



CITY OF PICO RIVERA
DEPARTMENT OF PARKS & RECREATION

CAMP REGISTRATION & INFORMATION FORM
Fall Mini Camp 2024

Kinder to 2nd Grade **3rd to 5th Grade** **6th to 8th Grade**
(Must be 5yrs and a Birth Certificate is Required)

Please **Check** Grade: Kinder 1st 2nd 3rd 4th 5th 6th 7th 8th

Please **Check** Child's Age: 5 6 7 8 9 10 11 12 13 14 15

Note: Camp T-Shirt is required daily.

CAMPER INFORMATION

Name: _____ Birthdate: _____

Camper Gender: M / F Any Camp Siblings/Relatives: _____

Does camper need any special accommodation? Yes No Does camper require an aide? Yes No
(Parent required to provide aide)

Please Explain: _____

Allergies: Yes No
Please Explain: _____

Daily Medications: Yes No Meds: _____

Administered at Home. Time: _____ Administered in Public. Time: _____

PARENT/GUARDIAN INFORMATION

Relationship: _____

Name: _____ Cell: _____ Birthdate: _____

Address: _____ City: _____ Zip: _____

Email : _____ Other Phone: _____

PARENT/GUARDIAN INFORMATION

Relationship: _____

Name: _____ Cell: _____ Birthdate: _____

Address: _____ City: _____ Zip: _____

Email : _____ Other Phone: _____

CAMPER EMERGENCY CONTACTS

Name: _____ City: _____ Relationship: _____ Cell Number: _____

Name: _____ City: _____ Relationship: _____ Cell Number: _____



**CAMPER ADDITIONAL
PICK-UP/SIGN-OUT AUTHORIZATION FORM
CAMPER AGREEMENT, HOLD HARMLESS & PHOTO RELEASE**

I authorize the following adults to pick-up or sign-out my child from camp at anytime. (Must be 18 years of age with a valid ID card.)

Name:	Relationship:	Phone Number:
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Name:	Relationship:	Phone Number:
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Name:	Relationship:	Phone Number:
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Name:	Relationship:	Phone Number:
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Name:	Relationship:	Phone Number:
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HANDBOOK AGREEMENT, HOLD HARMLESS & PHOTO RELEASE

Parent/Guardian & Camper Handbook Agreement

I have received the Camp Parent Handbook and by enrolling my child in camp I agree to all policies, program design and fees.

Hold Harmless Agreement

I agree to waive and release the City of Pico Rivera and its officers, agents, and employees from and against any and all claims, cost liabilities, expenses, or judgments, including attorney’s fees and court costs arising from my child’s (or my) participation in the City’s recreation program or any illness or injury resulting therefrom.

I further agree to indemnify and hold harmless the City of Pico Rivera from and against any and all such claims, whether caused by negligence or otherwise, except for illness and injury resulting directly from willful misconduct on the part of the City, its employees.

I understand and agree that by signing this waiver, I am freeing the City of Pico Rivera, its officers, agents, or employees from any liability resulting from my child’s (or my) participation in this activity.

Photo Release

I give my permission to the City of Pico Rivera to photograph me or my children participating in the programs for use in the City of Pico Rivera publicity and publications and will not seek compensation for such.

Signature: _____

Date: _____