

City of Los Angeles Department of Recreation and Parks  
CABRILLO BEACH BATHHOUSE  
**AFTER SCHOOL Program Registration 2022-23'**

**REGISTRATION APPLICATION** (Please Print)

Participant's Name: \_\_\_\_\_

MALE or  FEMALE Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Legal Custody:  YES or  NO

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

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

**SCHOOL NAME:** \_\_\_\_\_

In Case of Emergency, contact:

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**AUTHORIZED SIGNATURE**

We do not release participants to friends, neighbors, or relatives without written confirmation from the parent/legal guardian. Please list both parents/legal guardians and all individuals authorized to pick up your child. Any individual, who did not drop off your child, will be required to show photo identification to pick-up your child.

In case I cannot be present, one of the following people have my permission to sign in or sign out my child at the scheduled time:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

Name of any person (s) specifically **NOT** to sign out the camper named above:

\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

City of Los Angeles Department of Recreation and Parks  
**WAIVER AND RELEASE FORM**

In consideration of the City of Los Angeles acting through its Department of Recreation and Parks at **Cabrillo Beach Bathhouse** granting the above-named child ("Minor") the opportunity to participate in the **Cabrillo Beach Bathhouse** ("After School Program")

I, (print name) \_\_\_\_\_ the undersigned, as the parent/guardian of (print name) \_\_\_\_\_ ("the Minor"), I do hereby agree as follows:

- I am aware that there are certain risks of injury and/or damage inherent in the Program's activities;**
- I understand that if my child misbehaves and/or is sick and needs to be sent home;** I agree to pick them up at the time requested by the staff;
- I understand that the Program carries no insurance.**
- I agree to complete the Health History form** providing Minor's current, complete and truthful health history; including immunization history and overall health status;
- I understand that under certain medical conditions** staff may require a written authorization based on a physical examination by a licensed medical person as requirement for the Minor to participate in the Program;
- I confirm to the best of my knowledge and belief the Minor** is neither subject to a physical or mental infirmity nor under the influence of any medication or substances which might hinder their safe participation or the safety of others in the Program;
- I will instruct the Minor to abide by all safety** rules, policies and regulations and to take reasonable precautions to minimize risks of injury or damage arising from participation in the Program;
- I give my consent** to have the Minor participate in all aspects of the Program;
- I knowingly assume full responsibility** for all risks of bodily injury, emotional injury, death or property damage that may occur in relation to the Minor as a consequence of participation in the Program at the Program;
- I give my consent** to have the Minor transported by: car, van, chartered bus, chartered school bus and/or public transportation as part of the Program;
- I understand that the Program has no obligation to obtain medical treatment** for the Minor. Should it become necessary for the Minor the have emergency medical care while participating in the Program; **I hereby give the Program personnel my permission** to use their judgment in obtaining medical care, and; **I give permission to the medical care provider** selected by the Program personnel to render medical care deemed necessary and appropriate;
- Except for the gross negligence or willful misconduct of the Program, I (print name)** \_\_\_\_\_ **waive** all rights of recovery which the Minor or I may have now or in the future, whether known or unknown, against the City of Los Angeles, Department of Recreation and Parks, **Cabrillo Beach Bathhouse** its officers, agents, employees and/or personnel, and
- I release, acquit and forever discharge** the City of Los Angeles, Department of Recreation and Parks, **Cabrillo Beach Bathhouse** its officers, agents, employees and/or personnel, from and all liability for any bodily injury, emotional injury, or other personal injury, damage, loss or expense, claims, demands, causes of action, costs, loss of services or use, compensations, debts, monetary damages, including but not limited to attorney fees, which result from or are in any way connected with the Minor's participation in the Program or any related activities;
- I agree to keep the Program advised if I will be out of contact for any period of time during the Program** and to provide additional and/or alternate contact information prior to my leaving;
- I also authorize the Program, City of Los Angeles and Department of Recreation and Parks to make, procure and/or use photographs, films, tapes, digital media recordings or other likeness of the Minor's physical image and/or voice as for use with the Program and/or Camps' publicity, marketing and/or advertising materials;**
- I have read this agreement and I understand what it means to my legal rights** and the Minors participation and by my signature made of my own free will and act;
- I agree to abide by the rules and policies set forth in this registration and waiver release forms;**
- I have read and understand the payment, refund and conditions of enrollment policies** as found in this registration form;
- I agree to be legally bound** by signing this registration and waiver release forms and extend this binding to the Minor(s).

