



DISCOVERY KIDS CAMP EMERGENCY CARD

PLEASE PRINT LEGIBLY AND COMPLETE ALL SECTIONS – ONE CAMPER PER SHEET

1 CAMPER INFORMATION

Name _____ Nickname _____

Parent/Guardian #1 _____

Cell Phone _____ Alt. Phone _____

Parent/Guardian #2 _____

Cell Phone _____ Alt. Phone _____

2 EMERGENCY CONTACTS

Someone your child can be released to other than the above listed individuals.

Contact Name _____ Relationship _____

Cell Phone _____ Alt. Phone _____

Contact Name _____ Relationship _____

Cell Phone _____ Alt. Phone _____

Contact Name _____ Relationship _____

Cell Phone _____ Alt. Phone _____

3 ALLERGIES/MEDICATIONS/MEDICAL CONDITIONS

Please list anything that would be important the recreation staff may need to know.

4 CONSENT TO TREATMENT OF MINOR

In the event of sudden illness, accident or injury which may occur while said minor(s) is engaged in an activity supervised by City of Escondido employees, when neither parents or guardians can be contacted, I hereby give my consent for emergency treatment as shall be necessary under the circumstances by any physician licensed under the laws of the State of California.

Parent/Guardian Signature

Date



CITY OF ESCONDIDO
Community Services Department
201 North Broadway
Escondido, CA 92025-2798
(760) 839-4691

LIABILITY WAIVER
For participants enrolled in
Discovery Kids Camp – Spring 2019 (April 15-19)

Enrollee's Name _____

Address _____

Hm. Ph. () _____ Wk. Ph. () _____ Cell Ph. () _____

Fax () _____ E-mail _____

I agree to indemnify, defend, and hold harmless the City of Escondido, its officers, agents, and employees from any and all loss, damage, liability, cost, or expenses arising out of or resulting from the use of equipment or property owned by or under the control of the City of Escondido whether or not that liability, loss, or damage is caused by or arises out of any act or omissions of the City of Escondido, its officers, agents, or employees.

I also understand that the City of Escondido does not carry insurance to cover participants in the activities in which I, my child, or my ward is participating. I understand there are risks associated with these activities, and I assume the risk of any injuries that I, my child, or my ward may sustain during any of the activities. I forever discharge the City of Escondido, its officers, agents, and employees from any lawsuits, damages, claims, or judgments resulting from any personal injuries or property damages that I, my child, or my ward may sustain while using City property or equipment, or while participating in an activity sponsored by the City of Escondido.

I understand that the City may take photographs/videos for the use in City publications, Web sites, and news releases without my written consent.

I have read the above Waiver/Release of liability and understand it.

Participant's Signature X _____ **Date** _____
(A parent/guardian must sign for their children, 17 & under.)

Print Name _____

Please Note: Qualified individuals with disabilities who wish to participate in Escondido Recreation programs, services, or activities and who need accommodation are invited to present their requests for accommodation to the City by filling out a Request for Accommodation form or an Inclusion Support Form for Minors, or by calling 760-839-4643, preferably at least seventy-two hours in advance of the event or activity. Request forms are available on the city's Web site at www.escondido.org.