



# Summer Camp 2022

**Parks and Community Services Department**  
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 Office (559) 585-2525  
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 Website: [www.cityofhanfordca.com](http://www.cityofhanfordca.com)  
 TDD/TYY, Dial 711

Office Use Only:	
<input type="checkbox"/>	Form Completed
<input type="checkbox"/>	Form Signed
<input type="checkbox"/>	Medical Conditions
<input type="checkbox"/>	Medications _____
<input type="checkbox"/>	Approved: _____ on: _____

It's very important that all information is complete and accurate. Please complete a separate form for each child enrolling in Hanford's 2022 Summer Camp.

EMERGENCY CONTACT SHEET INFORMATION & PARTICIPATION CONTRACT			
Child's Name:	C Male C Female		BirthDay:
Medical Conditions:			Grade:
Medications:			
Physical Home Address:			
Mailing Address: If different from above			
Email Address:			
Parent/Guardian Name:		Daytime Phone:	
Parent/Guardian Name:		Daytime Phone:	
Emergency Contact: Not a parent/guardian			
Daytime Phone:		Cell Phone:	
Custody:	C Mother	C Father	C Joint C N/A
Copy of Custody Terms Attached:	C Yes	C No	C N/A

Safety is the top priority in the Program. No child enrolled in the program will be released from the site without parent/guardian permission. Please list below those authorized to pick up your child (other than parent/guardian). Please note that these individuals may be required to show identification.

Name:		Relation:		Phone Number:	
Name:		Relation:		Phone Number:	
Name:		Relation:		Phone Number:	
Name:		Relation:		Phone Number:	
Name:		Relation:		Phone Number:	

**CONSENT TO TREAT A MINOR**

I authorize the City of Hanford Parks and Community Services Department authorities to seek necessary medical treatment at a hospital or other medical facility.    C Yes      C No

I hereby authorize any duly authorized doctor, emergency medical technician, paramedic, nurse, hospital or other medical facility to treat said minor for the purpose of attempting to treat or relieve any injuries received by said minor while he/she was a participant or in observance at the City of Hanford Summer Day Camp program. I authorize any licensed physician to perform any procedure which he/she deems advisable in attempting to treat or relieve any injuries or any related unhealthy conditions of said minor as deemed advisable by any licensed physician. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment and assure any such risk on behalf of said minor. I acknowledge that no warranty is being made as to the results of any treatment. I understand that I am responsible for all medical expenses resulting from the emergency or treatment.

I the undersigned parent and natural, legal, guardian of said minor do hereby represent that I am in fact, in such capacity and agree to save and hold harmless and indemnify the City of Hanford and its directors, officers, employees, medical technicians, paramedics, nurse, hospitals, or other medical facilities from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of both of the undersigned.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact (Other than parent/guardian):

Name	Cell Phone	Relationship

In case of an emergency and/or medical situation, we will first contact the parent(s). If we cannot reach a parent/guardian, we will then contact a person on the Emergency Contact list. If necessary, we will call appropriate medical services.

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous medical conditions (allergies, epilepsy, asthma, etc.): \_\_\_\_\_

\_\_\_\_\_

**Please initial that you have read, understand and agree to the following policies:**

\_\_\_\_\_ **Payments are due in advance.** We will not send out billings. The Parks and Community Services Department business will accept payments and registration during regular business hours. Payment must be made in advance in order for children to participate in the camp (no exceptions). No refunds/credits for missed days.

\_\_\_\_\_ I must have a current signed registration form in order for my child to attend Winter Camp.

\_\_\_\_\_ Winter Camp hours are 7:30 a.m. – 5:30 p.m.

\_\_\_\_\_ The Parks and Community Services Department reserves the right to photograph and/or video tape department activities and participants or brochures or other publicity.

\_\_\_\_\_ Any changes to this form must be submitted in writing to the Hanford Parks and Community Services Department and/or Winter Camp Staff.

\_\_\_\_\_ Winter Camp will close at 5:30 p.m. Children at camp past 5:30 p.m. will be subject to a late fee: \$1 for every minute late per child (site clock time). Overtime charges are due the next morning.

\_\_\_\_\_ I understand that there are no credit and/or refunds for days missed.

\_\_\_\_\_ I, or an authorized representative, must sign my child in and out each day.

\_\_\_\_\_ A nutritious morning & afternoon snack will be served. Please note any food allergies and/or special dietary needs. Lunch will be provided.

\_\_\_\_\_ I give permission for my child to walk off site for camp field trips and activities.

1. If there is a Custody Agreement and/or Court Mandated files and/or reports that staff need to be aware of, it is the responsibility of the parent/guardian registering the participant(s) to submit a copy of that paperwork to the Parks and Community Services Department. The City of Hanford Parks and Community Services Department will not be responsible for any violations of that agreement if they have not been properly submitted and filed with our office staff.
2. Hanford Winter Camp allows children to bring electronics and cell phones to camp. Any lost, stolen or broken items are not the responsibility of the Hanford Parks and Community Services Department.
3. Camp participants are expected to be respectful to people and property, including but not limited to: Camp Staff, City Staff; other participants; equipment and facilities. All participants have the expectation of following the policies and rules of Winter Camp will be subject to our Disciplinary Action steps.
4. Profane, obscene or indecent language is prohibited at all time.
5. Participants who fail to follow the policies and rules set forth by the Hanford Parks and Community Services Department will be subject to the disciplinary action steps. These steps go as follow:
  - i. First Offense – written reprimand
  - ii. Second Offense – one-day suspension
  - iii. Third Offense – one-week suspension
  - iv. Fourth Offense – suspension for the remainder of the summer – no refund will be given
6. Suspension Policy: Although we understand every situation is different and each child is different, however, we do reserve the right to suspend any child at any time for any reason that involves any physical altercation with another participant and/or camp leader – regardless of how many offenses your child may or may not have.
7. Decisions concerning write ups will be at the discretion of the Head Leader and all suspensions will be up to the discretion of the Recreation Supervisor.

*I hereby request participant in the above program sponsored by the Hanford Parks and Community Department. I, the undersigned, hereby agree to defend and hold harmless the City of Hanford and its officers, employees and agents from and against and all loss, liability, charges and expenses including attorney's fee and cause of action of whatsoever character which may arise from reason of participation in the above program/service or be in any way connected herein. The City of Hanford does not provide accident, medical, liability or any other insurance for program participants.*

*I, the parent/guardian of the Winter Camp participant, have read and understand all the rules and policies set forth in this Participation Contract. I understand that I will need to relay this information to my child and ensure that they do their best at following these rules and policies.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child Name: \_\_\_\_\_

## Assumption of the Risk and Waiver of Liability Relating to COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization, COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state and local governments and federal and state health agencies recommend social distancing and have, in many locations prohibited the congregation of groups of people.

The City of Hanford Parks and Community Services has created new protocols and put in place preventative measures to reduce the spread of COVID-19; however, City of Hanford cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending any programs may increase your risk of contracting COVID-19.

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By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to, or infected by COVID-19 by attending the City of Hanford Parks and Community Services program, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the City of Hanford Parks and Community Services program may result from the actions, omissions, or negligence of myself and others, including, but not limited to, City of Hanford employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself including, but not limited to, personal injury, disability, and death, illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)s attendance at the City of Hanford Parks and Community Services program. On my behalf, and on behalf of my child(ren)s, I hereby release, covenant not to sue, discharge, and hold harmless City of Hanford, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expense of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of City of Hanford, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any City of Hanford Parks and Community Services program.

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Name of Participant

Signature of Participant

Date

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Parent/Guardian Name

Signature of Parent/Guardian

Date