

NIPOMO RECREATION
ASSOCIATION
PO Box 346
Nipomo CA 93444
(805) 929-KIDS (5437)
www.NipomoRecreation.org

KIDS CAMP

Emergency Information Form

CHILDS LEGAL NAME (One Form Per Child)	DOB	AGE	GRADE	School Attends

Insurance Co. _____ **Policy #** _____

FATHER/GUARDIAN NAME: _____ HOME PHONE: _____

ADDRESS: _____ CITY/ZIP: _____ CELL PHONE: _____

EMAIL: _____ WORK PHONE: _____

MOTHER/GUARDIAN NAME: _____ HOME PHONE: _____

ADDRESS: _____ CITY/ZIP: _____ CELL PHONE: _____

EMAIL: _____ WORK PHONE: _____

Person Responsible for Payment: Father Mother EOC Other (please list): _____

EMERGENCY CONTACTS (People who are authorized to pick up your child, and in your absence, may be contacted in case of an emergency)

AUTHORIZED ADULT: _____	PHONE: _____
AUTHORIZED ADULT: _____	PHONE: _____
AUTHORIZED ADULT: _____	PHONE: _____

Any specific activities to avoid? Yes No If YES, what and why _____

Are there any behaviors/concerns/Special Needs the staff should be aware of? _____

Does your child have any allergies which the staff should be aware of? Yes No

If YES, please describe _____

Other significant information about your child that would be helpful to know? _____

Parent's Authorization

In the event that my child needs immediate medical attention for injuries received while participating in a Nipomo Area Recreation Association program, I give my permission for the NARA staff members to administer necessary medical treatment. NARA staff may also admit my child to a hospital emergency room for emergency medical treatment without my consent if I cannot be reached to give permission.

Hospital preferred: _____ City _____

I hereby give consent to the Nipomo Area Recreation Association (NARA) and it's designated leaders to transport my child (named above) by means of walking, public transportation or private bus companies on walking trips, community service learning projects, and field trips with the understanding that such trips are under supervision of authorized personnel of NARA and that all possible precautions are taken to insure the health and safety of my child. I give permission for NARA staff to apply sunscreen, as needed for my child.

MEDICAL AND LIABILITY RELEASE *Please read carefully before signing:*
The undersigned agrees to hold Nipomo Recreation Association and any other officer or employee thereof harmless from any claim for injury or accident to the above named arising out of or in any way connected with the named activity. I recognize that this program may have some inherent risks and I accept the responsibility to identify those risks and accept them. In case of an accident arising out of the named activity, medical assistance may be administered to the person named herein. This registration form will act as medical release. If the participant is under 18, parent or guardian must sign release.

SIGNATURE _____ **DATE** _____

Official Nondiscrimination Statement

(USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, or political beliefs. Persons with disabilities who require alternative means of communication of program information (Braille, large print, audiotape, etc.) should contact SDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.