



Recreation Division
 815 Mission St., South Pasadena, CA 91030
 Phone: (626) 403-7380
 Email: recreation@southpasadenaca.gov

2024-2025 CAMP MED AFTER SCHOOL APPLICATION

Thank you for your interest in the City of South Pasadena's Camp Med After School Program. Our program offers an enjoyable and safe environment for all participants. The program entails recreational activities ranging from sports, arts & crafts, games, reading, and homework time. We have caring and experienced, CPR and First Aid certified staff. We are pleased to offer our Camp Med Program from 2:30 p.m. to 6:00 p.m. (Monday-Thursday) and 1:00 p.m. to 6:00 p.m. (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
Monthly Fee: \$424 for 1st participant; \$404 for each additional participant
(Payments are subject to a 3% credit/debit card processing fee)

I understand that I am enrolling my child, _____, in the 2024-2025 Camp Med After School Program.

PARTICIPANT INFORMATION					
LAST NAME		FIRST NAME		NICKNAME (IF PREFERRED)	
HOME ADDRESS		CITY		STATE	ZIP CODE
DATE OF BIRTH		AGE		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____	
PHONE		SCHOOL		GRADE (Entering in the Fall)	

EMERGENCY CONTACT INFORMATION					
PARENT/GUARDIAN'S LAST NAME		PARENT/GUARDIAN'S FIRST NAME			
HOME PHONE		WORK PHONE		CELL PHONE	
WORK ADDRESS		CITY		STATE	ZIP CODE
EMAIL ADDRESS					
PARENT/GUARDIAN'S LAST NAME		PARENT/GUARDIAN'S FIRST NAME			
HOME PHONE		WORK PHONE		CELL PHONE	
WORK ADDRESS		CITY		STATE	ZIP CODE
EMAIL ADDRESS					

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.

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

ADDITIONAL EMERGENCY CONTACT INFORMATION

NAME		RELATIONSHIP TO PARTICIPANT	
HOME PHONE	WORK PHONE	CELL PHONE	
NAME		RELATIONSHIP TO PARTICIPANT	
HOME PHONE	WORK PHONE	CELL PHONE	

EMERGENCY MEDICAL CARE

DOCTOR/PHYSICIAN		PHONE	
ADDRESS/HOSPITAL		MEDICAL PLAN AND NUMBER	

DENTIST	PHONE
ADDRESS/HOSPITAL	MEDICAL PLAN AND NUMBER

AUTHORIZED PICK-UP LIST

Please list all individuals who are authorized to pick participant up 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.

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/debit card for the Camp Med Program based on the payment policy. *(Payments are subject to a 3% credit/debit card fee.)*

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

Signature: X 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: \$ _____
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card	Receipt # _____	Till # _____ Staff Initials _____

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. Fighting and rough play is not permissible.
- 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:

1st occurrence will result in a verbal warning.

2nd occurrence will result in participant being asked to briefly sit out of activity, and a written documentation.

3rd occurrence will result in removal from activity and conference with Program Specialist and parent.

4th occurrence will result in a conference with Program Specialist, Supervisor, and parent. At this point, participant will be removed from program.

Serious or continuing problems may result in immediate suspension or dismissal from Camp Med. In situations where the participant's actions jeopardize the health and safety of anyone involved in the program, the City may immediately remove the participant from the program. Participants removed from the program will not be granted any refunds or credits.

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 After School 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, May 30, 2025.

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 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.

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. Special medical needs or conditions of my participant (e.g. allergies, medications):

On behalf of myself, my heirs, 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 voluntary recreation activity which involved inherent risk, 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 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 parent or guardian on behalf of a minor child, I am binding said child to the terms hereof.

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 month. **First full payment is non-refundable.**
- _____ b. A Birth Certificate must be presented for **all new participants** at the time of registration for Camp Med.
- _____ c. Full payment for each participant’s first month of Camp Med is due at registration. The remaining balance is due on the Wednesday prior to the new month cycle. There is no option to cancel weeks in the four-week cycle or roll over payments to another period. No exceptions. Credit cards will be charged based on the payment schedule listed below and are subject to a 3% credit/debit card processing fee.

