



CITY OF PICO RIVERA
DEPARTMENT OF PARKS & RECREATION

CAMP REGISTRATION & INFORMATION FORM
Spring Camp 2026

☐ **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

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:	

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Relationship:

Name:	Cell:	Birthdate:
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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:

Name:

Relationship:

Phone Number:

Name:

Relationship:

Phone Number:

Name:

Relationship:

Phone Number:

Name:

Relationship:

Phone Number:

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: _____