

ORANGE COUNTY RECREATION AFTER SCHOOL LOTTERY APPLICATION & REGISTRATION FORM

1st Child's Name: _____ **Child's Date of Birth:** _____

Child's School: _____ **Grade (circle):** Pre k K 1st 2nd 3rd 4th 5th

Camper medications or special needs: _____

2nd Child's Name: _____ **Child's Date of Birth:** _____

Child's School: _____ **Grade (circle):** Pre k K 1st 2nd 3rd 4th 5th

Camper medications or special needs: _____

3rd Child's Name: _____ **Child's Date of Birth:** _____

Child's School: _____ **Grade (circle):** Pre k K 1st 2nd 3rd 4th 5th

Camper medications or special needs: _____

4th Child's Name: _____ **Child's Date of Birth:** _____

Child's School: _____ **Grade (circle):** Pre k K 1st 2nd 3rd 4th 5th

Camper medications or special needs: _____

Primary Guardian: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Primary Guardian Address: _____

Secondary Guardian: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Secondary Guardian Address: _____

At departure a parent or someone listed on the authorized pick-up list must sign the camper out of the program. A photo ID must be provided every day in order to sign a child out. Who may pick the child up from camp? Remember to include guardian(s) and provide name as listed on ID:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

In the event that someone listed above does not have his/her photo ID at pickup, they may provide the password authorized by the parent to sign the child out of camp. If you wish, please provide a password for pickup?: _____

LIABILITY RELEASE -In consideration of my/my child's participation in the aforementioned Orange County program or activity, I hereby release and discharge Orange County, Orange County Department of Environment, Agriculture, Parks and Recreation (DEAPR), and any and all employees or agents thereof from all claims of any kind or nature whatsoever arising out of actions of the above said employees or agents. To the extent allowed by law, I also consent to the transportation of myself/my child by above said employees or agents to and from such programs or activities conducted as part of this Orange County DEAPR program. I have informed Orange County DEAPR staff of any physical and/or cognitive conditions that may hinder my/my child's participation in or enjoyment of the program or activity. I further understand that general liability insurance coverage **is not** provided by Orange County DEAPR or any sponsoring agent.

MEDICAL RELEASE - This is to certify that I (participant above), or parent of above participant in the Orange County activity, hereby grant permission to the adult volunteer or supervisor of the program to obtain medical care from any licensed physician, hospital, or medical clinic for the participant named herein at such times as either parent, legal guardian, or emergency contact cannot be contacted in person or by telephone. This authorization shall include all activities, including the period required to travel to and from those activities; and we do hereby waive, release, absolve, indemnify and agree to hold harmless Orange County, Orange County DEAPR, any sponsoring agent and any volunteer; the organizers, supervisors, participants, and person transporting the player to and from those activities, for any claim arising out of any injury to the participant.

PHOTO POLICY - Orange County DEAPR reserves the right to photograph and publish photographs of participants for publicity purposes. Photographs may also be shared with the program instructors.

REFUND POLICY - Program fees are 100% refundable when the program is cancelled by the department. If requested at least fourteen days in advance of the session start date, a 50% refund will be given. No refund will be given if requested less than fourteen days before the start of the session.

PARENT/GUARDIAN SIGNATURE

DATE