

# Fall Youth Camp

## Boys & Girls 6 – 10 years

**Monday – Wednesday • November 23 – 25 • 7:30AM – 6:00PM**

**\$50 Per Day Per Child / \$150 Per Child**

**Participants must bring their own lunch and snack**

**Arts & Crafts, Outdoor Sports, Movie Day, Beach Trip,  
Fitness Activities, Game Day, Science, Fun & Much More!**

*Registration open until program is full. Space is limited so sign up today!!!!*



**Burton W. Chace Park**

13650 Mindanao Way, Marina del Rey 90292

(310) 305-9595

[beaches.lacounty.gov](http://beaches.lacounty.gov)



COUNTY OF LOS ANGELES DEPARTMENT OF BEACHES AND HARBORS



OFFICE USE ONLY	Dates Registered:		
Fee \$	Date Paid:	Receipt #:	Staff Int.



**BURTON W. CHACE PARK 2015 FALL YOUTH CAMP  
Participant Registration**

**PARTICIPANT'S NAME:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

*(A current photograph of the child must be attached to this registration for emergency purposes)*

**BIRTH DATE:** \_\_\_\_\_ **GENDER:** Female/Male **CHILD'S SWIMMING ABILITY:** None Some Experience Novice Swimmer  
(MM/DD/YYYY)

**ADDRESS:** \_\_\_\_\_ **Apt./Unit:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

**MOTHER/GUARDIAN:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**HOME:** (\_\_\_\_) \_\_\_\_\_ **CELL:** (\_\_\_\_) \_\_\_\_\_ **WORK:** (\_\_\_\_) \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**FATHER/GUARDIAN:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**HOME:** (\_\_\_\_) \_\_\_\_\_ **CELL:** (\_\_\_\_) \_\_\_\_\_ **WORK:** (\_\_\_\_) \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**CHILD PICK-UP AUTHORIZATIONS**

I hereby authorize the following persons to pick up my child from Burton W. Chace Park Spring Youth Camp program at any given date and time. I agree to inform the following persons that **proper identification will be required in order to pick-up my child/ward**. I agree to notify the park staff immediately of any changes in authorized pick-ups.

Persons **PERMITTED** to pick-up child:

NAME	HOME PHONE #	CELL PHONE #	RELATIONSHIP
1.			
2.			
3.			

Persons **NOT permitted** to pick-up child:

NAME:	RELATIONSHIP:
NAME:	RELATIONSHIP:

\_\_\_\_\_  
Name of parent/guardian submitting registration

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

PARTICIPANT'S NAME: \_\_\_\_\_

PROGRAM: **2015 FALL Youth Camp**

**AUTHORIZATION OF CONSENT TO MEDICAL TREATMENT OF A MINOR**

I(We), the undersigned, parent(s) of \_\_\_\_\_, a minor, do hereby authorize all representatives of the Los Angeles County Department of Beaches and Harbors as agent(s) for the undersigned, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and rendered under the general or special provision of any physician and surgeon licensed under the provisions of the Medical Practice Act or the medical staff of any accredited hospital, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

It is understood that effort shall be made to contact the undersigned prior to the rendering of treatment to the patient but that none for the above treatment shall be withheld if the undersigned cannot be reached.

This authorization shall remain effective through December 1, 2015 unless sooner revoked in writing and delivered to said agent(s).

\_\_\_\_\_  
NAME OF PARENT OR GUARDIAN & SIGNATURE

\_\_\_\_\_  
RELATIONSHIP

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME OF PARENT OR GUARDIAN & SIGNATURE

\_\_\_\_\_  
RELATIONSHIP

\_\_\_\_\_  
DATE

In compliance with Consent Manual, California Hospital Association.

DOCTOR'S NAME: \_\_\_\_\_

PHONE # \_\_\_\_\_

INSURANCE CARRIER: \_\_\_\_\_

POLICY # \_\_\_\_\_

**MEDICAL INFORMATION:** (include known allergic reactions, specific medications, medical problems, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACTS**

Please provide the names and phone numbers of a reliable relative or friend who we may contact in case of an emergency. Please include two or more contacts.

NAME

HOME/WORK PHONE #

CELL PHONE #

RELATIONSHIP

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_



PARTICIPANT'S NAME: \_\_\_\_\_

PROGRAM: **2015 FALL Youth Camp**

### **WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMINITY AGREEMENT**

In consideration of being allowed to participate in any way in the Los Angeles County Burton Chace Park youth program, and related events and activities, the undersigned:

1. Agrees that prior to participating he or she should inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he or she should immediately advise the Park Director of such condition(s) and refuse to participate.
2. Acknowledges and fully understands that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence, but the action, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at the time.
3. Assumes all of the foregoing risk and accepts personal responsibility for the damages following such injury, permanent disability or death.
4. Releases, waives, and discharges the County of Los Angeles, its special districts, elected and appointed officers, employees, and agents, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessees of any premises used to conduct the event(s), all of which are hereinafter referred to as "releases" from any and all liability to the undersigned, his or her heirs, next of kin, personal representatives or assigns for any and all claims, demands, losses or damages on account of injury, including death or damage to property caused or alleged to be caused in whole or in part by any act or omission of the releases or otherwise, and hereby covenants not to sue releases for same.
5. Agrees to indemnify, defend, and hold releases harmless from and against any and all liability, including but not limited to demands, claims, actions, fees, costs, and expenses (including attorney and expert witness fees), arising from or connected with the undersigned's participation in the event(s).
6. Agrees that the foregoing waiver, assumption of risk and indemnity agreement is intended to be as broad and inclusive as is permitted by the laws of the State of California and that if any portion thereof is held invalid, agrees that the balance shall, notwithstanding, continue in full legal force and effect.

