

## Registration Checklist

The following Items **MUST** be complete on the Registration. **Only one child per registration form, please.**

### Page 1

- Parent/Guardian Information – both parents if possible
- Emergency Contact Information – non-parent only
  - o Please put 2 other individuals that are not parent/guardian.
- Allergies – if your child does not have allergies you must write “no known allergies”
- Health Statement – Must be completed by circling yes or no. If no, please provide a reason.
  - o Your child may not be admitted to camp if they are not in good health.

### Page 2

- Additional person(s) authorized to pick up child
  - o If you will not be available to pick up your child you **MUST** have this section filled out.
  - o We **CAN'T RELEASE YOUR CHILD WITHOUT A PARENT/GARDIAN SIGNATURE** or someone you've authorized for pick up on this registration form
- Authorization for treatment & transportation: This has to be complete for your child to be admitted to camp.

### Page 3

- Medication Administration Form
  - o Must be completed if...
    - Your child has an EPI PEN or inhaler, your child has any emergency medications, your child has mandatory medications during the day.

### Page 4

- Field Trip Permission Form
  - o You can put multiple siblings on this form and please put in date range for your entire stay on property. This is in case your children return for additional dates. Otherwise you will need to fill this form out again.

### Page 5

- Sunscreen Permission Form & Photo Release Form
  - o You can put multiple siblings for both of the above forms.
  - o If you'd like to have pictures emailed, please leave us your email address on the photo release form.

### Page 6

- Proof of Immunization Records



CHILD'S LAST NAME \_\_\_\_\_

CHILDS FIRST NAME \_\_\_\_\_

AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ALLERGIES? (YES) (NO)

EPI Pen? (YES) (NO)

**REGISTRATION FORM**

**Parent/Guardian Information:**

\_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_  
 MOM FIRST LAST Primary # secondary #

\_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_  
 DAD FIRST LAST Primary # secondary #

\_\_\_\_\_ HOME ADDRESS CITY STATE ZIP EMAIL

**EMERGENCY CONTACT INFORMATION:**

Please provide the best phone numbers to contact if all parents/guardians are unreachable.

1. \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_  
 FULL NAME RELATIONSHIP Primary # secondary #

2. \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_  
 FULL NAME RELATIONSHIP Primary # secondary #

DESIRED DATE(S) OF ATTENDANCE: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

**ALLERGIES**

Please provide an accurate account of known allergies:

If your child has not allergies please write "no known allergies" on the line below.

\_\_\_\_\_  
 \_\_\_\_\_

**Health Statement**

Is your child in good health? (Y) (N) If no, why? \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Are there any past or present health problems? (Asthma, frequent headaches, seizure disorder, etc.) (Y) (N)

If Yes: \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Other information you would like to share about your child's health:

\_\_\_\_\_  
 \_\_\_\_\_

**EMPLOYERS INFORMATION IN CASE OF AN EMERGENCY**

Mother's Employer \_\_\_\_\_

Employer Address \_\_\_\_\_ Phone \_\_\_\_\_ Ext. \_\_\_\_\_  
Street City/State Zip

Father's Employer \_\_\_\_\_

Employer Address \_\_\_\_\_ Phone \_\_\_\_\_ Ext. \_\_\_\_\_  
Street City/State Zip

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**ADDITIONAL PERSON(S) AUTHORIZED TO PICK UP CHILD**

(1) \_\_\_\_\_  
Name Relationship Phone Number Cell Phone  
Address \_\_\_\_\_

(2) \_\_\_\_\_  
Name Relationship Phone Number Cell Phone  
Address \_\_\_\_\_

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**AUTHORIZATION FOR TREATMENT & TRANSPORTATION**

**Local Hospital in case of an Emergency:**

\_\_\_\_\_  
Facility Name Address Phone Number

**Local Doctor of Choice in case of an Emergency:**

\_\_\_\_\_  
Facility Name Address Phone Number

**Local Dentist of Choice in case of an Emergency:**

\_\_\_\_\_  
Facility Name Address Phone Number

**Allergies/Reactions to Medications:** \_\_\_\_\_

**Chronic Illnesses/Special Needs** \_\_\_\_\_

**Medications** \_\_\_\_\_

**Insurance Information:**

\_\_\_\_\_

**Authorization for emergency medical care and transportation:**

In the event of an emergency I hereby give my permission for childcare staff to access emergency medical services for my child, including transport to the nearest health care facility, to receive emergency medical or surgical care and treatment.

It is understood that a conscientious effort will be made to locate me, and I accept the expense of care and transport.

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Parent/Guardian Signature Date

# Medication Administration Form

Only needed if your child has mandatory medication that must be administered during camp or if your child has emergency medication. Activity Camp will **only administer emergency medications** unless advanced arrangements are made with the director.

Child's Full Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Last First Middle month day year

## EMERGENCY CONTACT INFORMATION

Parent/Guardian 1: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

**\*\*If on vacation, please use the address of your current accommodations\*\***

Emergency Contact 1: \_\_\_\_\_ / \_\_\_\_\_ Phone: \_\_\_\_\_  
Name Relationship to child

Emergency Contact 2: \_\_\_\_\_ / \_\_\_\_\_ Phone: \_\_\_\_\_  
Name Relationship to child

Primary health care provider: \_\_\_\_\_ Phone: \_\_\_\_\_

**ALLERGIES** - indicate **ALL** allergies including medications: \_\_\_\_\_ Reaction symptoms: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SEVERE ALLERGY TO:** \_\_\_\_\_

Child carries an Epi-Pen: Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, Epi-pen Junior \_\_\_\_\_ or Epi-pen \_\_\_\_\_ (66 lbs. & over)

### Epi-pen treatment plan:

1. Epi-pen immediately administered when symptoms of severe allergic reaction occur.
2. 911 (or local emergency response team) called immediately or child transported to closest emergency medical facility immediately. Emergency medical services must always be called when Epi-pen is administered.
3. Parent/guardian or emergency contact person (if parent/guardian unavailable) contacted.
4. If parent/guardian or emergency contact is unavailable to accompany child to medical facility, camp staff will accompany the child and remain with the child until parent/guardian or emergency contact arrive at the facility.

