

# 2024 CAMP MED SUMMER APPLICATION

Thank you for your interest in the City of South Pasadena's Camp Med Summer Break Program. Our program offers an enjoyable and safe environment for children ages 5-11 years old. The program entails recreational activities ranging from sports activities, arts and crafts, games, and more. We have caring and experienced CPR/First Aid-certified staff. We are pleased to offer our Camp Med Summer Break Program from 7:30 a.m. to 6:00 p.m., Monday through Friday at Orange Grove Park.

**Address:** 815 Mission Street, South Pasadena, CA, 91030  
**Recreation Office Phone:** (626) 403-7380      **Camp Med Phone:** (626) 403-7386  
**Email:** recreation@southpasadenaca.gov  
**Resident Weekly Fees:** \$178 for 1<sup>st</sup> participant; \$165 for each additional participant  
**Non-Resident Weekly Fees:** \$199 for 1<sup>st</sup> participant; \$187 for each additional participant  
*(Payments are subject to a 3% credit card processing fee)*

If you would like to pay in full, please check the box. Your card will be charged for all the weeks selected below when you submit this application.

I understand that I am enrolling my child, \_\_\_\_\_, in the 2024 Camp Med Summer Program.

## PARTICIPANT INFORMATION

<b>LAST NAME</b>		<b>FIRST NAME</b>		<b>M.I.</b>
<b>HOME ADDRESS</b>		<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<b>DATE OF BIRTH</b>	<b>AGE (5-11 YEARS OLD)</b>	<b>GENDER</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____		
<b>PHONE</b>	<b>SCHOOL</b>	<b>GRADE</b> (Entering in the Fall)		
<b>CAMP T-SHIRT SIZE</b> (T-shirts must be worn on field trip days. Additional t-shirts will be sold for \$10, if available)				
<b>Youth Sizes:</b> <input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> YXL		<b>Adult Sizes:</b> <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL		

SELECTION	WEEK	DATES	FIELD TRIP (on Wednesday unless noted below)
<input type="checkbox"/>	1	June 10, 2024 – June 14, 2024	In-House Activity: Laser Tag
<input type="checkbox"/>	2	June 17, 2024 – June 21, 2024 <i>Camp will be closed on Wednesday, June 19<sup>th</sup></i>	Underwood Family Farms (Tuesday)
<input type="checkbox"/>	3	June 24, 2024 – June 28, 2024	Los Angeles Zoo
<input type="checkbox"/>	4	July 1, 2024 – July 3, 2024* <i>Camp will be closed July 4<sup>th</sup> &amp; July 5<sup>th</sup></i>	In-House Activity: Foam Party (Tuesday)
<input type="checkbox"/>	5	July 8, 2024 – July 12, 2024	Medieval Times
<input type="checkbox"/>	6	July 15, 2024 – July 19, 2024	Los Angeles Sparks Game (Tuesday)
<input type="checkbox"/>	7	July 22, 2024 – July 26, 2024	John's Incredible Pizza
<input type="checkbox"/>	8	July 29, 2024 – August 2, 2024	Adventure City
<input type="checkbox"/>	9	August 5, 2024 – August 9, 2024	Beach Trip

\*Reduced rate due to 3-day camp week. 1<sup>st</sup> Participant: \$109, Additional Participant(s): \$104

## Recreational Swim

- Campers will walk to the South Pasadena High School for recreational swimming once a week pending district approval.

