

City of Emeryville – Community Services Department  
**CAMP: S.A.F.E. REGISTRATION FORM**



**SESSION: 1 (6/6-7/2) 2 (7/6- 7/31) 3 (8/3-8/14)**

**A SEPARATE FORM FOR EACH PARTICIPANT IS REQUIRED**

**Participant Name:** \_\_\_\_\_ Gender: Male Female Non-Binary  
First Last

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade in 20-21: \_\_\_\_\_ School (if not Emery USD): \_\_\_\_\_

**Parent/Guardian #1 Name:** \_\_\_\_\_ Relationship: \_\_\_\_\_  
First Last

Home Address (street, city, state zip): \_\_\_\_\_

E-Mail: \_\_\_\_\_ Cell phone provider: \_\_\_\_\_ Place of Work: \_\_\_\_\_

Parent/Guardian Birthdate: \_\_\_\_\_ Primary Phone: (\_\_\_\_) \_\_\_\_\_ Alternate phone: (\_\_\_\_) \_\_\_\_\_

**Parent/Guardian #2 Name:** \_\_\_\_\_ Relationship: \_\_\_\_\_  
First Last

Home Address (write "same" or street, city, state zip): \_\_\_\_\_

E-Mail: \_\_\_\_\_ Cell phone provider: \_\_\_\_\_ Place of Work: \_\_\_\_\_

Parent/Guardian Birthdate: \_\_\_\_\_ Primary Phone: (\_\_\_\_) \_\_\_\_\_ Alternate phone: (\_\_\_\_) \_\_\_\_\_

Childs Primary Resides with: Parent Guardian #1 Parent Guardian #2 Both and/or Equal Time

**STAFF WILL CALL PARENT/GUARDIAN #1 FOR GENERAL PURPOSES AND IF THEY DON'T ANSWER, WE WILL CALL PARENT #2. PLEASE USE THE BELOW TO SPECIFY ADDITIONAL COMMUNICATION REQUESTS. A PARENT/GUARDIAN CANNOT BE REMOVED FROM THE ABOVE LIST WITHOUT COURT DOCUMENTATION.**

**CONTACT BOTH PARENTS/GUARDIANS FOR:**

**BILLING INCIDENTS CONTACTING PARENT/GUARDIAN #1 FOR ALL COMMUNICATION IS PREFERRED**

**EMERGENCY INFORMATION/CONTACTS IN ADDITION TO PARENT/GUARDIANS ABOVE**

(Please list three emergency contacts who are available DURING program hours and who are authorized to pick them up. They must be 18+. All will be called in case of emergency/late pick up if neither parent/guardian is able to be reached)

Name: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Other phone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Other phone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Other phone: (\_\_\_\_) \_\_\_\_\_

Preferred hospital you want participant sent to in case of emergency: \_\_\_\_\_

**The Emeryville Community Services Department will do whatever is necessary for your child to receive emergency treatment when deemed necessary. I understand that I am responsible for any charges incurred.**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**







symptoms while participating in the Program, I understand that the Participant will be isolated, and upon notification from the City, the Participant must be picked up immediately.

2. I agree that if either Participant or any individual in Participant's Household is diagnosed with COVID-19, is directed to self-isolate or self-quarantine by a medical professional or public health official, or is directed to self-isolate or self-quarantine under any federal, state or local health guidance or orders, I will notify Christen Gray at [cgray@emeryville.org](mailto:cgray@emeryville.org) and call at 510-596-4396 immediately. In addition, Participant may not, and will not participate in the Program until the Participant has received medical clearance professional that the Participant's participation in the Program does not pose a risk or threat of spreading COVID-19 and/or complies with federal, state and local directives related to COVID-19.

3. As used in paragraphs 1 and 2, medical clearance refers to documentation from Participant's treating health care provider that Participant may participate in the Program. Absent a certification from an Participant's health care provider, Participant who has had a known exposure, exhibited symptoms, and/or has tested positive for COVID-19 may not return to the Program until the Participant can certify to each of the following:

- a. At least fourteen (14) calendar days have passed since testing positive for COVID-19, exhibited symptoms of COVID-19, had known exposure to an individual who tested positive for COVID-19, or had suspected exposure to SARS-CoV-2, the virus that causes COVID-19;
- b. Have been free of fever (100°F or higher) for at least 72 hours without the use of fever-reducing medicines prior to the date of certification;
- c. Any other COVID-19 related symptoms that were experienced, including respiratory symptoms (e.g. cough or shortness of breath) have significantly improved in the 72 hours prior to date of certification;
- d. At least seven (7) days have passed since any COVID-19 symptoms first appeared; and
- e. Participant has complied with all directives provided by Participant's health care provider before seeking to return to the Program, including, but not limited to, directives regarding the length of time needed to self-isolate/quarantine, follow-up testing and social distancing.

4. I understand that the City will be implementing procedures to screen each participant of the Program before the Participant may participate in the Program for the day. Such daily screening procedures may include: answering questions about symptoms that either the Participant or a member of the Participant's Household may have experienced in the past 24 hours, and having the Participant's temperature taken. I consent to the Participant participating in the screening procedures and other procedures that may be implemented. I agree that if Participant does not participate in the daily screening, Participant will not be allowed to participate in the Program for that day. I further consent that the City may share the information gathered by the City during the daily screening with public health officials as may be appropriate.

