

City of Moorpark, Recreation Division  
**CAMP MOORPARK & ADVENTURE CAMP 2019-2020**  
**RELEASE FORM & INFORMATION SHEET**

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

CHILD Last & First Name: \_\_\_\_\_

CHILD Last & First Name: \_\_\_\_\_

CHILD Last & First Name: \_\_\_\_\_

CHILD Last & First Name: \_\_\_\_\_

Family Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary email: \_\_\_\_\_ Primary phone: (\_\_\_\_\_) \_\_\_\_\_

Children's primary language: \_\_\_\_\_ Parent's primary language: \_\_\_\_\_

Physician's name: \_\_\_\_\_ Physician's phone (\_\_\_\_\_) \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

**Parent/Guardian #1:** \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Cell phone: (\_\_\_\_\_) \_\_\_\_\_ Home phone: (\_\_\_\_\_) \_\_\_\_\_

Work phone: (\_\_\_\_\_) \_\_\_\_\_ Employer: \_\_\_\_\_

Email address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Resides with child?  Yes  No (Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_)

**Parent/Guardian #2:** \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Cell phone: (\_\_\_\_\_) \_\_\_\_\_ Home phone: (\_\_\_\_\_) \_\_\_\_\_

Work phone: (\_\_\_\_\_) \_\_\_\_\_ Employer: \_\_\_\_\_

Email address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Resides with child?  Yes  No (Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_)

**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.***

**Name:** \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Name:** \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Name:** \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Name:** \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

---

**PARTICIPANT INFORMATION**

---

**CHILD # 1 NAME:** \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade In Fall: \_\_\_\_\_ School: \_\_\_\_\_ Gender: \_\_\_\_\_

Is this child currently taking any medication?  No  Yes: (name of medication) \_\_\_\_\_Does this child have any allergies?  No Allergies  YES (If your child has allergies, please check all that apply below) Seasonal  Bee Sting  Food allergies (list): \_\_\_\_\_ Medication allergies (list): \_\_\_\_\_  Other (list): \_\_\_\_\_Does this child have any physical restrictions?  No  Yes: (describe) \_\_\_\_\_Does this child require a special accommodation?  No  Yes (complete Accommodation Form)Date of last tetanus shot: \_\_\_\_/\_\_\_\_/\_\_\_\_ Immunizations current?  Yes  No (medical exemption required)Camp attending:  Camp Moorpark  Adventure Camp

---

**CHILD # 2 NAME:** \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade In Fall: \_\_\_\_\_ School: \_\_\_\_\_ Gender: \_\_\_\_\_

Is this child currently taking any medication?  No  Yes: (name of medication) \_\_\_\_\_Does this child have any allergies?  No Allergies  YES (If your child has allergies, please check all that apply below) Seasonal  Bee Sting  Food allergies (list): \_\_\_\_\_ Medication allergies (list): \_\_\_\_\_  Other (list): \_\_\_\_\_Does this child have any physical restrictions?  No  Yes: (describe) \_\_\_\_\_Does this child require a special accommodation?  No  Yes (complete Accommodation Form)Date of last tetanus shot: \_\_\_\_/\_\_\_\_/\_\_\_\_ Immunizations current?  Yes  No (medical exemption required)Camp attending:  Camp Moorpark  Adventure Camp

---

**CHILD # 3 NAME:** \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade In Fall: \_\_\_\_\_ School: \_\_\_\_\_ Gender: \_\_\_\_\_

Is this child currently taking any medication?  No  Yes: (name of medication) \_\_\_\_\_Does this child have any allergies?  No Allergies  YES (If your child has allergies, please check all that apply below) Seasonal  Bee Sting  Food allergies (list): \_\_\_\_\_ Medication allergies (list): \_\_\_\_\_  Other (list): \_\_\_\_\_Does this child have any physical restrictions?  No  Yes: (describe) \_\_\_\_\_Does this child require a special accommodation?  No  Yes (complete Accommodation Form)Date of last tetanus shot: \_\_\_\_/\_\_\_\_/\_\_\_\_ Immunizations current?  Yes  No (medical exemption required)Camp attending:  Camp Moorpark  Adventure Camp

---

**CHILD # 4 NAME:** \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade In Fall: \_\_\_\_\_ School: \_\_\_\_\_ Gender: \_\_\_\_\_

Is this child currently taking any medication?  No  Yes: (name of medication) \_\_\_\_\_Does this child have any allergies?  No Allergies  YES (If your child has allergies, please check all that apply below) Seasonal  Bee Sting  Food allergies (list): \_\_\_\_\_ Medication allergies (list): \_\_\_\_\_  Other (list): \_\_\_\_\_Does this child have any physical restrictions?  No  Yes: (describe) \_\_\_\_\_Does this child require a special accommodation?  No  Yes (complete Accommodation Form)Date of last tetanus shot: \_\_\_\_/\_\_\_\_/\_\_\_\_ Immunizations current?  Yes  No (medical exemption required)Camp attending:  Camp Moorpark  Adventure Camp