**I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS, INCLUDING MY RIGHT TO SUE, BY SIGNING IT AND SIGN IT FREELY AND VOLUNTARILY, AND INTEND BY MY SIGNATURE FOR THIS TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.**

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

### **PHOTOGRAPHY CONSENT, RELEASE AND WAIVER OF LIABILITY**

IN CONSIDERATION FOR VALUE RECEIVED, I hereby give County of Los Angeles Department of Beaches and Harbors or its assigns the absolute right and permission to copyright and/or publish, or use photographic portraits or pictures of me and/or my child or in which I, and/or he/she may be included in whole or in part, or composite or reproductions thereof in color or otherwise, made through any media, for art, advertising, publicity, promotions, or any other lawful purpose whatsoever.

I hereby waive any rights that I may have to inspect and/or approve the finished product or the advertising copy that may be used in connection therewith, or the use to which it may be applied.

I hereby release, discharge and agree to save County of Los Angeles Department of Beaches and Harbors from any liability by virtue of alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said pictures, or in any process tending toward the completion of the finished product.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE



**Burton W. Chace Park**  
*Policies and Procedures Agreement*

**Department Mission**

*Caring for Your Coast in a sustainable manner by providing clean, safe, and accessible public urban beaches and Marina del Rey harbor while promoting quality of life, economic vitality, boating, and other recreational opportunities.*

**1. Expectations**

- Respect and courtesy is expected from all participants and parents at all times.
- Campers must take care of the equipment and furniture. Parents are responsible for any damage to camp equipment or facilities.
- Campers are responsible for cleaning up after themselves.
- Office phones may only be used by participants in the event of an emergency.
- Campers are not allowed to use electronic devices in the camp. No Exceptions. If your child is seen with, or using, an electronic device staff will ask the child to put it away.

**2. Sign-In and Out Procedures**

Authorized parents/guardians are required to sign-in their child at the start of camp, and to sign-out their child at the end of camp. Children are not permitted to leave without an authorized parent/guardian signature. **A photo ID is required for all authorized individuals upon pick-up of the child.** No camper is allowed to sign themselves in or out at any time.

If someone, other than yourself or someone listed on the authorized pick-up list, will be picking up your child, you are required to send a written consent with their full name, relationship, phone number and your signature. They will be required to show ID. **\*Please keep us updated with authorized pick-ups and emergency phone numbers\***

**3. Behavior**

- All campers are expected to show respect for staff and other campers at all times.
- Severe or repeated discipline problems will result in suspension/expulsion without a refund.
- Verbal abuse is not allowed at the camp (this includes the use of racial slurs, negative descriptive terms, and foul language).
- Fighting and stealing will result in immediate suspension.
- DISCIPLINE PROBLEMS WILL BE HANDLED BY RECREATION STAFF AND SUPERVISORS, WHO HAVE SOLE DISCRETION ON CONSEQUENCES THAT MAY INCLUDE: VERBAL WARNING, PARENT NOTIFICATION, SUSPENSION OR EVEN EXPULSION.

**4. Attire**

Your child will be spending time outdoors throughout the camp. Please have them dress appropriately. We have found that children dressed in breathable layers works best, so that they may adjust their clothes for the temperature and their comfort. **Socks and closed toed shoes are required at all times.**

Campers dressed inappropriately will not be allowed to stay for the day. Parent/Guardian will be asked to pick-up children, if dressed inappropriately.

**5. Personal Belongings**

Campers are responsible for any valuables or money brought to the camp. Camp staff is NOT responsible for lost or stolen items.

**6. Absences and Tardiness**

If your child will not be in camp as scheduled, or will be arriving later than expected, please call the Burton W. Chace Park office (310) 305-9595 between the hours of 7am and 8am and leave a message with a staff member. If your child has not arrived by 8:00am and staff has not received a call alerting us of a possible late arrival, staff will assume that the child is not attending and will begin the activities for the day.

**7. Early Dismissal**

If you need to pick-up your child early from camp, we ask that you inform our staff when signing in for the day so we can make sure your child is ready when you come.

**8. Late Pick Ups**

- Parents are responsible for picking up their child on time. Our camp **program ends at 6:00pm**.
- If running late, please notify the park as soon as possible, and provide an estimated time of arrival. There will be no staff available after 6:30pm.

**9. Illness**

If we feel that a child is too ill to attend camp for the day, or is too ill to finish the remainder of the day, we will call you and you will be required to pick up your child as soon as possible.

I have read and understand the above mentioned policies and voluntarily sign this waiver.

\_\_\_\_\_  
Parent/Legal Guardian Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Signature