<input type="checkbox"/> <b>YES, I GIVE MY CHILD PERMISSION TO PARTICIPATE IN RECREATIONAL SWIM</b>			Please check your child's swimming level:
<input type="checkbox"/> Does NOT know how to swim <i>(must stay on the stairs)</i>	<input type="checkbox"/> Can swim but still a beginner <i>(can move freely around shallow end)</i>	<input type="checkbox"/> Is a good swimmer <i>(can take the swim test for deep end)</i>	
<input type="checkbox"/> <b>NO, I DO NOT GIVE MY CHILD PERMISSION TO PARTICIPATE IN RECREATIONAL SWIM.</b>			

## HEALTH HISTORY

- If your participant arrives at the program sick, they will not be allowed to stay.
- If your participant becomes ill during the day, you will be notified. Arrangements will then have to be made to have your participant picked up within one (1) hour. Participant may not return to program for 72 hours unless released by a doctor.
- If we will be administering any medication to your participant, a prescription from the doctor is required with complete instructions and exact dosage. The medication must be in the original prescription bottle and given to the Program Specialist. Participants are not allowed to possess or administer their own medication.

<b>LIST ANY ALLERGIES OR MEDICATIONS (Please specify the severity)</b>			
<b>DOES YOUR CHILD REQUIRE AN EPI-PEN?</b>			
<input type="checkbox"/> YES		<input type="checkbox"/> NO	
<b>LIST ANY MEDICAL, DEVELOPMENTAL OR PHYSICAL CONDITIONS (Please specify the severity)</b>			
<b>PAST ILLNESSES (Please select any illnesses your child has and specify approximate dates of illnesses)</b>			
<input type="checkbox"/> Chicken Pox	Dates: _____	<input type="checkbox"/> Whooping Cough	Dates: _____
<input type="checkbox"/> Asthma	Dates: _____	<input type="checkbox"/> Mumps	Dates: _____
<input type="checkbox"/> Rheumatic Fever	Dates: _____	<input type="checkbox"/> Poliomyelitis	Dates: _____
<input type="checkbox"/> Hay Fever	Dates: _____	<input type="checkbox"/> 10-Day Measles	Dates: _____
<input type="checkbox"/> Diabetes	Dates: _____	<input type="checkbox"/> 3-Day Measles	Dates: _____
<input type="checkbox"/> Epilepsy	Dates: _____		

I do hereby authorize that all of the above information is correct and that my child is fully able to participate in all program activities without the need of individual or specialized attention or medical regimen. I agree to notify Camp Med of any changes in my child's physical or mental health between the dates of enrollment and the start of the camp as well as during the camp. I hereby consent and authorize the administration of all medical treatment advisable or necessary under the judgement of the camp staff, emergency room physicians or any other clinical physicians with the understanding that I will be notified as soon as possible.

Signature: **X** \_\_\_\_\_

Date: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

<b>PARENT/GUARDIAN'S LAST NAME</b>		<b>PARENT/GUARDIAN'S FIRST NAME</b>		
<b>HOME PHONE</b>	<b>WORK PHONE</b>		<b>CELL PHONE</b>	
<b>WORK ADDRESS</b>		<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<b>EMAIL ADDRESS</b>				

<b>PARENT/GUARDIAN'S LAST NAME</b>		<b>PARENT/GUARDIAN'S FIRST NAME</b>		
<b>HOME PHONE</b>	<b>WORK PHONE</b>		<b>CELL PHONE</b>	
<b>WORK ADDRESS</b>		<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<b>EMAIL ADDRESS</b>				

### ADDITIONAL EMERGENCY CONTACT INFORMATION

<b>NAME</b>		<b>RELATIONSHIP TO PARTICIPANT</b>	
<b>HOME PHONE</b>	<b>WORK PHONE</b>		<b>CELL PHONE</b>

<b>NAME</b>		<b>RELATIONSHIP TO PARTICIPANT</b>	
<b>HOME PHONE</b>	<b>WORK PHONE</b>		<b>CELL PHONE</b>

### EMERGENCY MEDICAL CARE

<b>DOCTOR/PHYSICIAN</b>	<b>PHONE</b>
<b>ADDRESS/HOSPITAL</b>	<b>MEDICAL PLAN AND NUMBER</b>

<b>DENTIST</b>	<b>PHONE</b>
<b>ADDRESS/HOSPITAL</b>	<b>MEDICAL PLAN AND NUMBER</b>

### AUTHORIZED PICK-UP LIST

Please list all individuals who are authorized to pick up participant from Camp **Med including parents or guardians**. Participants **WILL NOT** be allowed to leave with any other person without written authorization from parent or guardian. All authorized persons should be at least 18 years old. Photo ID is required at pick-up.

