City of Moorpark, Recreation Division

CAMP MOORPARK ANNUAL ENROLLMENT FORM

Summer 2026- Spring 2027

Up to 3 children from the SAME HOUSEHOLD may register on this form. **FORM MUST BE FULLY COMPLETED.**

SECTION 1: GENERAL INFORMATION

CAMPER Last & First Name:	
CAMPER Last & First Name:	
CAMPER Last & First Name:	

Camper(s) Home Address	**City**	**Zip**
Primary Email Address	**Primary Phone**	**Secondary Phone**
	( )	( )

Physician Name	**Physician's Phone**	**Health Care Provider**	**Policy Number**

SECTION 2: PARENT / GUARDIAN INFORMATION

Parent/Guardian #1 Name		**Date of Birth**	**Relationship to Child(ren)**
Email Address		**Cell Phone Number**	**Work Phone Number**
		( )	( )
Resides with Child?	❍Full Time ❍Part Time ❍No	**Address (if different than above):**	

Parent/Guardian #2 Name		**Date of Birth**	**Relationship to Child(ren)**
Email Address		**Cell Phone Number**	**Work Phone Number**
		( )	( )
Resides with Child?	❍Full Time ❍Part Time ❍No	**Address (if different than above):**	

SECTION 3: EMERGENCY CONTACT / PICK UP INFORMATION

EMERGENCY CONTACTS AND RELEASE PERSONS:

In addition to parent/guardian(s) listed above, identify those who have your permission to pick up your child(ren) or should be contacted if you are unreachable during an emergency. ***It is mandatory to list at least (1) person other than a parent/guardian. Parent/guardian(s) and emergency contacts must present photo ID at pick-up each day.***

Full Name	**Relationship to Child**	**Cell Phone Number**	**Alternate Number**
		( )	( )
		( )	( )
		( )	( )
		( )	( )

SECTION 4: CAMPER INFORMATION

CAMPER #1 NAME (FIRST AND LAST)			Date of Birth	Gender	Shirt Size
NICKNAME (IF ANY)			**School Attending**		**Grade** (26/27)
Taking Medication?	❍Yes ❍No	**If Yes, name/dose:**	Medication Name:		
If Yes, medication taken while at camp? ❍Yes ❍No			Dose:		
Physical Restrictions?	❍Yes ❍No	**If Yes, describe:**			
Accommodation Requested?	❍Yes ❍No	***If Yes, complete and attach Accommodation Form***			
Child has IEP/SAI or in SDC?	❍Yes ❍No	***If Yes, complete and attach Accommodation Form***			
Allergies?	❍Yes ❍No	❍Seasonal ❍Bee Sting ❍Food (list) _____			
If Yes, Mark All Allergies:		❍Medication (list) _____ ❍Other _____			
Immunizations Current?	❍Yes ❍No	***If no, physician letter for medical exception required***			

CAMPER #2 NAME (FIRST AND LAST)			Date of Birth	Gender	Shirt Size
NICKNAME (IF ANY)			**School Attending**		**Grade** (26/27)
Taking Medication?	❍Yes ❍No	**If Yes, name/dose:**	Medication Name:		
If Yes, medication taken while at camp? ❍Yes ❍No			Dose:		
Physical Restrictions?	❍Yes ❍No	**If Yes, describe:**			
Accommodation Requested?	❍Yes ❍No	***If Yes, complete and attach Accommodation Form***			
Child has IEP/SAI or in SDC?	❍Yes ❍No	***If Yes, complete and attach Accommodation Form***			
Allergies?	❍Yes ❍No	❍Seasonal ❍Bee Sting ❍Food (list) _____			
If Yes, Mark All Allergies:		❍Medication (list) _____ ❍Other _____			
Immunizations Current?	❍Yes ❍No	***If no, physician letter for medical exception required***			

CAMPER #3 NAME (FIRST AND LAST)			Date of Birth	Gender	Shirt Size
NICKNAME (IF ANY)			**School Attending**		**Grade** (26/27)
Taking Medication?	❍Yes ❍No	**If Yes, name/dose:**	Medication Name:		
If Yes, medication taken while at camp? ❍Yes ❍No			Dose:		
Physical Restrictions?	❍Yes ❍No	**If Yes, describe:**			
Accommodation Requested?	❍Yes ❍No	***If Yes, complete and attach Accommodation Form***			
Child has IEP/SAI or in SDC?	❍Yes ❍No	***If Yes, complete and attach Accommodation Form***			
Allergies?	❍Yes ❍No	❍Seasonal ❍Bee Sting ❍Food (list) _____			
If Yes, Mark All Allergies:		❍Medication (list) _____ ❍Other _____			
Immunizations Current?	❍Yes ❍No	***If no, physician letter for medical exception required***			

SECTION 5: ENROLLMENT AGREEMENT AND RELEASE FORM

Signature on release form required to complete enrollment. Form may not be altered.

RELEASE FORM: Please read the following information carefully. Your initials and signature below indicate that you have read this agreement and release and fully understand and agree to abide by the terms of Camp Moorpark. This form must be completed and signed to enroll in and attend camp.

ACTIVITY APPROVAL: I grant permission for my child(ren) to participate in camp activities including but not limited to sports, crafts, games, STEM, field days, parties, and special events.

PARENT INITIAL: _____

TRIP APPROVAL: I grant permission for my child(ren) to attend camp field trips for which they are enrolled. Trips include transportation to and from trip sites. I understand my child(ren) will not participate in field trips for which they are not enrolled.

PARENT INITIAL: _____

MOVIE APPROVAL: I grant permission for my child(ren) to view movies with MPAA ratings of G or PG.

