

Parks, Recreation & Waterfront Department
 Recreation Division
 2701 Telegraph Avenue
 Berkeley, CA 94705
 Tel: (510) 981-5140 | Fax: (510) 981-5160
 www.cityofberkeley.info/camps

Since 1922, Berkeley Echo Lake Camp has been operated by the City of Berkeley under a Special Use Permit through the USDA Forest Service.



2019 REGISTRATION FORM

ECHO LAKE CAMP C.I.T. (AGES 15-16)

PLEASE PRINT CLEARLY

YOUTH PARTICIPANT INFORMATION (Please complete one form for each child)

Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Gender: Male Female Date of Birth: ____/____/____ Age: ____ Grade Completed by Summer 2016: _____

MAIN ACCOUNT CONTACT (PARENT/GUARDIAN)

Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home # () _____ Cell # () _____ Other # () _____

Email Address: _____

EMERGENCY CONTACT TELEPHONE LIST (OTHER THAN MAIN ACCOUNT CONTACT)

Please provide a list, in order of importance that may be contacted during program hours 7:30am-6pm.

Name	Relationship	Phone #(cell)
<i>Example: Mary Smith</i>	<i>Friend</i>	<i>(510) 111-2222</i>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

PICK-UP LIST

I authorize the following individuals to "pick-up" my child from the COB Recreation Programs. Please include names of Parents/Guardians.

1. _____	3. _____
2. _____	4. _____

**Additions will be accepted in writing (note with expressed permission dated and signed) and given to a Camp Staff Member.*

1. Does your child have any *physical/cognitive disabilities*? If so, please list. YES NO

2. Does your child have any *allergies or dietary issues*? If so, please list. YES NO

3. Does your child have permission to walk to/from home or recreation facilities? YES NO

4. Does your child have permission to canoe while at camp? YES NO

5. Does your child have permission to hike into Desolation Wilderness (campers are guided by Echo Lake Camp staff)? YES NO

BUS TRANSPORTATION

Supervised Round-Trip transportation to and from camp is provided for CITs enrolled for **Youth Camp Sessions only**. Bus Stop Location is tentative. Final location will be communicated well in advance of camp dates. Bus Pickup will be scheduled for 8:00 AM on Monday at designated location in Berkeley, CA. The bus will return to the same location by 5:00 PM Friday.

- Yes, my child will ride to camp on the provided Charter Bus.
- No, my child will NOT be riding the bus. They will arrive at camp by other means*.
- My child is not enrolled in a Youth Camp session. I will arrange their transportation.

*Please contact the City of Berkeley Camps Office to finalize camp drop off times and end of session travel arrangements. Campers may not be dropped off at camp earlier than 12:30 PM on the first day of their session.

ECHO LAKE YOUTH CAMP DATES AND FEES

Session Fees: Berkeley Resident \$250.00 Non-Resident \$275.00

Session Number	Dates	Session Type	Session Fee
<input type="checkbox"/> Session 1	June 15 - June 22	Family Camp C.I.T.	\$
<input type="checkbox"/> Session 2	June 22 - 29	Family Camp C.I.T.	\$
<input type="checkbox"/> Session 3	June 29 - July 6	Family Camp C.I.T.	\$
<input type="checkbox"/> Session 4	July 6 - July 13	Family Camp C.I.T.	\$
<input type="checkbox"/> Session 5	July 13 - July 20	Family Camp C.I.T.	\$
<input type="checkbox"/> Session 6	Jul 29 - Aug 2	Youth Camp C.I.T.	\$
<input type="checkbox"/> Session 7	Aug 5 - Aug 9	Youth Camp C.I.T.	\$
<input type="checkbox"/> Session 8	Aug 12 - Aug 16	Youth Camp C.I.T.	\$
<input type="checkbox"/> Session 9	Aug 19 - Aug 23	Youth Camp C.I.T.	\$
TOTAL FEES			\$

CITY OF BERKELEY REGISTRATION POLICY

Changing / Cancelling Reservations: All changes or cancellations must be made in writing by the parent / guardian of the registered applicant no less than 30 calendar days prior to the start of the session affected by the change or cancellation. Requests can be submitted by email, postal mail or hand delivered. No changes or cancellations will be taken over the phone. Please include name on the registration form, current mailing address and phone number. For changes resulting in the cancellation of any portion of the reservation, a 25% administrative fee will be charged. All fees will be forfeited for changes or cancellations made less than 30 days prior to the start of the session.

All refund, change, and cancellation requests must be made in writing and sent to the City Of Berkeley Recreation Office,
2701 Telegraph Ave, Berkeley, CA, 94705.

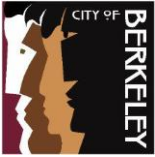
CONSENT AND RELEASE FROM LIABILITY

In consideration of permission to participate in Camp Programs, I for myself, heirs, successors, and assigns, agree to release, defend, indemnify and hold harmless the City, its officers, agent, volunteer and employees from and against any claims, demands, liability, damages, lawsuits or other actions, including but not limited to, personal injury or death or property damage arising out of or in any way connected with my participation or the participation of my child/ward in Recreation Programs. I give my consent to allow the City of Berkeley to use any photographed images of my child in promotional materials and/or its website.