---

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

# **Camp Moorpark & Adventure Camp Enrollment Agreement and Release Form**

**SIGNATURE REQUIRED TO COMPLETE REGISTRATION. RELEASE MAY NOT BE ALTERED.**

**RELEASE FORM:** *Please read the following information carefully. Your signature below indicates that you have read this agreement and release and fully understand and agree to abide by the terms of Camp Moorpark and Adventure Camp. This form must be initialed at each section and signed in order to enroll in and attend Camp Moorpark and/or Adventure Camp.*

Participant Name(s): \_\_\_\_\_,  
\_\_\_\_\_

### **TRIP AND ACTIVITY APPROVAL**

I, the undersigned, hereby 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 grant permission for my child(ren) to participate in Camp activities including but not limited to sports, crafts, games, field days, and special events.

**Initial:**

\_\_\_\_\_

### **MOVIE APPROVAL**

I grant permission for my child(ren) to view movies with MPAA ratings of G or PG in Camp Moorpark, and MPAA ratings of G, PG, or PG-13 in Adventure Camp.

**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 cancellation 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.

**Initial:**

\_\_\_\_\_

### **RESTRICTIONS ON ELECTRONIC DEVICES**

Electronic devices, including video games, MP3 players/iPods, and iPads/digital readers are not permitted at camp. Cell phones are permitted only in Adventure Camp at the trip site. The City of Moorpark is not responsible for lost, damaged, or stolen items. I agree to abide by these terms.

**Initial:**

\_\_\_\_\_

### **REGISTRATION POLICY AND FEES**

I agree to abide by the terms and conditions outlined in the Registration Policy. I understand that Recreation Division office staff must receive registrations a minimum of five business days in advance in order to qualify for the regular camp rate. All camp registrations are subject to availability. I understand that registrations received with less than five business days notice will be accepted at a higher rate and are subject to availability. I understand that no child can attend camp without paying the required fees. I understand there is, and agree to pay, the required processing fee for any returned checks.

**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 packet. **I understand that no credit, refund, or transfer will be given without a minimum of one business day notice. I further understand that credits, refunds, or transfers are not given for sick days or other absences.** I understand that the annual enrollment fee is nonrefundable.

**Initial:**

\_\_\_\_\_

### **FIELD TRIP AND ACTIVITY CANCELLATION POLICY**

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.

**Initial:**

\_\_\_\_\_

**ENROLLMENT AGREEMENT AND RELEASE FORM**

**SIGN IN/SIGN OUT POLICY**

Extended care hours begin at 7:00 am (8:00 am during the school year) and conclude at 6:00 p.m. Children may be dropped off no earlier and picked up no later than these times. I agree to have my child(ren) signed in and out each day according to the Sign In and Sign Out Policy. 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. I agree to abide by the Camp Hours and Extended Care Policy.

Initial:  
\_\_\_\_\_

**PHOTOGRAPHY 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 name(s) of my child(ren) or myself will not be used in conjunction herewith without my written permission.

Initial:  
\_\_\_\_\_

**INFORMED CONSENT AND RELEASE:**

I, the undersigned, and my child(ren), are voluntarily participating in Camp Moorpark and/or Adventure Camp. I understand that such participation does not establish or imply an employer-employee or an agency relationship with the City of Moorpark. I agree and acknowledge that some activities may be of a hazardous nature and/or include physical and/or strenuous exercise or activity and understanding this, I state that I have no knowledge of any condition that would prohibit me or my child(ren) from safely participating. In consideration of the request and permission to participate in the above referenced program, I hereby assume full responsibility for all risk of injury or loss which may result from my or my child(ren)'s participation in this activity and hereby AGREE TO DEFEND, INDEMNIFY, HOLD HARMLESS, RELEASE AND FOREVER DISCHARGE the City of Moorpark, from any and all acts of negligence and all claims and demands whatsoever, which the undersigned, any third person, or any persons acting under their behalf, have or may have against the City of Moorpark, by reason of any accident, illness, injury to or death of any person or persons, or damage to or loss or destruction of any property arising or resulting directly or indirectly from participation in the referenced activity, and occurring during said participation, or any time subsequent thereto. The terms of this release will serve as a release and assumption of risk for my heirs, executors and administrators and for all of my family members. Please note: The City of Moorpark does not provide any insurance coverage of any kind for participants. The City of Moorpark strongly recommends that appropriate insurance be obtained by each participant.

Initial:  
\_\_\_\_\_

**PERMISSION FOR MEDICAL TREATMENT & TRANSPORT:**

I grant the City of Moorpark 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 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.

Initial:  
\_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_

Participant Name(s): \_\_\_\_\_,  
\_\_\_\_\_

**CITY USE ONLY**

Staff Name \_\_\_\_\_ Medications Confirmed \_\_\_\_\_ Allergies Confirmed \_\_\_\_\_  
All Signatures on Form \_\_\_\_\_ All Initials on Form \_\_\_\_\_ Camp Shirt Size(s) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Camp Moorpark  Adventure Camp  BOTH (CMP/ADV)