NAME	RELATIONSHIP TO PARTICIPANT	OVER 18 YEARS OLD?
1.		
2.		
3.		
4.		
5.		
6.		

### CREDIT CARD AUTHORIZATION FOR AUTO-PAY

I give permission to the City of South Pasadena to charge the credit card for the Camp Med Program based on the payment policy. *(Payments are subject to a 3% credit card fee.)*

<b>PARTICIPANT'S NAME</b>		<b>CARDHOLDER'S NAME</b>													
<b>TYPE OF CARD</b>		<b>EXPIRATION DATE</b>	<b>SECURITY CODE</b>												
<input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA															
<b>CARD NUMBER</b>															

# CAMP MED PARTICIPANTS CODE OF CONDUCT

- I will treat participants and staff with respect and common courtesy.
- I will listen respectfully to staff and volunteers.
- If I have a complaint or concern about anything, or anyone, I will contact a staff member (in private if necessary) rather than be derogatory or negative in public.
- I will refrain from any physical violence of any kind, or the threat of physical violence, towards a fellow participant, the public or representatives of the City of South Pasadena Community Services Department.
- I will refrain from any objectionable demonstrations, such as throwing items, or any other forceful actions towards fellow participants or representatives of the City of South Pasadena Community Services Department.
- I will refrain from any verbal abuse upon a participant or representatives of the City of South Pasadena Community Services Department.
- I will refrain from using profanity, obscene or vulgar language in any manner at any time.
- I will stay in the specified Camp Med limits at all times unless a representative of the City of South Pasadena Community Services Department instructs me otherwise.
- I will treat facility, supplies, and equipment respectfully.
- I will help to keep Camp Med clean by picking up after myself and others.

I agree that if I do not comply to these rules, or engage in any other detrimental behavior, at any time throughout the care of Camp Med, Camp Med reserves the right to suspend or dismiss me from the program. Staff will follow the following behavior management plan and will document unwanted behavior in participant's folder: 1<sup>st</sup> incident will result in a verbal warning. 2<sup>nd</sup> incident will result in participant being asked to briefly sit out of activity. 3<sup>rd</sup> incident will result in removal from activity and conference with Program Specialist and parent. 4<sup>th</sup> incident will result in a conference with Program Specialist, Supervisor, and parent. Serious or continuing problems may result in immediate suspension or dismissal from Camp Med.

Participant's  
Signature: **X**

Date:

## CAMP MED PHOTO/VIDEO RELEASE

I hereby give permission for images of my child, captured during regular and special Camp Med activities through video, photo and digital camera, to be used solely for the purpose of promotional material and publications, and waive any rights of compensation or ownership thereto.

YES

NO (provide a photo of your child if you do not give permission)

Participant's  
Signature: **X**

Date:

## CAMP MED LIABILITY WAIVER AND CONSENT FORM

I fully understand that the participation of my child/children in South Pasadena's Camp Med Summer Program and related activities associated with the program (hereinafter "program") exposes them to the risk of personal injury, death or property damage. I hereby acknowledge that I am granting my child/children permission to participate in the program and agree to assume any such risks.

In consideration for being permitted to participate in the program, I hereby agree, for myself, my heirs, administrators, executors and assigns, to indemnify and hold harmless the City, its officers, employees, or agents from any and all claims, demands, actions or suits arising out of or in connection with my child's participation in the program from whatever cause, including the active or passive negligence of the City or any other participant in the activity.

I agree to represent that my child has no physical impairment with the activities planned (See Health History to inform us, in writing, of any health-related concerns).

