



**COUNTY OF LOS ANGELES
DEPARTMENT OF PARKS AND RECREATION
JUNIOR LIFEGUARD PROGRAM
BONELLI LAKE**



(Please Print Clearly)

Year _____ New Returner Session: 1 2

Child's Name _____ School _____

Address _____ City _____

State ____ Zip _____ Home # (____) _____ E-Mail _____

Birth Date ___/___/___ Age _____ Sex: M F

Guardian's Name _____ Guardian's Name _____ Guardian's Name _____

CELL # (____) _____ CELL # (____) _____ CELL # (____) _____

Emergency Contact Name _____ Phone (____) _____

Liability Waiver: In consideration of my child being allowed to participate in the Los Angeles County Department of Parks and Recreation Junior Lifeguard Program, I do hereby, for myself, my child, my heirs, and executors waive, release and forever discharge any and all rights and claims for damages which may, hereafter, accrue to me against the County of Los Angeles and each of its officers, agents and employees for any and all injuries sustained out of my child's association with, entry in, participation on, or traveling to and from said Junior Lifeguard Program at Bonelli Park.
I also understand that any behavior deemed unacceptable by instructors will result in participant being dropped from the program without a refund. No minor will be permitted to attend the Junior Lifeguard Program at Bonelli Park without a signed Permission form and completed and signed Physicians Release form

Signed _____ Date _____

PRESS AND PHOTO RELEASE

I understand that my child may be photographed while participating in the Los Angeles County Department of Parks and Recreation Junior Lifeguard Program. I agree to allow these photos to be used for promotional purpose without any monetary compensation and I understand that these photos will be the property of Los Angeles County. I also understand that my child may be photographed and/or interview by the press or 3rd parties while participating in the Los Angeles County Department of Parks And Recreation Junior Lifeguard Program.

Signed _____ Date _____



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AUTHORIZATION OF CONSENT TO TREATMENT OF A MINOR

I /We the undersigned, parent(s)/guardian(s) of: _____
a minor, do hereby authorize all representative's of the Los Angeles County Department of Parks and Recreation as agent(s) for the undersigned, to consent to any examination, X-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care that is deemed advisable by and rendered under the general or special provision of any physician and surgeon licensed under the provisions of the Medical Practice Act or the medical staff of any accredited hospital, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

It is understood that effort shall be made to contact the undersigned prior to the rendering of treatment to the patient, but that none of the above treatments shall be withheld if the undersigned can not be reached.

Parent / Guardian's Name

Daytime Phone#

Parent / Guardian's Signature

Date:

IN COMPLIANCE WITH CONSENT MANUAL, CALIFORNIA HOSPITAL ASSOCIATION.

Physicians Name:

Phone #

Insurance Carrier:

Policy #

Insured's Name:

Insured's ID:

MEDICAL INFORMATION: Please include known allergies, allergic reactions, special medications, medical problems/conditions. If none exist, please note NONE in the space below.



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PHYSICIAN'S RELEASE FORM

Junior Lifeguard Name:

Address:

City:

State:

Zip:

Home Phone #

TO THE PHYSICIAN:

The person you are examining is a participant actively engaged in the Junior Lifeguard Program for the County of Los Angeles Department of Parks and Recreation. As such, this person will be participating in physically demanding activities in a lake setting. Activities will include, but not limited to, swimming, running, boating, calisthenics, and prolonged exposure to sun and heat.

EXAMINATION RESULTS:

The participant named above is:

ABLE **NOT ABLE** **to participate in the Junior Lifeguard Program.**

Birth Date:

Age:

Gender: M **F**

RESTRICTIONS (If any):

RECOMMENDATIONS (If any):

Signature of Examining Physician:

Date:

OFFICE STAMP: Must be stamped



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Request Medication/Treatment Given during LA County Jr. Lifeguards Program
(if applicable)

Jr. Lifeguard's Name _____

Date of Birth _____

No known medication allergies. Allergies : _____

Give daily	Give as needed	Treatment/ Medication as written on bottle or package	Dosage in ml,mg,cc	Time actual hour of day	Route of delivery	Reason medication is given	Start & End Dates actual calendar dates

Special Instructions: _____

If inhaler: (please check one of the following options)

- Allow Jr. Lifeguard to carry/administer own inhaler - If needed it will be assisted by EMT Lifeguards
- Do Not allow Jr. Lifeguard to carry own inhaler, is to be assisted by and kept with EMT Lifeguards.