**Important: Parent or Guardians Original Signature Required.**

**Childs Name (please print)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Name (please print)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

City of Los Angeles Department of Recreation and Parks

**HEALTH HISTORY FORM**

Note: Should anything happen to the Participant that would alter his health history information after this form is returned, and before arrival at the program, please let the staff know immediately.

Participant Name: \_\_\_\_\_

MALE or FEMALE Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent / Legal Guardian (name): \_\_\_\_\_ Phone #: \_\_\_\_\_

Doctor (name): \_\_\_\_\_ Phone #: \_\_\_\_\_

Has the participant had the following (please check):

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Chicken Pox     | <input type="checkbox"/> Sinus Trouble  | <input type="checkbox"/> Fainting      |
| <input type="checkbox"/> Measles         | <input type="checkbox"/> Tonsillitis    | <input type="checkbox"/> Constipation  |
| <input type="checkbox"/> German Measles  | <input type="checkbox"/> Appendicitis   | <input type="checkbox"/> Stomach Upset |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Asthma         | <input type="checkbox"/> Skin Rash     |
| <input type="checkbox"/> Scarlet Fever   | <input type="checkbox"/> Hay Fever      | <input type="checkbox"/> Ear Infection |
| <input type="checkbox"/> Diphtheria      | <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Nosebleeds    |
| <input type="checkbox"/> Heart Trouble   | <input type="checkbox"/> Headaches      | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Mumps           | <input type="checkbox"/> Bed Wetting    |  |

**Give the month and year of last immunization or booster:**

Tetanus _____	Mumps _____
Diphtheria (DPT) _____	Measles _____
Whooping Cough _____	German measles _____
Polio _____	TB Test _____ <input type="checkbox"/> POS or <input type="checkbox"/> NEG

**Restrictions:**

- I have reviewed the program and activities of the program and feel the participant can participate without restrictions.
- I have reviewed the program and activities of the program and feel the participant can participate with the following restrictions or adaptations:  
\_\_\_\_\_

**Allergies / Other (please specify):**

- Bee stings, mosquitoes, etc.: \_\_\_\_\_
- Food (name): \_\_\_\_\_
- Medication(s): \_\_\_\_\_
- Asthma (or hay fever): \_\_\_\_\_
- Other: \_\_\_\_\_

Has the participant received medical treatment during the past year? YES or NO

Date: \_\_\_\_\_ Reason: \_\_\_\_\_

Is the child taking any medications now? YES or NO

The following non-prescription medications may be stocked at facility and are used as an as needed basis to manage illness and injury. Check the box if the Staff may be given the following or its generic form.

- Tylenol Motrin Benadryl Pepto-Bismol Maalox Neosporin Calamine Lotion

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR AT  
AUTHORIZED HOSPITAL IN CASE OF EMERGENCY ILLNESS OR ACCIDENT**

I (We), the undersigned parent(s) of \_\_\_\_\_, a minor do hereby authorize the directors of **Cabrillo Beach Bathhouse** 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 is to be rendered under the general or special supervision of any physician or surgeon licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital whether such diagnosis or treat is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but it is given to provide authority and power on the part of 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 best judgment may deem advisable. This authorization shall remain effective through the conclusion of the event, unless sooner revoked in writing and delivered to said agent(s).

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Participant Name (Nombre del Participante)**\_\_\_\_\_

**COVID-19 Acceptance of Risk and Waiver of Liability (COVID-19 Aceptación del Riesgo y Renuncia a la Responsabilidad)**

By my participation I am fully aware that there are a number of risks associated with me and/or my child entering onto City of Los Angeles Department of Recreation and Parks (RAP) property, participating in RAP programs, and utilizing RAP equipment and facilities during the COVID-19 pandemic. This waiver, release, and other representations and covenants set forth herein are given in consideration for RAP permitting me and/or my child to participate in RAP programs during this emergency period.