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY

Cash Credit Card Processed Check # _____ Receipt # _____ Processed By _____ Date _____



Recreation Division

ECHO LAKE CAMP 2019

HEALTH HISTORY/MEDICAL AUTHORIZATION

CIT Session #:

Important: Please review this form prior to your child arriving at camp. Parent(s) is responsible for notifying staff of any updates to the medical authorization form, at least 2 weeks in advance of camp attendant.

YOUTH CAMPER INFORMATION

NAME	AGE	SEX
------	-----	-----

MEDICAL CONTACTS

FAMILY PHYSICIAN	PHONE	INSURANCE CARRIER	POLICY NUMBER
------------------	-------	-------------------	---------------

MEDICAL INFORMATION

Allergies (list all known) including allergies to medication. Allergy: _____

Describe reaction and management of the reaction: _____

Medical History (Check if your child has had any of the following):

- Measles
 Chicken Pox
 German Measles
 Mumps
 Hepatitis

Should the camp make any special medical preparations/accommodations for your child? Yes No

If yes, please explain: _____

Has child ever been limited in physical activity for any reason? Yes No

If yes, please explain: _____

Please list any other pertinent health information that would be helpful to us. (Consider the altitude of the mountain environment, hiking, mosquitoes, etc.): _____

MEDICATIONS

Please list **ALL** Medications (including over-the-counter or nonprescription drugs) taken routinely and/or within the past 90 days. If medication is currently taken, bring enough medication to last the entire time at camp. Keep it in the original packaging that identifies the prescribing physician (if a prescription drug), name of the medication, the dosage, and frequency of administration.

<input type="checkbox"/> This person takes NO medications		<input type="checkbox"/> This person takes medication as follows:
Med #1	Dosage	Specific time(s) each day
Reason for taking		Name / PH# of prescribing physician
Med #2	Dosage	Specific time(s) each day
Reason for taking		Name / PH# of prescribing physician
Med #3	Dosage	Specific time(s) each day
Reason for taking		Name / PH# of prescribing physician

GENERAL QUESTIONS (EXPLAIN "YES" ANSWERS BELOW)

				YES	NO
My child's health history includes::					
	YES	NO	16. Back problems	<input type="checkbox"/>	<input type="checkbox"/>
1. Recent injury, illness or infectious disease	<input type="checkbox"/>	<input type="checkbox"/>	17. Ever had problems with joints (knees, ankles)	<input type="checkbox"/>	<input type="checkbox"/>
2. Chronic or recurring illness/condition	<input type="checkbox"/>	<input type="checkbox"/>	20. Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
3. Hospitalized in past year	<input type="checkbox"/>	<input type="checkbox"/>	21. Asthma	<input type="checkbox"/>	<input type="checkbox"/>
4. Surgery impacting daily activity	<input type="checkbox"/>	<input type="checkbox"/>	22. Mononucleosis in the past 12 months	<input type="checkbox"/>	<input type="checkbox"/>
5. Frequent headaches	<input type="checkbox"/>	<input type="checkbox"/>	23. Problems with diarrhea/constipation	<input type="checkbox"/>	<input type="checkbox"/>
6. Head injury	<input type="checkbox"/>	<input type="checkbox"/>	24. Problems with sleepwalking	<input type="checkbox"/>	<input type="checkbox"/>
7. Knocked unconscious	<input type="checkbox"/>	<input type="checkbox"/>	25. Abnormal menstrual history	<input type="checkbox"/>	<input type="checkbox"/>
8. Wear glasses, contacts or protective eyewear	<input type="checkbox"/>	<input type="checkbox"/>	26. History of bed-wetting	<input type="checkbox"/>	<input type="checkbox"/>
9. Frequent ear infections	<input type="checkbox"/>	<input type="checkbox"/>	27. Emotional difficulties for which professional help was sought	<input type="checkbox"/>	<input type="checkbox"/>
10. Fainted during or after exercise	<input type="checkbox"/>	<input type="checkbox"/>	28. Eating disorder	<input type="checkbox"/>	<input type="checkbox"/>
11. Dizzy during or after exercise	<input type="checkbox"/>	<input type="checkbox"/>	29. ADD or ADHD	<input type="checkbox"/>	<input type="checkbox"/>
12. Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Please explain any "yes" answers, noting the number of the questions:		
13. Chest pain during or after exercise	<input type="checkbox"/>	<input type="checkbox"/>	_____		
14. High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	_____		

PARENTAL CONSENT AND AUTHORIZATION FOR MEDICAL TREATMENT

This health history is correct to the best of my knowledge and the person herein described is in good health and has my permission to engage in all prescribed camp activities, including but not limited to, swimming, rafting, canoeing, and hiking while at Camp except as noted. I have completed and understand the above Health History information and Medical Authorization form(s). Authorization for treatment: In the event that I cannot be reached, I hereby give permission to the medical personnel selected by COB Camps to order, secure, and/or administer, as necessary, medical tests, treatment, transportation and hospitalization for my child as named above.

It is permissible for the Camp Medical Staff to administer the following over-the-counter drugs to my child, if needed (Check all that apply):

- Tylenol
 Advil
 Neosporin (Triple Antibiotic Ointment)
 Sunscreen
 Tums (Calcium Carbonate)
 Bug Spray
 Benadryl (Oral / Topical)
 Pepto-Bismol
 Hydrocortizone (Anti-Itch Cream)

Parent/Guardian's Signature: _____ Date: _____