Central Plumas Recreation and Park District After School Camp

Enrollment Form

Primary Parent (CIRCLE ONE) Mother Father Legal Guardian	Secondary Parent (CIRCLE ONE) Mother Father Legal Guardian
Adult Name	Adult Name
Adult Date of Birth	Adult Date of Birth
Address/City/Zip	Address/City/Zip
Email Address	Email Address
Cell Number	Cell Number
Work Number	Work Number
Home Number	Home Number

Participant's Name	Birthday	Grade	School Site	Start Date	Sex M/F	Enro M-F	Ilment O	
					IAIL	INI-L	INIAAL	T/Th

Additional Authorize Adult For Youth Pick up	Phone	Relation

Central Plumas Recreation and Park District After School Camp (cont.)

	Enrollment Form
Allergy Details:	
Specific Food(s) Your Child Is Allergic To:	
 Severity of Allergy (Mild / Moderate / Severe 	e / Anaphylaxis):
 Type of Reaction Experienced (check all that 	at apply):
Hives / Rash	
 Swelling 	
Difficulty Breathing	
 Stomach Pain / Vomiting 	
Other:	
5. Exposure Risk:	
How is the allergy triggered? (check all that apply)
Eating the food	
Touching the food	
Being near the food (airborne)	
Cross-contamination	
CPRPD staff are not allowed to	to store or administer medication to a participant.
	AGREEMENT, WAIVER, AND RELEASE
participation in the Activity and as described in the District and Release on his/her behalf. I certify and represent that is sentative, assigns, heirs, and next of kin, hereby waive, re minor may have, or which may hereafter accrue, as a result all such rights and responsibilities for losses, costs and d advance the Central Plumas Recreation and Park District (if with said minor's participation in said Activity, even thoug understood that this Activity involves an element of risk and and Assumption of Risk is to be binding on all heirs and as liability, damage, cost or expense which they may incur as	bleted and signed by a parent/guardian if applicant is under 18 years of age.) I hereby consent to my son/daughter/ward's Activity Guide, flyers, correspondence, newsletters, website, and/or e-mail and I hereby execute this Agreement, Waive aid minor is in good health and physically able to participate in said Activity. I for myself and said minor's personal representation of participation in said Activity. I fully understand that the Activity involves unknown risks and dangers and I fully accept amages incurred as a result of his/her participation in the Activity. This release is intended to release and discharge its directors, officers, employees, volunteers, and agents) from any and all liability arising out of or connected in any was that that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is dianger of accidents, and knowing those risks I hereby assume those risks. It is further agreed that this Waiver, Release signs. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss a result of the death or injury or property damage that said minor may sustain while participating in said Activity. I agree is held to be invalid, the balance shall remain in full force and effect.
ment, waiver and release form on the rever	d(ren) participating in the CPRPD's After School Camp have carefully read the agree- se page and fully understand its contents. I am aware that this is a release of liability tral Plumas Recreation and Park District and I sign it of my free will on behalf of myself
Parent/Legal Guardian Signature:	
	Date:
	N-L-

Updated 8/6/2025