I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital services that may be rendered to said child under general or special instructions or the emergency room physician, whether such diagnosis or treatment is rendered at the hospital. It is understood that this consent is given in advance of any specific diagnosis or treatment being required and is given to encourage said physician(s) to exercise his/her best judgement as to requirement of such diagnosis or treatment.

I have read the code of conduct and agree to instruct my child to cooperate to the fullest with the staff of the program(s) sponsored by the South Pasadena Community Services Department.

This release and consent shall remain in effect until the end of the program, August 9, 2024.

**I HAVE CAREFULLY READ THIS RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT IT IS A FULL RELEASE OF ANY AND ALL POTENTIAL AND ACTUAL LIABILITY WITH THE CITY OF SOUTH PASADENA AND SIGN ON MY OWN FREE WILL.**

Signature: **X**

Date:

# CAMP MED FIELD TRIP/ACTIVITY PERMISSION SLIP

Participant has permission to participate in the City of South Pasadena's Camp Med Program Activity, including but not limited to: Off-site field trips/excursions via motor coach bus or walking, on-site activities, pool trips, and any other activities.

1. I authorize Camp Med staff who will participate in this Activity to obtain on behalf of my child, at my expense, any first aid or emergency medical services which may be considered necessary or advisable at any time during this Activity. I understand efforts will be made to contact me in the event of any accident or injury to my child, but in the event that I cannot be reached, I hereby authorize the Camp Med staff to consent to whatever medical or surgical treatment may be considered necessary or advisable by a physician or nurse treating such injuries.

2.

<b>Special medical needs or conditions of my child/children (e.g. allergies, medications):</b>

3.

<b>DOCTOR/PHYSICIAN</b>	<b>PHONE</b>
<b>MEDICAL INSURANCE COMPANY</b>	<b>POLICY NUMBER</b>
<b>DENTIST</b>	<b>PHONE</b>
<b>MEDICAL INSURANCE COMPANY</b>	<b>POLICY NUMBER</b>

On behalf of myself, my heirs, executors, administrators and assigns, in consideration of participating in the Activity by the City of South Pasadena, I do hereby acknowledge that it has been disclosed to me that participating in this Activity is a voluntary recreational activity which involves inherent risks, dangers and hazards to myself, other participants and non-participants, including, but not limited to, slipping and falling, injuries caused by other participants, said activities may be a dangerous recreational sport which presents the risk of serious bodily injury or death; that all participants in this event, including myself, knowingly and voluntarily assume and acknowledge the risks and liabilities. I further acknowledge and understand that I am accepting "AS IS" any activities held during Activity and any other equipment involved or provided to me in connection with Activity, and further acknowledge that NO WARRANTIES are being extended to me with respect to any aspect of the programming or activity. I further agree that, in the event that my participation in any activity should result in bodily injury or death to myself or any other person, I will not file any claim or lawsuit against the City and do hereby release, acquit and discharge the City of South Pasadena, together with its agents, employees, officers, shareholders, directors, volunteers, successors and/or assigns, of and from any and all claims, damages, costs, liabilities or suits of any kind or nature whatsoever.

**I HAVE READ AND UNDERSTAND THE FOREGOING FIELD TRIP/ACTIVITY PERMISSION SLIP, AND AGREE TO BE BOUND THEREBY. I FURTHER UNDERSTAND AND AGREE THAT IF I AM SIGNING THIS RELEASE AS A PARENT OR GUARDIAN ON BEHALF OF A MINOR CHILD, I AM BINDING SAID CHILD TO THE TERMS HEREOF.**

**Participant's Name:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Signature:** **X** \_\_\_\_\_

**Date:** \_\_\_\_\_

# CAMP MED SUPPLEMENTAL AGREEMENT

The following are additional rules and regulations for Camp Med. Please review carefully, initial, and sign at the bottom.

