



# DISCOVERY KIDS CAMP EMERGENCY CARD

P:: 760-839-5483    F:: 760-739-7020    E:: recreation@escondido.org  
A:: 201 N. Broadway, Escondido CA 92025    W:: www.recreation.escondido.org

PLEASE PRINT LEGIBLY AND COMPLETE ALL SECTIONS

## 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 - Summer 2018 (June – August)**

Enrollee's Name \_\_\_\_\_

Address \_\_\_\_\_

Hm. Ph. ( ) \_\_\_\_\_ Wk. Ph. ( ) \_\_\_\_\_ Cell Ph. ( ) \_\_\_\_\_

Fax ( ) \_\_\_\_\_ Email \_\_\_\_\_

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** (A parent/guardian must sign for their children, 17 & under.)

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

**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](http://www.escondido.org).