

**ORANGE COUNTY RECREATION OUT OF SCHOOL FUN DAY CAMP REGISTRATION FORM**

**1st Child's Name:** \_\_\_\_\_ **Child's Date of Birth:** \_\_\_\_\_

**Child's School:** \_\_\_\_\_ **Grade (circle):** Pre k K 1st 2nd 3rd 4th 5th

**Camper medications or special needs:** \_\_\_\_\_  
\_\_\_\_\_

**2nd Child's Name:** \_\_\_\_\_ **Child's Date of Birth:** \_\_\_\_\_

**Child's School:** \_\_\_\_\_ **Grade (circle):** Pre k K 1st 2nd 3rd 4th 5th

**Camper medications or special needs:** \_\_\_\_\_  
\_\_\_\_\_

**3rd Child's Name:** \_\_\_\_\_ **Child's Date of Birth:** \_\_\_\_\_

**Child's School:** \_\_\_\_\_ **Grade (circle):** Pre k K 1st 2nd 3rd 4th 5th

**Camper medications or special needs:** \_\_\_\_\_  
\_\_\_\_\_

**Program Dates: (Please Check)**    ◇ Friday, September 27                    ◇ Friday, January 3                    ◇ Friday, February 21  
Camp hours are between 7:45am-    ◇ Thursday, October 31                ◇ Friday, January 24                ◇ Friday, June 12  
5:15pm (drop-off begins at 7:30am;    ◇ Friday, November 1                ◇ Monday, January 27  
child must be picked up by 5:30pm)

**Primary Guardian:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Guardian Address: \_\_\_\_\_

**Secondary Guardian:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Secondary Guardian Address: \_\_\_\_\_

At departure a parent or someone listed on the authorized pick-up list must sign the camper out of the program. A photo ID must be provided every day in order to sign a child out. Who may pick the child up from camp? Remember to include guardian(s) and provide name as listed on ID:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_

In the event that someone listed above does not have his/her photo ID at pickup, they may provide the password authorized by the parent to sign the child out of camp. If you wish, please provide a password for pickup?: \_\_\_\_\_

**LIABILITY RELEASE** -In consideration of my/my child's participation in the aforementioned Orange County program or activity, I hereby release and discharge Orange County, Orange County Department of Environment, Agriculture, Parks and Recreation (DEAPR), and any and all employees or agents thereof from all claims of any kind or nature whatsoever arising out of actions of the above said employees or agents. To the extent allowed by law, I also consent to the transportation of myself/my child by above said employees or agents to and from such programs or activities conducted as part of this Orange County DEAPR program. I have informed Orange County DEAPR staff of any physical and/or cognitive conditions that may hinder my/my child's participation in or enjoyment of the program or activity. I further understand that general liability insurance coverage **is not** provided by Orange County DEAPR or any sponsoring agent.

**MEDICAL RELEASE** - This is to certify that I (participant above), or parent of above participant in the Orange County activity, hereby grant permission to the adult volunteer or supervisor of the program to obtain medical care from any licensed physician, hospital, or medical clinic for the participant named herein at such times as either parent, legal guardian, or emergency contact cannot be contacted in person or by telephone. This authorization shall include all activities, including the period required to travel to and from those activities; and we do hereby waive, release, absolve, indemnify and agree to hold harmless Orange County, Orange County DEAPR, any sponsoring agent and any volunteer; the organizers, supervisors, participants, and person transporting the player to and from those activities, for any claim arising out of any injury to the participant.

**PHOTO POLICY** - Orange County DEAPR reserves the right to photograph and publish photographs of participants for publicity purposes. Photographs may also be shared with the program instructors.

**REFUND POLICY** - Program fees are 100% refundable when the program is cancelled by the department. If requested at least fourteen days in advance of the session start date, a 50% refund will be given. No refund will be given if requested less than fourteen days before the start of the session.

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

\_\_\_\_\_  
**DATE**