

City of Petaluma, Department of Parks and Recreation- Summer 2021

## EMERGENCY MEDICAL INFORMATION AND PERMISSION

Please select the camp which your child will attend: Camp Sunshine Kids Klub Camp K2

1. Child's Name \_\_\_\_\_ Age \_\_\_\_ Birthdate\_\_\_\_\_

2. Child's Name \_\_\_\_\_ Age \_\_\_\_ Birthdate\_\_\_\_\_

3. Child's Name \_\_\_\_\_ Age \_\_\_\_ Birthdate\_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone\_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip\_\_\_\_\_

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During the hours of camp a parent may be reached at the following numbers:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell Carrier \_\_\_\_\_

Relationship\_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell Carrier \_\_\_\_\_

Relationship\_\_\_\_\_

Child pick-up authorizations/emergency contacts (if parents cannot be reached)

Name \_\_\_\_\_ Day Phone \_\_\_\_\_ Relationship\_\_\_\_\_

Name \_\_\_\_\_ Day Phone \_\_\_\_\_ Relationship\_\_\_\_\_

\*Persons who are NOT authorized to pick up your child: \_\_\_\_\_

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Physician: Name \_\_\_\_\_ Phone\_\_\_\_\_

Address\_\_\_\_\_

Insurance Plan \_\_\_\_\_ ID#\_\_\_\_\_

Do any of the children listed above have any allergies (ie: food, bee stings, animals, medication) or on any medication? If so, please explain.

Child's Name \_\_\_\_\_ Allergy/Medication\_\_\_\_\_

Child's Name \_\_\_\_\_ Allergy/Medication\_\_\_\_\_

**CONSENT FOR PARTICIPATION & PERMISSION**

**(Please read and initial each item below)**

\_\_\_\_\_ I wish to register my child(ren), \_\_\_\_\_ and consent to my child(ren)'s participation in the Summer Camps at City of Petaluma, Recreation Services during the summer of 2020.

\_\_\_\_\_ I consent to the transporting by city bus, school busses, and charter bus to and from various locations in Petaluma and in the surrounding areas for recreational and instructional activities.

\_\_\_\_\_ I consent to the use of video recordings and photographs of my child(ren)'s participation in Summer Camp activities.

\_\_\_\_\_ I agree to pay the extended care fee if my child(ren) is/are dropped off before 8:30am or not picked up by 4:30pm and is not already enrolled in extended day care.

\_\_\_\_\_ I agree to pay a late fee if my child(ren) is not picked up by 6:00pm, at a rate of \$1.00 per minute.

\_\_\_\_\_ I agree to submit schedule changes, in writing, via email to parks@cityofpetaluma.org 1 week in advance of the session. If request is not made 1 week in advance, I am still responsible for payment.

I hereby give permission for my child/children \_\_\_\_\_, to participate in all activities of the Petaluma Parks and Recreation Department's Summer Camp Program ("Activity").

In consideration of the participation in this program, the undersigned on behalf of the minor child(ren) enrolled in the program by the undersigned in his/her capacity as parent or guardian, agrees to hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which he/she may have, or which may hereafter accrue to him/her, as a result of his/her child(ren)'s participation in said Activity. This release is intended to discharge in advance the City of Petaluma (including its officers, commissioners, employees, volunteers, and agents) from any and all liability arising out of or connected in any way with the participation in said Activity, even though that liability may arise out of active or passive negligence or carelessness on the part of the persons or entities mentioned above.

It is further agreed that this waiver, release and assumption of risk is to be binding on heirs, administrators, executors, and assigns and that he/she shall indemnify and hold the City of Petaluma (including its officers, commissioners, employees, volunteers, and agents) free and harmless from any loss, liability, damage, cost, or expense which may arise out of or related in any way with his/her child(ren) participation in said Activity.

The undersigned fully understands that his/her child(ren)'s participation in the above-referenced Activity exposes them to the risk of personal injury, death, communicable diseases, such as but not limited to COVID-19, illnesses, viruses, and/or property damage. He/she hereby acknowledge that he/she is voluntarily allowing his/her child(ren) to participate in this Activity and he/she agrees to assume any such risks.

Additionally, I hereby grant permission to any licensed physician, registered nurse, hospital or medical clinic to provide the necessary care and/or medical treatment required should my child become ill or injured and a parent or guardian is not available to grant authorization for such treatment.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**RECREATIONAL OPPORTUNITIES FOR PERSON WITH DISABILITIES**

Persons with disabilities are welcome to participate in any class or activity offered by the Petaluma Parks and Recreation Department. If you have any special needs related to participating in an activity, please explain below. A Recreation Supervisor will contact you and explore how we may assist. We will make a reasonable effort to accommodate your special needs so that you may enjoy the recreational opportunities offered by our department.

Special Needs: \_\_\_\_\_