



Town of Castle Rock Camp Registration Form 2021

Emergency Contacts are not the Parent/Guardian and should be a Colorado Resident.

Please provide at least one local emergency contact.

Name _____ Relationship to student _____

Address _____

Phones: **Cell** _____ **Home** _____ **Work** _____

Name _____ Relationship to student _____

Address _____

Phones: **Cell** _____ **Home** _____ **Work** _____

Name _____ Relationship to student _____

Address _____

Authorized Persons to pick up child:

Name _____ Relationship to student _____

Address _____

Phones: **Cell** _____ **Home** _____ **Work** _____

Name _____ Relationship to student _____

Address _____

Phones: **Cell** _____ **Home** _____ **Work** _____

Name _____ Relationship to student _____

Address _____

Phones: **Cell** _____ **Home** _____ **Work** _____

Doctor/Dentist information

Doctor _____ Phone: _____

Address _____

Dentist _____ Phone: _____

Address _____

Phones: **Cell** _____ **Home** _____ **Work** _____



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Health Information

Hospital: (circle one)

- | | | |
|------------------------------|--------------|--|
| Sky Ridge Medical Center | 303-788-2550 | 1010 Ridge Gate Parkway, Lone Tree, CO |
| Swedish Medical Center | 303-788-5000 | 501 E Hampden Avenue, Englewood, CO |
| Castle Rock Adventist Health | 720-455-5000 | 2350 Meadows Blvd, Castle Rock, CO |
| Parker Adventist Hospital | 303-269-4000 | Parker Road & E-470, Parker, CO |

Alt: _____

Is your student taking any medications at home? Y N List: _____

If your student needs to take medication at school, the "Medication Administration Permission" form is available in Youth office. *These forms must be completed for any medication a student will need to take during school hours.*

Does your student have any known allergies?

- Seasonal **Reaction:** _____
- Insect Sting **Reaction:** _____
- Latex **Reaction:** _____
- Food _____ **Reaction:** _____
- Other _____ **Reaction:** _____

Does your student (please check applicable boxes):

- | | | |
|--|--|--|
| <input type="checkbox"/> Wear glasses/contacts? | <input type="checkbox"/> Have heart problems? | <input type="checkbox"/> Hearing impaired? |
| <input type="checkbox"/> Have asthma/respiratory ailments? | <input type="checkbox"/> Have convulsions/seizures? | <input type="checkbox"/> Have diabetes? |
| <input type="checkbox"/> Had a head injury/significant bump to the head? | <input type="checkbox"/> Have physical activity limitations? | |

Other medical conditions the school needs to be aware of:

I do hereby authorize officials of Castle Rock's Youth Recreation Department staff to contact directly the persons named on this emergency form, and do authorize the named physician and/or dentist or his/her associates to render treatment as may be deemed necessary in an emergency for the health of said child. In addition, in the event that I cannot be reached in a medical or dental emergency, I authorize treatment for my child to preserve life and prevent disability and/or to minimize / repair trauma to the teeth, jaws, tongue and gums to begin without delay. In the event that the parent/guardian, or alternate person named on this emergency form cannot be reached, the Castle Rock Parks and Recreation Officials are hereby authorized to take whatever action is deemed necessary in their judgment for the health of this child including transporting the child to the necessary health care facility. I agree I am solely responsible for the payment of all costs resulting from the rendering of medical and ambulance services.

Parent/Guardian signature _____

Date _____



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Personal Release Statement: I understand that the registered activities and services may have an element of hazard or inherent danger and I take full responsibility for my action and physical condition of this child. I agree to indemnify and hold harmless the Town Of Castle Rock and its employees from liability, loss, cost or expenses (including attorney's fees, medical and ambulance costs) that this child may incur while participating in Youth Recreation activities.

Parent/Guardian Signature

Date

I hereby acknowledge that I have received and read a copy of the the Town of Castle Rock's Camp Parent Handbook and agree to abide by the policies outlined therein. I further acknowledge that these are subject to change at the discretion of the Castle Rock Youth Administrators.

Parent/Guardian Signature

Date

I give permission for my child to view (circle one) G or PG movies at camp. We will only be viewing movies in the event of inclement weather canceling outdoor activities.

Parent/Guardian Signature

Date

The Town of Castle Rock Parks and Recreation Department regularly takes photographs during its programs and activities. These photographs are often used for promotional flyers, our website, the Recreation Guide and local newspaper/publications. By signing the following agreement you are allowing us to use these photographs for that purpose.

I _____ (name of Parent) authorize the Town of Castle Rock Parks and Recreation Department to use my child's image _____ (name of child) for marketing purposes.

Parent/Guardian Signature

Date

In compliance with our rules and regulations, we must have a written consent and a bottle of sunscreen with your child's name on it in order for our staff members to assist your child in applying sunscreen. Please fill out the following form with any special instructions or allergy information regarding your child. Remember: if sunscreen is forgotten, we will apply a SPF #30, paba free sunscreen.

I give permission to the camp staff to apply sunscreen to my child. The sunscreen which they will be applying will be provided by my child, or as identified above.

Please under no circumstances apply sunscreen to my child.

Comments or special instructions: _____

Parent/Guardian Signature

Date



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Walking Field Trips

Child's Name _____

Parents Name _____

Age _____

I give permission for my child to go on walking field trips that may include, but are not limited to Miller Activity Complex's Swimming Pool , Birthday Party Rooms & Trampolines, Philip S. Miller Park's Turf Fields, pavilions, splash pad and play ground with camp.

Parent/Guardian Signature

Date

BOOSTER SEAT INFORMATION FORM

According to the Colorado state Law, children under 80 lbs. who are less than 8 years old must continue to ride in a child restraint unless they are 4'9" tall. Typically this is a booster seat.

Rock Rec Camp will **NOT** provide booster seats for children who are required to sit in one during excursion trips. All parents will need to provide a booster seat, labeled with your child's name each excursion day. **ATTENDANCE WILL NOT BE ALLOWED IF YOUR CHILD FORGETS THEIR BOOSTER SEAT. (NO REFUNDS WILL BE GIVEN)**

Please fill in the information below, regardless of your child's height and weight. If you would like more information please contact a staff member or visit www.carseatscolorado.com

Child's Name _____

Parents Name _____

Age _____ Height: _____ Weight: _____



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Objection to Activity (If you wish to opt your child out of any camp Activities, please complete this form and return it with your registration packet)

Student's name: _____

Regarding: I object to (student's name—please print) _____

participating in the activities listed below:

_____ I understand that my selection is for the 2021 camp year and applies only to the 2021 camp year.

Parent/Guardian Signature

Date



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Camp Code of Conduct

Be respectful to others and the property of others

Keep your hands to yourself

Be kind to others- No Bullying or name calling

Be honest and responsible

Use appropriate language

Toys from home are only allowed to used in the vans.

Pick up after yourself

Have fun!!

Child's signature:

Parent's signature:



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Childs Social History:

A description of your child's behavior and reaction to various incidents is desired. This information is confidential and will be reviewed by camp staff only as a key to working with your child as an individual member of our program.

Interaction with males:

Interaction with females:

Fears and dislikes:

Types of discipline used at home:

Positive/negative school or camp experiences:

Favorite activity?

Does your child prefer to play alone?

Does your child have any emotional or behavioral problems and/or conditions such as Attention Deficit Disorder? YES NO

If so what steps have you taken to control this condition?

What works best at home for you and your child?

Additional Comments on your child's social history:

PLEASE FEEL FREE TO DISCUSS ANY SOCIAL CONCERS YOU MAY HAVE WITH CAMP STAFF MEMBER