



Office Use Only
Date Received _____
Medical Alert: <input type="checkbox"/>
Unauthorized Pick Up: <input type="checkbox"/>

City of Moreno Valley Day Camp Registration Form: Youth (Ages 5-10)

Child's Name #1: _____ Age: _____
 Gender (Please Circle): Male Female Birth Date: _____ Shirt Size: _____

Child's Name #2: _____ Age: _____
 Gender (Please Circle): Male Female Birth Date: _____ Shirt Size: _____

Parent / Guardian: _____
 Address: _____
(Street Number) (City) (Zip Code)

Home Phone: _____ Work Phone: _____
 Cell Phone: _____ E-Mail Address _____

Emergency Contact Person: _____
 Relationship to Participant: _____
 Phone Number: (____) _____

I give my child(ren) _____ permission to participate in the Moreno Valley Day Camp program that is being sponsored by the City of Moreno Valley Parks and Community Services Department. I hereby certify that my child(ren) are in good health and I have health insurance with _____.

I give permission for the minor(s) in my custody to participate in the above mentioned activity and hereby waive, release, and discharge any and all claims or right to claim damages for any personal injury or property damage which may have, or which may hereafter occur to participant as a result of said minor's participation in said activity. This release is intended to discharge in advance the promoter's sponsors, employees, officials, and any other involved municipalities or other public entities from and against any and all liability which may arise out of negligence or carelessness on the part of the persons/entities mentioned above. I hereby give permission for the City of Moreno Valley to videotape and/or photograph my child(ren) participating in these various Parks and Recreation classes, events, or programs. These videos and photographs are to be used to promote the programs to the community of Moreno Valley. The videos will be edited and televised on MVTV-3 and its related media entities at the discretion of the Media & Communications Division, and the photographs will be used in various print mediums. It is further understood and agreed that this waiver, release and assumptions of risk is to be binding on my heirs and assigns.

(PRINTED NAME) (SIGNATURE) (DATE)

Pick-Up Authorizations:

Any person(s) listed below as an authorized pick-up must be at least 18 years of age and must bring proper identification (i.e. driver's license) at time of pick-up.

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

List anyone below who is not authorized to pick up your child(ren):

Name: _____ Phone: _____

Relationship: _____

Health Information:

Participant's Primary Physician/Doctor: _____

Telephone Number (_____) _____

Will your child need to take prescription medications while at camp? YES / NO (Circle One)

If yes, please list any prescription medication below and describe its purpose. Medication dispensed to your child must be brought to camp in its original prescription container. Over-the-counter medication will not be accepted. Staff will hold medication in office but will not administer.

Prescribed Medications:

Other Medical Conditions (Please Describe, i.e. diabetes, allergies, etc.):

Physical or Developmental Disabilities (Please Describe):

Any Other Instructions or Precautions:
