



City of Moorpark, Recreation Division

**CAMP MOORPARK**

**ANNUAL ENROLLMENT FORM 2022-2023**

Up to 3 children from the SAME HOUSEHOLD may register on this form. FORM MUST BE FULLY COMPLETED.

**SECTION 1: CAMPER INFORMATION**

CAMPER Last & First Name:	
CAMPER Last & First Name:	
CAMPER Last & First Name:	

Camper(s) Home Address	City	Zip
Primary Email Address	Primary Phone	Secondary Phone
	( )	( )

Physician Name	Physician's Phone	Health Care Provider	Policy Number

**SECTION 2: PARENT / GUARDIAN INFORMATION**

Parent/Guardian #1 Name	Date of Birth	Relationship to Child(ren)
Email Address	Cell Phone Number	Work Phone Number
	( )	( )

Resides with Child	<input type="radio"/> Yes <input type="radio"/> No	If No, Home Address:	
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Parent/Guardian #2 Name	Date of Birth	Relationship to Child(ren)
Email Address	Cell Phone Number	Work Phone Number
	( )	( )

Resides with Child	<input type="radio"/> Yes <input type="radio"/> No	If No, Home Address:	
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**SECTION 3: EMERGENCY CONTACT / PICK UP INFORMATION**

**EMERGENCY CONTACTS AND RELEASE PERSONS:**

In addition to parent/guardian(s) listed above, identify those who have your permission to pick up your child(ren) or should be contacted if you are unreachable during an emergency. **It is mandatory to list at least (1) person other than a parent/guardian. Parent/guardian(s) and emergency contacts must present photo ID at pick-up.**

Full Name	Relationship to Child	Cell Phone Number	Home/Work Number
		( )	( )
		( )	( )
		( )	( )
		( )	( )

# ANNUAL ENROLLMENT FORM 2022-2023

## SECTION 4: CAMPER INFORMATION

<b>CAMPER #1 NAME</b>		<b>Date of Birth</b>	<b>Gender</b>	<b>Shirt Size</b>
<b>Nickname (if any)</b>		<b>School attending</b>		<b>Grade (22/23)</b>
<b>Taking Medication?</b>	<input type="radio"/> No <input type="radio"/> Yes	<b>If Yes, describe:</b>		
<b>Physical Restrictions?</b>	<input type="radio"/> No <input type="radio"/> Yes	<b>If Yes, describe:</b>		
<b>Accommodation Needed?</b>	<input type="radio"/> No <input type="radio"/> Yes	<b>If Yes, complete and attach Accommodation Form</b>		
<b>Allergies?</b>	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> Seasonal <input type="radio"/> Bee Sting <input type="radio"/> Food (list) _____ <input type="radio"/> Medication (list) _____ <input type="radio"/> Other _____		
<b>If Yes, Mark All Allergies:</b>				
<b>Immunizations Current?</b>	<input type="radio"/> Yes <input type="radio"/> No	<b>If no, physician letter for medical exception required</b>		

<b>CAMPER #2 NAME</b>		<b>Date of Birth</b>	<b>Gender</b>	<b>Shirt Size</b>
<b>Nickname (if any)</b>		<b>School attending</b>		<b>Grade (22/23)</b>
<b>Taking Medication?</b>	<input type="radio"/> No <input type="radio"/> Yes	<b>If Yes, describe:</b>		
<b>Physical Restrictions?</b>	<input type="radio"/> No <input type="radio"/> Yes	<b>If Yes, describe:</b>		
<b>Accommodation Needed?</b>	<input type="radio"/> No <input type="radio"/> Yes	<b>If Yes, complete and attach Accommodation Form</b>		
<b>Allergies?</b>	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> Seasonal <input type="radio"/> Bee Sting <input type="radio"/> Food (list) _____ <input type="radio"/> Medication (list) _____ <input type="radio"/> Other _____		
<b>If Yes, Mark All Allergies:</b>				
<b>Immunizations Current?</b>	<input type="radio"/> Yes <input type="radio"/> No	<b>If no, physician letter for medical exception required</b>		

<b>CAMPER #3 NAME</b>		<b>Date of Birth</b>	<b>Gender</b>	<b>Shirt Size</b>
<b>Nickname (if any)</b>		<b>School attending</b>		<b>Grade (22/23)</b>
<b>Taking Medication?</b>	<input type="radio"/> No <input type="radio"/> Yes	<b>If Yes, describe:</b>		
<b>Physical Restrictions?</b>	<input type="radio"/> No <input type="radio"/> Yes	<b>If Yes, describe:</b>		
<b>Accommodation Needed?</b>	<input type="radio"/> No <input type="radio"/> Yes	<b>If Yes, complete and attach Accommodation Form</b>		
<b>Allergies?</b>	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> Seasonal <input type="radio"/> Bee Sting <input type="radio"/> Food (list) _____ <input type="radio"/> Medication (list) _____ <input type="radio"/> Other _____		
<b>If Yes, Mark All Allergies:</b>				
<b>Immunizations Current?</b>	<input type="radio"/> Yes <input type="radio"/> No	<b>If no, physician letter for medical exception required</b>		

**Signature on release form required to complete enrollment. Form may not be altered.**

**RELEASE FORM:** Please read the following information carefully. Your signature below indicates that you have read this agreement and release and fully understand and agree to abide by the terms of Camp Moorpark. This form must be signed in order to enroll in and attend Camp Moorpark.

**ACTIVITY APPROVAL:** I, the undersigned, grant permission for my child(ren) to participate in Camp activities including but not limited to sports, crafts, games, STEM, field days, parties, and special events.

**TRIP APPROVAL:** I, the undersigned, grant permission for my child(ren) to attend camp field trips for which they are enrolled. Trips include transportation to and from trip sites. I understand my child(ren) will not participate in field trips for which they are not enrolled.

**MOVIE APPROVAL:** I grant permission for my child(ren) to view movies with MPAA ratings of G or PG.

**BEHAVIOR CODE AND CAMP RULES:** Good behavior is expected at all times. Harmful or disruptive behavior will result in appropriate disciplinary action, up to and including expulsion from camp. Unacceptable behavior and/or abusive language by parent(s) or guardian(s) may also result in a child being expelled. No refunds will be issued for single day suspensions. Refunds or credits will be issued according to the City's cancellation and withdrawal policy and camp registration policies as stated in the camp packet for multiple day suspensions or expulsion from camp. Campers are expected to abide by camp rules at all times. I agree to abide by the terms of the behavior code and camp rules.

**RESTRICTIONS ON ELECTRONIC DEVICES:** Electronic devices, including but not limited to cell phones, video games, MP3 players/iPods, and tablets/iPads/digital readers are not permitted at camp. The City of Moorpark is not responsible for lost, damaged, or stolen items.

**REGISTRATION POLICY AND FEES:** I agree to abide by the terms and conditions outlined in the Registration Policy. I understand that Recreation Division office staff must receive registrations a minimum of five business days in advance in order to qualify for the discount camp rate. All camp registrations are subject to availability. I understand that registrations received with less than five business days' notice will be accepted at a higher rate and are subject to availability. I understand that no child can attend camp without paying the required fees. I understand there is, and agree to pay, the required processing fee for any returned checks.

**REFUND, CREDIT, TRANSFER, AND ABSENCE POLICY:** I agree to abide by the terms and conditions outlined in the camp packet for transfers, refunds, credits, and sick days. I agree to have deducted from any transfer, credit, or refund the processing and administrative fees as described in the camp packet. I understand that no credit, refund, or transfer will be given without a minimum of one business day notice. I further understand that credits, refunds, or transfers are not given for absences other than sick days as described in the camp packet. I understand that the annual enrollment fee is nonrefundable.

**FIELD TRIP AND ACTIVITY CANCELLATION POLICY:** Camp trips must meet a minimum number of participants and the City reserves the right to change, combine, or cancel trips and activities as necessary. The City will strive to provide at least one business day notice of a trip or activity change or cancellation.

**SIGN IN/SIGN OUT POLICY:** Extended care hours begin at 7:00 a.m. (8:00 a.m. during the school year) and conclude at 6:00 p.m. Children may be dropped off no earlier and picked up no later than these times. I agree to have my child(ren) signed in and out each day according to the Sign In and Sign Out Policy. I understand that there is, and agree to pay, a \$5 fee for every 5 minutes, or part thereof, that my child(ren) attends camp beyond the end of extended care. Child(ren) not picked up by 6:30 p.m. will be released to the custody of the Moorpark Police Department. I agree to abide by the Camp Hours and Extended Care Policy.

**PHOTOGRAPHY AND VIDEO RELEASE:** I hereby grant the City of Moorpark, at its discretion and free of charge, permission to use videos, still photography, likenesses, images, media, and/or voice recordings of my child(ren)

or myself participating in City sponsored recreation programs for the purpose of publicizing or promoting said programs. The full name(s) of my child(ren) or myself will not be used in conjunction herewith without my written permission.

**INFORMED CONSENT AND RELEASE:** I, the undersigned, hereby fully understand that my and/or my child(ren)'s participation in this activity, (hereinafter "program") exposes me/my child(ren) to the risk of personal injury, death, communicable diseases, illnesses, viruses, or property damage. I hereby acknowledge that I/my child(ren) am voluntarily participating in this program and agree to assume any such risks. I hereby release, discharge and agree not to sue the City of Moorpark for any injury, death or damage to or loss of personal property arising out of, or in connection with, my/my child(ren)'s participation in the program from whatever cause, including the active or passive negligence of or by any other participants in the program. The parties to this agreement understand that this document is not intended to release any party from any act or omission of "gross negligence," as that term is used in applicable case law and/or statutory provision. In consideration for being permitted to participate in the program, I hereby agree, for myself, my child(ren), my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless the City of Moorpark from any and all claims, demands actions or suits arising out of or in connection with my/my child(ren)'s participation in the program. I HAVE CAREFULLY READ THIS RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT ON MY OWN FREE WILL. I agree and acknowledge that some activities may include physical and/or strenuous exercise or activity, and understanding this, I state that to the best of my knowledge the participant has no medical, physical, mental, or emotional health condition which would hinder or prevent active participation in the activity. Please note: The City of Moorpark does not provide any insurance coverage of any kind for participants. The City of Moorpark strongly recommends that appropriate insurance be obtained by each participant.

**PERMISSION FOR MEDICAL TREATMENT & TRANSPORT:** I grant the City of Moorpark and agents thereof, permission to administer basic first aid, apply sunscreen, and in the event that myself or my child(ren) require advanced first aid or medical treatment, to call 911. I further grant permission for emergency medical services to transport myself or my child(ren) to a center of advanced care. I grant permission to any and all physicians, surgeons, medical personnel, and emergency medical technicians or paramedics to treat myself or my child(ren) if such treatment is reasonably required.

PARENT SIGNATURE	PRINT NAME	DATE

**DO NOT EMAIL THIS FORM!**

**Return the completed and signed form, along with check for annual enrollment fee\* to:**

Mail:  
 City of Moorpark  
 Attn.: Camp Moorpark  
 799 Moorpark Avenue  
 Moorpark, CA 93021

Drop off:  
 Arroyo Vista Recreation Center  
 4550 Tierra Rejada Road  
 Moorpark, CA 93021  
*Office Hours: M-F, 8:30 a.m. – 6:00 p.m.*

\*If paying by credit card, check here . A staff member will call you for payment.

<b>STAFF USE ONLY</b>		
Date Received	Reviewed By	Information Verified
		<input type="radio"/> All Areas of Form Complete <input type="radio"/> Form Signed <input type="radio"/> Shirt Received <input type="radio"/> Annual Enrollment Fee Paid Accommodation Form Attached? <input type="radio"/> No <input type="radio"/> Yes