

**Parent/Guardian Signature**

## **E-MAIL WAIVER**

We are going **green**, all communication will be done through the BAND app. When creating your account, please list your campers name in parenthesis.

*Example: Parent Name: John Smith + Camper Name: Jane Smith= **Display Name: John Smith (Jane S.)***

E-Mail Address/Cell Phone Number:

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E-Mail Address/Cell Phone Number:

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