



Fresno Unified School District

College & Career Readiness | Extended Learning Department
Achieving our Greatest Potential!

2022 Summer Camp Enrollment Form

STUDENT'S INFORMATION

Last Name:		First Name:	
FUSD Student ID #:	Birthdate:	Gender:	
Address:		City:	Zip Code:
Summer Camp Program: CAMP IMPACT		Session/Time: 9am to 3pm	

PARENTS'/GUARDIANS' INFORMATION

Parent's/Guardian's Name 1:	Contact Phone:	Email Address:
Parent's/Guardian's Name 2:	Contact Phone:	Email Address:
Emergency Contact:	Contact Phone:	Email Address:

MEDICAL INFORMATION

I have been advised of the contents of the State of California Education Code Section 35330 which states in part: "All persons making the study trip or excursion shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness or death occurring during or by reason of the study trip or excursion." My child is covered by medical insurance.

Private Insurance School Insurance

Physician's Name:	Phone:
Address:	City:
	Zip Code:

My child has the following condition(s) and/or takes the following medication(s):
Explanation:

Does your child have a special diet request form filled with Fresno Unified's Food Services Department that allows for special meals to be distributed to my child during the regular school day?
 Yes No

If an emergency should arise that requires medical attention and we as Parents/Guardians cannot be reached, you are authorized to take whatever steps are necessary to protect the health of this child, at my expense. **Parent/Guardian Initials** _____

Permission to Photograph & Videotape

I grant to Fresno Unified School District, its representatives, and employees the right to take photographs / video of my child in connection with the above-identified subject. I authorize Fresno Unified School district, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Fresno Unified School District may use such photographs / videos of my child for any lawful purpose, including for example such purposes as publicity, illustration, advertising, instruction and web content. I have read and understand the above. **Parent/Guardian Initials** _____

Parent/Guardian Approval

It is necessary that parents specifically authorize their child to be included in this Summer Enrichment Camp. While supervision for this event will be furnished by the school district, parents are hereby advised that such supervision by school district personnel will occur only during summer camps dates. Although the school district will take every precaution to assure the welfare and safety of your child while participating in this activity, it is important you understand the school district assumes no liability whatsoever in case of injury of accident. It is also important for the student and the parent/guardian to realize that injuries or accidents can occur and occasionally they can be catastrophic. Catastrophic means permanent, serious injury such as paralysis-partial or total, or even death. Further, I have been advised of the contents of the State of California Education Code Section 35330 which states in part: "All persons making the field trip or excursion shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion."

PARENT/GUARDIAN SIGNATURE: _____ **Date:** _____