## FOOD ALLERGY

\_\_\_\_ Family will provide child's snack  
\_\_\_\_ Camper will self monitor all food choices  
\_\_\_\_ Other \_\_\_\_\_

**EMERGENCY MEDICATIONS PLAN** - medication must be in original container clearly stating child's name, prescribing health care provider, medication name, dosage, and prescription date. Any medication that requires refrigeration or special storage conditions will not be permitted during camp.

Medical condition / reason: \_\_\_\_\_ Emergency medication: \_\_\_\_\_

Dose: \_\_\_\_\_ Time(s) given: \_\_\_\_\_ Instructions: \_\_\_\_\_  
\_\_\_\_\_

## DAILY MEDICATIONS - Must include dosage details and time of day taken

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Time(s) given: \_\_\_\_\_ Possible side effects \_\_\_\_\_

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**It is understood by parents/guardians that this plan may be carried out by any Activity Camp staff member on duty.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
month day year

## EMERGENCY TREATMENT PLAN - List any medical condition(s) requiring special treatment and your instructions

Condition: \_\_\_\_\_ Instructions: \_\_\_\_\_  
\_\_\_\_\_

Condition: \_\_\_\_\_ Instructions: \_\_\_\_\_  
\_\_\_\_\_



## Field Trip Permission Form

Everyday is a field trip at Activity Camp. This form indicates that you give permission for your child to use Activity Camp transportation for any day they are signed-up for our camp. Field trip destinations include, but are not limited to: Glenwood Springs, Gypsum, Eagle, Wolcott, Edwards, Avon, Vail, Frisco, Breckenridge and Silverthorne. You can contact the main office at 970.376.6389 or visit [www.activitycampers.com](http://www.activitycampers.com) to obtain a copy of our calendar with specific locations.

Dates: \_\_\_\_\_

Time: 8:30am – 3:30pm

Fees: **Full Day** camp fees include all field trip costs including activity fees, lunch, and transportation.  
**Half Day** fees do not include camp lunch. Half day activities and schedule are subject to change.

- Notes:
- No hand held video games or playing games on cell phones.
  - Because everyday is a field trip, children will need to bring the following in a backpack everyday.
    - Backpack
    - Sneakers
    - Hat and/or Sunglasses
    - Water bottle – Filled (preferably 24oz)
    - Swimming suit & towel
    - Rain jacket or poncho
    - Jacket, Extra Layer or Long sleeve shirt

\*It's important that your child is capable of carrying his or her own backpack. Counselors will not be assisting students with their personal belongings on field trips. Children must be responsible for keeping track of their possessions.\*

Please return permission slip **on or before your child's first day of camp.**

I give permission for my child(ren) \_\_\_\_\_ to attend the field trip to **various local Points of Interest** on **specific scheduled camp days**. Should it be necessary for my child to have medical treatment while participating on a trip, I hereby give the camp personnel permission to use their judgment in obtaining medical services, and I give permission to the physician selected to render medical treatment deemed necessary and appropriate by the physician. I understand that Activity Camp has no insurance covering medical or hospital costs incurred and, therefore, any cost incurred for such treatment shall be my sole responsibility. All persons attending this trip are deemed to have waived all claims against the Activity Camp and its' staff for injury, accident, illness, or death occurring during or by reason of the field trip. I have read and understand the foregoing statement and agree to assume the responsibility stated and waive all claims. This trip will be under the supervision of the Activity Camp staff.

Parent/Guardian Printed: \_\_\_\_\_ Phone: \_\_\_\_\_

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



**Sunscreen Permission Form**

Child(ren) Name(s): \_\_\_\_\_

Please apply sunscreen to your child before your child arrives at Activity Camp in the morning. Activity Camp counselors will help children reapply sunscreen throughout the day, as needed.

\*\*Warning: UV rays are stronger at high altitudes\*\*

\_\_\_ Activity Camp has permission to apply sunscreen to my child if necessary.

\_\_\_ Activity Camp does not have permission to apply sunscreen to my child.

If not, please explanation: \_\_\_\_\_

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

**Photo Release Form**

I, being the parent/guardian of \_\_\_\_\_, hereby consent that Activity Camp has my permission to take photographs, videos, digital images, and/or audio recordings of my child while he/she is in the supervision of Activity Camp personnel.

(YES) Activity Camp has my permission to use the photographs, videos, digital images, and/or audio recordings of my child for advertising and promotional purposes.

(NO) Activity Camp does not have my permission use the photographs, videos, digital images, and/or audio recordings of my child for advertising and promotional purposes.

Please provide your e-mail address if you would like Activity Camp to send any photographs and/or videos of your child(ren) enjoying camp.

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Proof of Immunization Records

- I have attached my child's immunization records to this document.
- I do not have my child's immunization records & will email a copy or mail a copy to one of the below addresses within 30 days of today.

**Email to:** [jodi@activitiesitters.com](mailto:jodi@activitiesitters.com) or **Mail to:** Activity Camp  
 PO Box 3938  
 Avon, Co 81620

Printed Guardian Name : \_\_\_\_\_ Date \_\_\_\_\_

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

\*If you do not provide the records now or within 30 days of the dates signed above, we cannot readmit your child to camp until we have immunization records on-file.

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