

Living Coast Discovery Center

Day Camps Program Participant Information Sheet

The following information must be completed and returned prior to the program. Complete a separate form for each child under the age of 18. Children without this completed form will not be admitted into the program. Please print clearly.

Name _____ DOB _____ Age _____ ☐ M ☐ F

Address _____ City _____ Zip _____

Parent/Guardian _____ Day () _____ Cell () _____

Parent/Guardian _____ Day () _____ Cell () _____

Email: _____

Program Name _____ Session Date(s) _____

Program Name _____ Session Date(s) _____

Program Name _____ Session Date(s) _____

Does your child sunburn easily? ☐ YES ☐ NO _____

Is your child allergic to bee stings? ☐ YES ☐ NO _____

Does your child have any of the following? (Use space provided to add more info)

Heart Problems	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
Mobility Impairment	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
Seizures Blackouts	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
Food Allergies	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
Other Allergies	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
Asthma	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
Diet Restrictions	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
Other Medical Concerns	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
Behavior Concerns	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____

Medications your child is taking: _____

Note: LCDC staff cannot dispense any medication. Parents must make arrangements and provide a signed note.

In an emergency, if unable to contact parent/guardian, contact:

Name: _____ Phone: _____

Name: _____ Phone: _____

Please complete reverse side!**Pick Up Authorization**

I/We authorize the release of the minor to be dropped off / picked up by the following people:

Name: _____ Phone: _____

Name: _____ Phone: _____

****Please list the names of family members/friends that are not listed as guardian(s) and/or emergency contact(s). For example, someone you might carpool with to the camp session. ID is required by all who pick up from camp.**

Participant Waiver and Release***For Minors***

_____ has my (our) permission to participate in the
Name of minor

program(s) described above. I (we), as parent(s) or guardian(s) of the minor, do hereby, for this minor, myself, my heirs, executors and administrators, remise, release and forever discharge the Living Coast Discovery Center and all officers, directors, employees, agents and volunteers of the organization, acting officially or otherwise, from any and all claims, demands, actions or causes of action which in any way arise from the minor's participation in the above noted event. I hereby certify that I (we) am (are) the legal guardian(s) of this minor, and that his/her **date of birth** is _____, and I do hereby certify that to the best of my knowledge and belief said minor is in good health. In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs.

I agree to abide by all of the rules and requirements of the program at the Living Coast Discovery Center.

I authorize the photographing, filming or videotaping of my child for the Living Coast Discovery Center promotions and publications.

1. _____
Signature _____ Print Name _____ Date _____

2. _____
Signature _____ Print Name _____ Date _____

**Please return signed and completed form to the Discovery Center at:
1000 Gunpowder Point Drive, Chula Vista, CA 91910; Fax (619) 409-5910
or email to Elizabeth@thelivingcoast.org prior to the week of your Day Camp.**

Programs are held rain or shine.

Participants that do not meet minimum age requirements will not be allowed to participate.

Questions? Call (619) 409-5908 or email Elizabeth@thelivingcoast.org