- \_\_\_\_\_ a. A completed registration application is required for each participant with full payment for the first week.
- \_\_\_\_\_ b. To receive the resident rate, all new participants must show a copy of a South Pasadena utility bill at the time of registration.
- \_\_\_\_\_ c. A Birth Certificate must be presented for **all new participants** at the time of registration for Camp Med.
- \_\_\_\_\_ d. Full payment for each participant's first week of camp is due at registration, and is **non-refundable**. No exceptions. The remaining balance is due per the payment schedule listed below, via automatic credit card withdrawal. A \$20 deposit is required to reserve each additional week, per child. The \$20 deposit is deducted from the weekly fee. If a cancellation is made for the week a reservation is made, the deposit **will not be refunded**. Deposits and weekly payments are **non-transferrable**.

WEEK	CAMP DATES	CANCELLATION DEADLINE	PAYMENT DUE DATE
1 & 2	June 10, 2024 – June 14, 2024 June 17, 2024 – June 21, 2024	Week 1: Non-Refundable Week 2: May 28, 2024	Week 1: Day of Registration Week 2: May 29, 2024
3 & 4	June 24, 2024 – June 28, 2024 July 1, 2024 – July 3, 2024	Tuesday, June 4, 2024	Wednesday, June 5, 2024
5 & 6	July 8, 2024 – July 12, 2024 July 15, 2024 – July 19, 2024	Tuesday, July 18, 2024	Wednesday, July 19, 2024
7 & 8	July 22, 2024 – July 26, 2024 July 29, 2024 – August 2, 2024	Tuesday, July 2, 2024	Wednesday, July 3, 2024
9	August 5, 2024 – August 9, 2024	Tuesday, July 16, 2024	Wednesday, July 17, 2024

- \_\_\_\_\_ e. If there is an outstanding balance, the participant will not be allowed to return to Camp Med. Balance will need to be paid or the account will be turned into the Finance Department for collections.
- \_\_\_\_\_ f. There are no make-up days, refunds or credits if the participant misses camp day(s).
- \_\_\_\_\_ g. Cancellations made after the deadline will not be refunded, no exceptions.
- \_\_\_\_\_ h. All cancellation requests must be emailed to [recreation@southpasadenaca.gov](mailto:recreation@southpasadenaca.gov), **not** at the Camp Med site.
- \_\_\_\_\_ i. City of South Pasadena fee rates increase as of July 1, 2024. Camp fees will increase in accordance with the Master Fee Schedule.
- \_\_\_\_\_ j. Camp Med closes at 6:00 p.m. Late pick-up will result in a \$3.50 per minute, per participant charge after the first 5 minutes. If your child remains at the facility after 6:30 p.m., a staff member will escort the participant to the South Pasadena Police Station, located at 1422 Mission Street, for pick-up.
- \_\_\_\_\_ k. It is the responsibility of the parent/guardian to read the 2024 Summer Camp Med Handbook (available online at [www.southpasadenaca.gov/recreation](http://www.southpasadenaca.gov/recreation)).

**The undersigned has read and understands the Camp Med Supplemental Agreement as outlined above and agrees to comply with all rules and regulations of the City of South Pasadena pertaining to Camp Med.**

**Signature:**  **Date:**

HOW DID YOU HEAR ABOUT US?

<input type="checkbox"/> Returning participant	<input type="checkbox"/> Facebook	<input type="checkbox"/> Family/Friend
<input type="checkbox"/> Ad in paper	<input type="checkbox"/> Email/Newsletter	<input type="checkbox"/> Banner
<input type="checkbox"/> Online search	<input type="checkbox"/> School	<input type="checkbox"/> Other: _____

OFFICE USE ONLY

**Total Weeks:** \_\_\_\_\_ **Sibling:** \_\_\_\_\_ **AMOUNT DUE: \$** \_\_\_\_\_

Check    Credit Card   **Receipt #** \_\_\_\_\_ **Till #** \_\_\_\_\_ **Staff Initials** \_\_\_\_\_