

ARC Spring Day Camp 2025

Registration Form

Child's Name:	Age:	Child will attend the following: <input type="checkbox"/> Spring Day Camp: 4/14 - 4/18 <input type="checkbox"/> Field Trip to Dave and Busters on 4/16 Child 1 Gender:
School:	Grade:	
Child 2's Name:	Age:	Child 2 will attend the following: <input type="checkbox"/> Spring Day Camp: 4/14 - 4/18 <input type="checkbox"/> Field Trip to Dave and Busters on 4/16 Child 2 Gender:
School:	Grade:	
Parent/Guardian Name:	Emergency Phone:	
	(M) (W)	
Parent/Guardian Name:	Emergency Phone:	
	(M) (W)	
Home Address:	City:	Zip:
Email address:		
Authorized Pick Up List 1. 2. 3.		
Does your child have any physical, medical, food allergies, dietary restrictions or other special need?		
1 st Child's Name:	Need:	
2 nd Child's Name:	Need:	
HEALTH INFORMATION		
Child's physician:	Child's dentist:	
Hospital preference:	Child's insurance carrier:	
Is child under regular supervision of a physician? No Yes If yes, indicate last exam date:		
<p style="text-align: center;">CONSENT FOR PARTICIPATION AND MEDICAL RELEASE</p> <p>In consideration for my child's participation in the program offered above which is under the supervision of the City of Signal Hill, I the undersigned, hereby agree to indemnify and hold harmless the City of Signal Hill, its officers, agents, representatives and /or employees, from any loss and/or liability including expenses and costs, that may result from any death or injuries or damage to property that I or my child may sustain while participating in any activity connected with said program, including but not limited to travel to and from an activity, whether such death or injury or damage to property is caused by the passive or active negligent act or omission of the City of Signal Hill, its officers, agents, representatives and/or employees, or any other cause except intentional torts, fraud, or violation of law. I agree that I will make no claim against the City of Signal Hill, its officers, agents, or employees for any injury or liability for which I have hereby indemnified the City. I further agree to assume responsibility for reasonable safety inspection of any grounds or structure for facilities at any location where my child or I participate in the above program. The undersigned hereby permits the taking of photographs or videos of themselves and/or minor participants by the City of Signal Hill during city sponsored events, activities and/or programs to be used at the City's discretion, without further compensation to the participant. I further agree that use of such photos or videos may include public display or advertisement. I hereby represent that the participant is physically able to participate in the above program. I do hereby give permission for any certified emergency</p>		

professional or health care professional to administer any type of medical treatment they deem necessary to the above participant in case of an emergency and in the event I cannot be contacted. I have received, read, and understand the Parent's Handbook and agree to and will abide by its contents. I understand that if my child vandalizes and/or destroys City property, fees will be assessed. I request that he/she be permitted to travel under the supervision of the City of Signal Hill between Alvarado and Signal Hill Elementary schools and Calbrisas, Discovery Well, Hillbrook, Hilltop, Reservoir, and Signal Hill Parks, as well as on regularly scheduled excursions.

I acknowledge and agree that City is not responsible for providing medical treatment or medication of any kind to Participant, or for supervising Participant, during or in connection with Participant's participation in the Program or otherwise. However, I authorize, consent, and waive any claim related to City seeking or providing for medical care for Participant in the event City determines the need has arisen during or in connection with Participant's participation in the Program, provided that City shall first make an effort to contact me by calling me at the phone number above, and shall only proceed with seeking or providing for such treatment absent my directive in the event I do not answer or respond immediately or in the event of a medical emergency.

I HAVE READ AND AGREE TO THIS RELEASE AS LEGAL PARENT OR GUARDIAN:

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____