5. I hereby acknowledge that I have received a copy of the Program's Social Distance Protocols, and I agree that repeated violations of the Program's Social Distance Protocols by adults dropping off and/or picking up the Participant may result in the Participant being excluded from the Program.

**6. I HEREBY AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS THE CITY OF EMERYVILLE, ITS EMPLOYEES, OFFICERS AND AGENTS** (the "City Parties") from all liability, claims, demands, causes of action, charges, expenses, and attorney fees (including attorney fees to establish the City Parties' right

to indemnity or incurred on appeal) resulting from failure to comply with the terms and conditions stated herein.

**7. BY SIGNING THIS AGREEMENT, I HEREBY ACKNOWLEDGE THE CONTAGIOUS NATURE OF COVID-19 AND VOLUNTARILY ASSUME THE RISK AND ACCEPT FULL RESPONSIBILITY FOR ANY AND ALL LOSS, BODILY INJURY, DEATH OR PORPERTY DAMAGE** caused by or arising from Participant's participation in the Program, whether caused by any negligent act or omission of City Parties or otherwise

**8. I HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE THE City Parties** from all liability to the undersigned, his or her personal representatives, assigns, heirs, and next of kin for any loss, damage, or claim therefore on account of injury to the person or property of the undersigned, whether caused by any negligent act or omission, including gross negligence and/or willful disregard, of the City Parties or otherwise while the Participant participates in the Program or uses any City facilities in connection with such activity.

9. I expressly agree that the foregoing indemnity, assumption of risk, and waiver and release set forth in Paragraphs 6-8 are intended to be as broad and inclusive as permitted by California law and that if any portion thereof be held invalid, notwithstanding, the balance shall continue in full legal force and effect.

I have read and understand the above, including liability waiver and release all liabilities, for the Participant to participate in this program.

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**Parent/Guardian Signature**

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**Date**



## **CAMP: S.A.F.E. Family Handbook Signature Page**

I understand that I have access to the family handbook located (insert link here) and it is my responsibility to read and follow all of the points outlined within it. If I have questions, I understand that I need to ask for clarification before enrolling fully into this camp.

I understand the following points for me and my camper:

There will be a separate camp notice that will be emailed to me one week prior to the start of each camp session. I understand that I should review it for specific information regarding my specific camp.

I understand the drop off and pick up process.

I understand the information on the COVID-19 Liability Waiver and will follow all safety guidelines within it.

I understand the food/water policy in camp

I understand the camp rules and behavior policy

I understand the adult conduct policy

I understand that my place in camp is not secure until there is both a payment made and there is a complete application packet filled out for my camper on file, by the deadline identified.

I understand the toys and electronics policy for camp

I understand that I must disclose all medications and medical needs for my camper on my application.

I understand that I must disclose all behavior, cognitive or physical disabilities and needs on my campers application.

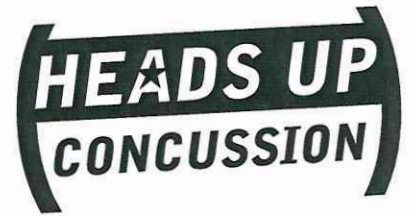
Please sign below signifying that you understand the policies/procedures outlined in this handbook and that you further commit to reviewing the rules and expectation with your camper.

Date: \_\_\_\_\_

Parent printed first and last name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

# CONCUSSION Information Sheet



This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

## What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

## How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
  - › Work with their coach to teach ways to lower the chances of getting a concussion.
  - › Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
  - › Ensure that they follow their coach's rules for safety and the rules of the sport.
  - › Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.



**Plan ahead.** What do you want your child or teen to know about concussion?

## How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

### Signs Observed by Parents or Coaches

- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (*even briefly*).
- Shows mood, behavior, or personality changes.
- Can't recall events *prior to or after* a hit or fall.

### Symptoms Reported by Children and Teens

- Headache or "pressure" in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not "feeling right," or "feeling down."

**Talk with your children and teens about concussion.** Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that *it's better to miss one game than the whole season.*

To learn more, go to [www.cdc.gov/HEADSUP](http://www.cdc.gov/HEADSUP)



Centers for Disease  
Control and Prevention  
National Center for Injury  
Prevention and Control



**Concussions affect each child and teen differently.** While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' health care provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities.



## What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

Children and teens who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect a child or teen for a lifetime. It can even be fatal.

Revised 5/2015

**Discuss the risks of concussion and other serious brain injury with your child or teen and have each person sign below.**

*Detach the section below and keep this information sheet to use at your children's or teens' games and practices to help protect them from concussion or other serious brain injury.*

I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.

Athlete Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Athlete Signature: \_\_\_\_\_

I have read this fact sheet for parents on concussion with my child or teen and talked about what to do if they have a concussion or other serious brain injury.

Parent or Legal Guardian Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_

## What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a health care provider and only return to play with permission from a health care provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's health care provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a health care provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a health care provider.



To learn more, go to [www.cdc.gov/HEADSUP](http://www.cdc.gov/HEADSUP)

You can also download the CDC *HEADS UP* app to get concussion information at your fingertips. Just scan the QR code pictured at left with your smartphone.