



# SUMMER ADVENTURE DAY CAMP 2010 ADMISSION FORM Updated 1/2010

Child's First Name	Child's Last Name	Child's Birth Date
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### Child's Statement of Health Status for Enrollment in a Child Care Facility

This form **does not** need to be completed by a physician, a parent/legal guardian may complete the following section or submit a copy from the child's last well-check with the doctor. A well check must have been performed within the last year.

Past Illnesses – circle those the child has had and give approximate dates:

Chicken Pox _____	Rubeola _____	Rubella _____	Rheumatic Fever _____
Asthma _____	Hay Fever _____	Diabetes _____	Whooping Cough _____
Epilepsy _____	Mumps _____	Poliomyelitis _____	Other _____

Comments: \_\_\_\_\_

Any previous illness, injury, medical condition or behavioral issues that may affect your child's daily participation in camp? \_\_\_\_\_

Any doctor documented intolerance/allergies to drugs, medication, sunscreen or food to include doctor recommended diets? \_\_\_\_\_

Medications taken at home: \_\_\_\_\_

Medications taken in camp: \_\_\_\_\_

*For over the counter or prescription medicine during camp, please fill out a Medication Administration Form (one form per medicine) and call Mandy Perera to discuss medication administration, 303-335-4902. Please use the Severe Allergy Form for Epi Pens and Benedryl.*

Date of most recent doctor's examination of the child: \_\_\_\_\_

### Please provide immunizations and dates administered on the Colorado Department of Health Certificate of Immunization Form.

**Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please **INITIAL** the following categories to indicate that you have read and fully understand each item. All items must be agreed to for participation in camp.

\_\_\_\_\_  
(Initials) I have read the Camp Handbook and have discussed relevant parts with my camper. We understand and agree to the conditions and policies contained within.

\_\_\_\_\_  
(Initials) I understand that all paperwork must be turned in at the May Open House unless other arrangements have been made with the program supervisor, Mandy Perera. I will fill in all areas and put "N/A" in any areas that are not applicable. I understand if no emergency contacts are listed on the Emergency Card, the child will be turned over to the local authorities if I am unreachable.

\_\_\_\_\_  
(Initials) I understand that there is surcharge for each cancellation or transfer. I understand all requests must be submitted one week in advance or all fees will be forfeited. I understand the front desk or program supervisor, Mandy Perera, will process these requests.

\_\_\_\_\_  
(Initials) I agree to pick up my child by 4:30 pm each day. I will pay the additional fee of \$1 PER MINUTE that I am late, regardless of the reason. I understand that payment for tardiness is due at the time I pick up my child.

\_\_\_\_\_  
(Initials) I understand weekly field trips are taken and I am responsible for payment of associated fees. Field trip attendance is not mandatory; however, I understand that camp activities/supervision will not take place on-site if I choose for my child not to attend. I understand that my child must wear the official summer camp t-shirt on all field trip days. I give permission for my child to be transported by school bus, recreation center vans or by foot.

\_\_\_\_\_  
(Initials) I give permission for my child to participate in all activities, except: \_\_\_\_\_

\_\_\_\_\_  
(Initials) I give my child permission to watch the occasional movie. I understand the movies will be rated G or PG. I may refuse to allow my child to view any movies and they will be provided with an alternative quiet activity.

\_\_\_\_\_  
(Initials) I will notify counselors in writing of any changes in my child's camp schedule, including tardiness or absence.

\_\_\_\_\_  
(Initials) I will apply sunscreen to my child before arriving to camp and will provide sunscreen in my child's backpack labeled with their first and last name. I give permission for staff to re-apply sunscreen. Camp will have Coppertone available.

\_\_\_\_\_  
(Initials) Staff may inspect children's possessions if necessary.

**City of Louisville  
Required Waiver/Release**

By registering for Summer Adventure Day Camp, Parent, Legal Guardian, Participant recognizes and acknowledges that there are certain risks of physical injury and agrees to assume full risk of any injuries, property damage or loss which participant may sustain as a result of participating in any and all activities connected with or associated with the program. The Parent, Legal Guardian, Participant hereby voluntarily releases, waives, discharges and agrees not to sue the City of Louisville and its employees, other participants, coaches, instructors, officials, sponsors, advertisers, owners, and leasees of the premises used to conduct the event, and their officers, directors, agents and employees (all for the purposes hereinafter collectively referred to as "Releasees") from all liability to the undersigned, his or her personal representatives, assigns, heirs and next of kin for any and all claims, demands arising from injury, including but not limited to death or damage to property, caused or alleged to be caused in whole or part by the negligence of the Releasees or otherwise. I authorize and consent to the publication of myself and my child, whether by television, newsprint, written advertisements or otherwise, or any materials contained in my name or picture for participation in any event.

**X** \_\_\_\_\_  
Guardian Signature  
\_\_\_\_\_  
Date

**\*\*OPTIONAL\*\*  
Special Permission to  
Sign In & Sign Out  
(Children Ages 8+ Only)**

I give permission to my child to sign in and out of camp each day. I understand that children must arrive to camp by 9:30 am and may not sign out before 4:30 pm unless I provide written directions otherwise.

**X** \_\_\_\_\_  
Guardian Signature  
\_\_\_\_\_  
Date

City of Louisville Summer Adventure Day Camp Emergency Card 2010				
Child's Information				
First Name		Last Name		
Address				
Age	Gender: M / F	Eye Color		
Height	Weight	Hair Color		
Allergies, Health, or Behavioral Concerns, etc: <input type="checkbox"/> No <input type="checkbox"/> Yes, please explain:				
Primary Guardian				
First Name	Last Name	Relationship to Child	Primary Phone	Secondary Phone
Home Address		E-Mail		
Employer Name		Employer Address		
Secondary Guardian				
First Name	Last Name	Relationship to Child	Primary Phone	Secondary Phone
Home Address		E-Mail		
Employer Name		Employer Address		
Emergency Contact / Authorized to Pick Up #1				
First Name	Last Name	Primary Phone	Home Address	
Emergency Contact / Authorized to Pick Up #2				
First Name	Last Name	Primary Phone	Home Address	
Emergency Contact / Authorized to Pick Up #3				
First Name	Last Name	Primary Phone	Home Address	
Emergency Contact / Authorized to Pick Up #4				
First Name	Last Name	Primary Phone	Home Address	
Emergency Information				
Physician		Phone	Address	
Dentist		Phone	Address	
Hospital of Choice		Phone	Address	
Medical Insurance Co.		Phone	Group / Policy #	
I give my permission to staff to call a physician or emergency service for medical, dental or surgical care for my child should an emergency arise. I understand that all expenses incurred for the care of my child will be assumed by myself, I give staff complete authorization to speak for me and sign the necessary paperwork in order to gain medical care for my child.			<b>Office Use Only</b> _____ Sign in/out  _____ Medications	
<b>X</b> _____ Guardian Signature				
_____ Date				