PARENT INITIAL: _____

BEHAVIOR CODE AND CAMP RULES: Good behavior is expected at all times. Harmful or disruptive behavior will result in appropriate disciplinary action, up to and including expulsion from camp. Unacceptable behavior and/or abusive language by parent(s) or guardian(s) may also result in a child being expelled. No refunds will be issued for single day suspensions. Refunds or credits will be issued according to the City's cancelation and withdrawal policy and camp registration policies as stated in the camp packet for multiple day suspensions or expulsion from camp. Campers are expected to abide by camp rules at all times. I agree to abide by the terms of the behavior code and camp rules.

PARENT INITIAL: _____

RESTRICTIONS ON ELECTRONIC DEVICES AND TOYS: Electronic devices, including but not limited to cell phones, smart watches, video games, MP3 players/iPods, and tablets/iPads/digital readers are not permitted at camp. Items brought to camp may be confiscated by staff and held in the main office for pickup at the end of the day. The City of Moorpark is not responsible for lost, damaged, or stolen items.

PARENT INITIAL: _____

REGISTRATION POLICY AND FEES: I agree to abide by the terms and conditions outlined in the registration policy in the Information Packet. All camp registrations are subject to availability. I understand that no child can attend camp without enrolling and paying the required fees. I understand there is, and agree to pay, the required $25 processing fees for any returned checks.

PARENT INITIAL: _____

REFUND, CREDIT, TRANSFER, AND ABSENCE POLICY: I agree to abide by the terms and conditions outlined in the camp packet for transfers, refunds, credits, and sick days. I agree to have deducted from any transfer, credit, or refund the processing and administrative fees as described in the camp information packet. I understand that no credit, refund, or transfer will be given without notice as described in the camp packet. I further understand that credits, refunds, or transfers are not given for absences other than sick days as described in the camp packet. I understand that the annual enrollment fee is nonrefundable.

PARENT INITIAL: _____

SIGN IN/SIGN OUT POLICY: Extended care hours begin at 7:00 a.m. (8:00 a.m. during the school year) and conclude at 6:00 p.m. Children may arrive no earlier and depart no later than these times. I agree to abide by the Camp Hours and Extended Care Policy. I agree to have my child(ren) signed in and out each day according to the Sign In and Sign Out Policy outlined in the camp information packet. I understand that there is, and agree to pay, a $5 fee for every 5 minutes, or part thereof, that my child(ren) attends camp beyond the end of extended care. Child(ren) not picked up by 6:30 p.m. will be released to the custody of the Moorpark Police Department.

PARENT INITIAL: _____

FIELD TRIP AND ACTIVITY CANCELLATIONS BY CITY: Camp trips must meet a minimum number of participants, and the City reserves the right to change, combine, or cancel trips and activities as necessary. The City will strive to provide at least one business day notice of a trip or activity change or cancellation.

PARENT INITIAL: _____

PHOTOGRAPHY AND VIDEO RELEASE: I hereby grant the City of Moorpark, at its discretion and free of charge, permission to use videos, still photography, likenesses, images, media, and/or voice recordings of my child(ren) or myself participating in City sponsored recreation programs for the purpose of publicizing or promoting said programs. The full name(s) of my child(ren) or myself will not be used in conjunction herewith without my written permission.

PARENT INITIAL: _____

INFORMED CONSENT AND RELEASE: I, the undersigned, hereby fully understand that my and/or my child(ren)'s participation in this activity, (hereinafter "program") exposes me/my child(ren) to the risk of personal injury, death, communicable diseases, illnesses, viruses, or property damage. I hereby acknowledge that I/my child(ren) am voluntarily participating in this program and agree to assume any such risks. I hereby release, discharge and agree not to sue the City of Moorpark (CITY) for any injury, death or damage to or loss of personal property arising out of, or in connection with, my/my child(ren)'s participation in the program from whatever cause, including the active or passive negligence of or by any other participants in the program. The parties to this agreement understand that this document is not intended to release any party from any act or omission of "gross negligence," as that term is used in applicable case law and/or statutory provision. In consideration for being permitted to participate in the program, I hereby agree, for myself, my child(ren), my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless the CITY from any and all claims, demands actions or suits arising out of or in connection with my/my child(ren)'s participation in the program. I HAVE CAREFULLY READ THIS RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT ON MY OWN FREE WILL. I agree and acknowledge that some activities may include physical and/or strenuous exercise or activity, and understanding this, I state that to the best of my knowledge the participant has no medical, physical, mental, or emotional health condition which would hinder or prevent active participation in the activity. Please note: The CITY does not provide any insurance coverage of any kind for participants. The CITY strongly recommends that appropriate insurance be obtained by each participant. **PERMISSION FOR MEDICAL TREATMENT & TRANSPORT:** I grant the CITY and agents thereof, permission to administer basic first aid, apply sunscreen, and in the event that myself or my child(ren) require advanced first aid or medical treatment, to call 911. I further grant permission for emergency medical services to transport myself or my child(ren) to a center of advanced care. I grant permission to any and all physicians, surgeons, medical personnel, and emergency medical technicians or paramedics to treat myself or my child(ren) if such treatment is reasonably required.

PARENT OR GUARDIAN SIGNATURE	PRINT NAME	DATE

Participant Name(s): _____, _____, _____

DO NOT EMAIL THIS FORM! Return the completed form, along with annual enrollment fees to:
Arroyo Vista Recreation Center, 4550 Tierra Rejada Road, Moorpark, CA 93021

STAFF USE ONLY		
Date Received	Reviewed By	Information Verified
		❍ All Areas of Form Complete ❍ Form Signed ❍ Shirt Received ❍ Annual Enrollment Fee Paid ❍ Shirt entered into RecTrac Accommodation Form Required? ❍ No ❍ Yes (If Yes, attach form) Medication Form Required? ❍ No ❍ Yes (If Yes, attach form)