If allergy kit (please check one of the following options, 911 will be called if Epi-Pen is administered)

- Allow Jr. Lifeguard to carry/administer own Epi-Pen. - If needed it will be assisted by EMT Lifeguards
- Do not allow Jr. Lifeguard to carry own Epi-Pen it is to be assisted by and kept with EMT Lifeguards.

I, the undersigned, am the physician for the above named participant and request they receive medication during program hours as ordered above. The parent/guardian is responsible to notify the Jr. Lifeguard Program if the medication, dose, route or time to be given are changed or the medication is discontinued.

Physician's Signature: _____ Date: _____

Physician office number _____ Fax number _____

I, the undersigned, am the parent or guardian of the above, named JG participate, and I hereby request he/she received medication during program hours as ordered by his/her physician. I understand that the County of Los Angeles and any of its personnel are absolved from any civil liability, which might be associated with the medication assistance. I understand that I may retrieve the medication from the camp at any time and the medication will be picked up on my child's last day at camp. I understand that my child's medication will be properly destroyed if not retrieved 7 days beyond my child's last day at camp.

Parent's Signature: _____ Date: _____

Parent's Telephone Number : _____

MEDICATION PROVIDED IN THE ORIGINAL PHARMACY OR MANUFACTURER-LABELED CONTAINER:

Separate bottles need to be provided for camp and home. Only the doses to be given during camp hours should be brought to camp

OFFICE USE ONLY

Date medication received: _____ # units received: _____
 Director Signature _____ : Group: _____ Exp: _____
 Notes: _____



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CODE OF CONDUCT

Youth participating in or attending the County of Los Angeles, Department of Parks and Recreation, Bonelli Park Junior Lifeguard Program are required to conduct themselves according to the “Code of Conduct” that follows this introduction. The Code operates in conjunction with the guidelines and regulations of the specific event show, program, and/or activity.

Program Participant Expectations:

- Participate fully in the program, activity and/or event.
- Be responsible for your own behavior/conduct, uphold high standards for the group and accept the consequences for inappropriate behavior.
- Support and abide by the program’s designated Instructors/Coordinator/Director.
- Practice good citizenship, leadership and self-governance.
- Follow the direction of the staff.
- Demonstrate positive sportsmanship and attitudes at all times that is becoming of a leader.
- Show respect to others by being courteous and respectful.
- Use appropriate language at all times.
- Respect and adhere to the guidelines of the program.

Behavior, Conduct or Activity Not Permitted:

- Unsportsmanlike, unethical, immoral conduct.
- Improper language(i.e.-profanity)
- Possession or consumption of alcohol.
- Possession or use of illegal drugs, including the use of tobacco or tobacco like products like Vaping, e-cigarettes.
- Alcoholic Beverages and Smoking are prohibited on the County Property
- Possession or use of weapons, fireworks.
- Possession or use of harmful objects with the intent to harm or intimidate others.
- Destruction of County property (i.e. - graffiti, program equipment, etc.)
- Violation of established program start and end times for drop offs and pick ups.
- Disrespect for adults, other participants, volunteers, staff and/or those who are in a leadership position.
- Belittling others; putting others down and being disrespectful of individual differences.
- Aggressive, physical behavior (i.e. - fighting).
- Taking property that belongs to others, stealing; borrowing/using others’ property without permission of the owner.
- Other conduct determined to be inappropriate by the Program Director, Coordinator, Instructor’s and facility Management/Staff.



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CODE OF CONDUCT

Actions taken when in violation of the “Code of Conduct.”

1. The parent/guardian of the participant(s) involved in the violation will be notified or made aware of the violation and the program staff or Director will take appropriate action.
2. The participant(s) can/may be barred from participating in program activities for the remainder of that week or even the remainder of the program session depending on the circumstance/violation.
3. Should a violation(s) warrant an expulsion from the program for that season or indefinitely, it shall be so with NO Refund of the program fees.
4. When warranted, the situation may be turned over to the proper law enforcement authorities.

JUNIOR LIFEGUARD PROGRAM CODE OF CONDUCT AGREEMENT

I, _____
(Junior Lifeguard Name)

as a participant of the County of Los Angeles, the Department of Parks and Recreation, Bonelli Park Junior Lifeguard Program have read the “Code of Conduct”, and agree and abide by it. I also accept the consequences for my actions, if I choose not to follow the code.

Date: _____

(Jr. Lifeguard’s Signature)

I/We, _____
(Parent /Guardian’s Name)

have read the “Code of Conduct” and agree and support my child’s participation in the programs activities and events.

Date: _____

(Parent/Legal Guardian Signature)