Therefore, without limitation, I understand that I and/or my child could contract COVID-19 disease which could result in a serious medical condition requiring medical treatment in a hospital or could possibly lead to death. On behalf of myself and/or my child and our heirs, successors and assigns, I knowingly and freely, assume all such COVID-19 related risks, both known and unknown, relating to my and/or my child's entry onto RAP property, participation in RAP programs, and utilization of RAP equipment and facilities as described above, and I hereby forever release, waive, relinquish, and discharge RAP, along with its officers, agents, employees, or other representatives, and their successors and assigns (collectively, the "City Representatives"), from any and all COVID-19 related claims, demands, liabilities, rights, damages, expenses, and causes of action of whatever kind or nature, and other losses of any kind, whether known or unknown, foreseen or unforeseen, (collectively, "Damages") as a result of me and/or my child entering onto RAP property, participating in RAP programs, and utilizing RAP equipment and facilities as described above, including but not limited to personal injuries, death, disease or property losses, or any other loss, and including but not limited to claims based on the alleged negligence of any City Representative or any other person related to COVID-19 sanitization. I further promise not to sue RAP or any City Representative, and agree to indemnify and hold them harmless from any and all Damages resulting from me and/or my child's contraction of COVID-19.

(Por favor tenga en cuenta que, con su participación, reconoce que es plenamente consciente de que existen una serie de riesgos asociados con su entrada y / o la de su menor acompañado a la propiedad del Departamento de Recreación y Parques (RAP) de la Ciudad de Los Ángeles, participando en programas de RAP, y utilizando equipos de RAP e instalaciones durante la pandemia de COVID-19. Esta renuncia, divulgación y otras representaciones y convenios establecidos en este documento se dan en consideración para que RAP le permita a usted y / o a su menor acompañado participar en los programas de RAP durante este período de emergencia.

Por lo tanto, sin limitación, usted reconoce y entiende que usted y / o su menor acompañado podrían contraer la enfermedad de COVID-19, la cual podría ocasionar una grave infección médica que requiera tratamiento médico en un hospital o posiblemente la muerte.

En nombre de usted y / o de su menor acompañado y sus herederos, sucesores y asignados, usted, consciente y libremente asume todos los riesgos relacionados con COVID-19, tanto conocidos como desconocidos, relacionados con su entrada y / o la de su menor acompañado en la propiedad de RAP, participación en programas de RAP y utilización de equipos e instalaciones de RAP como se describe anteriormente, y por la presente libera, renuncia y descarga para siempre RAP, junto con sus oficiales, agentes, empleados u otros representantes, y sus sucesores y asignados (colectivamente, los "Representantes de la Ciudad"), de cualquier reclamo relacionado con COVID-19, demandas, responsabilidades, derechos, daños, gastos y causas de acción de cualquier tipo o naturaleza, y otras pérdidas de cualquier tipo, ya sean conocidas o desconocidas, previsto o imprevisto (colectivamente, "Daños") como resultado de que usted y / o su menor acompañado ingresen a la propiedad de RAP, participen en programas de RAP y utilicen equipos e instalaciones de RAP como se describió anteriormente, incluyendo, entre otros, lesiones personales, muerte, enfermedad o pérdidas de propiedad, o cualquier otra pérdida, y incluye, en otros, reclamos basados en la presunta negligencia de cualquier Representante de la Ciudad o cualquier otra persona relacionada con la desinfección de COVID-19. Además, promete no demandar a RAP ni a ningún Representante de la Ciudad, y acepta indemnizarlos y eximirlos de cualquier daño que resulte en la contracción de COVID-19 de usted y / o su menor acompañado.)

Parent/Guardian Signature (Iniciales de Tutor/Guardián):\_\_\_\_\_