PAYMENT DUE	MONTHLY CYCLE	MONTHLY COST PER CHILD
DUE AT REGISTRATION	August 14 th – September 6 th	\$424.00
September 4 th	September 9 th – October 4 th	\$424.00
October 2 nd	October 8 th – October 31 st	\$424.00
October 30 th	November 4 th – November 22 nd	\$318.00 (CLOSED FOR THANKSGIVING BREAK)
November 20 th	December 2 nd – December 20 th	\$318.00 (CLOSED FOR WINTER BREAK)
December 18 th	January 7 th – January 31 st	\$424.00
January 29 th	February 3 rd – February 28 th	\$424.00
February 26 th	March 4 th – March 27 th	\$424.00
DUE AT REGISTRATION	SPRING BREAK CAMP: March 31 st – April 4 th	\$178.00
March 26 th	April 7 th – May 2 nd	\$424.00
April 30 th	May 5 th – May 30 th	\$424.00
-	June 2 nd – June 4 th	NOTE: Camp Med ends on May 30th. There is no camp the last week of school.

- _____ d. 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.
- _____ e. If there are two (2) missed or delayed payments, your participant will be suspended from the program. Failure to maintain a zero balance may cause your participant from being dropped from the program.
- _____ f. There are no make-up days, refunds or credits if the participant misses camp day(s) or week(s).
- _____ g. Any cancellations must be made via email to recreation@southpasadenaca.gov, **not** at the Camp Med site.
- _____ h. I understand Camp Med is **CLOSED** on City observed holidays, Pupil Free/Professional Development days, and June 2-4, 2025. I also understand that it is the parents’ responsibility to check the school/district calendar for scheduled days off and updates.
- _____ i. I understand it is the parents’ responsibility to notify the office if my child does not need a pick-up for Camp Med. Notification to the Recreation Office must be made **no later than 12:00 p.m.** Staff will wait at the schools for no more than 5 minutes after dismissal time. If your child is not at the pick-up location on time, staff will leave the school site.
- _____ 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. I understand that the Camp Med staff will assume responsibility for my child from the time they are signed into camp until they leave the program according to instructions for departure.
- _____ l. It is the responsibility of the parent/guardian to read the 2024-2025 Camp Med Handbook (available online at www.southpasadenaca.gov/campmed).

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

Signature: X _____ **Date:** _____

REGISTRATION AND PAYMENT POLICY

PLEASE KEEP THIS PAGE FOR YOUR RECORDS

Registration for the Camp Med After School Program is based on a monthly fee. There is no option to cancel weeks in the four-week cycle or roll over payment to another period. There are no make-up days, refunds or credits if the participant misses camp day(s) or week(s).

CAMP MED FEES

1st Participant: \$424.00 for 4 weeks
\$318.00 for 3 weeks

Each Additional Participant: \$404.00 for 4 weeks
\$303.00 for 3 weeks

PAYMENT DUE	MONTHLY CYCLE	MONTHLY COST PER CHILD
DUE AT REGISTRATION	August 14 th – September 6 th	\$424.00
September 4 th	September 9 th – October 4 th	\$424.00
October 2 nd	October 8 th – October 31 st	\$424.00
October 30 th	November 4 th – November 22 nd	\$318.00 (CLOSED FOR THANKSGIVING BREAK)
November 20 th	December 2 nd – December 20 th	\$318.00 (CLOSED FOR WINTER BREAK)
December 18 th	January 7 th – January 31 st	\$424.00
January 29 th	February 3 rd – February 28 th	\$424.00
February 26 th	March 4 th – March 27 th	\$424.00
DUE AT REGISTRATION	SPRING BREAK CAMP: March 31 st – April 4 th	\$178.00
March 26 th	April 7 th – May 2 nd	\$424.00
April 30 th	May 5 th – May 30 th	\$424.00
-	June 2 nd – June 4 th	NOTE: Camp Med ends on May 30th. There is no camp the last week of school.

CAMP MED SPRING BREAK FEES

1st Participant (Resident): \$178.00
1st Participant (Non-Resident): \$199.00

Each Additional Participant (Resident): \$165.00
Each Additional Participant (Non-Resident): \$187.00

MONDAY 5/31	TUESDAY 4/1	WEDNESDAY 4/2	THURSDAY 4/3	FRIDAY 4/4
7:30 a.m.-6:00 p.m.	7:30 a.m.-6:00 p.m.	7:30 a.m.-6:00 p.m.	7:30 a.m.-6:00 p.m.	7:30 a.m.-6:00 p.m.

CAMP MED SUMMER PROGRAM FEES

1st Participant (Resident): \$178.00
1st Participant (Non-Resident): \$199.00

Each Additional Participant (Resident): \$165.00
Each Additional Participant (Non-Resident): \$187.00

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
7:30 a.m.-6:00 p.m.	7:30 a.m.-6:00 p.m.	7:30 a.m.-6:00 p.m.	7:30 a.m.-6:00 p.m.	7:30 a.m.-6:00 p.m.