

REGISTRATION FORM. You must complete this entire form to register your child. One form per child.

Child's Name:		Grade (2014/2015 school year):	
Birthdate (mm/dd/yyyy):	<input type="checkbox"/> Male <input type="checkbox"/> Female	Email:	
Address (including City and Zip):			

Parent/Guardian:		Parent/Guardian:	
Relationship:	Birthdate:	Relationship:	Birthdate:
Phone #1:	Phone #2:	Phone #1:	Phone #2:
Employer:		Employer:	
Employer phone:		Employer phone:	
Employer address:		Employer address:	

Is there a legal custody agreement regarding this child? Yes No

Are there any special instructions as to how the parent/guardian can be reached during this program? Yes No

Name of Emergency Contact other than Parent/Guardian(s) listed above:		Relationship:
Phone #1:	Phone #2:	
Address:		

Person's authorized to drop-off and pick-up child (other than those listed above):

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

Physician:	Phone #:
Address:	
Dentist:	Phone #:
Address:	
Hospital of choice:	Phone #:
Address:	

Medical History (Illness/Injury):

--

Child's Name: _____	Date of birth (mm/dd/yyyy): _____
---------------------	-----------------------------------

Authorization for Emergency Medical Care

I give my permission to staff to call for medical or surgical care for my child should an emergency arise. It is understood that a conscious effort will be made to locate me before emergency action will be taken, but if this is not possible, I will accept responsibility for the expenses of emergency treatment or care.

Parent/Guardian Signature: _____ Date _____

Permission to Apply Sunscreen and Bug Spray

I give my permission to the staff to apply sunscreen and bug spray on my child as needed. I also understand that if my child needs a specific type of sunscreen or bug spray I must supply it.

Parent/Guardian Signature: _____ Date _____

Permission for Field Trips

I give permission for my child to go on field trips away from the premises of the program headquarters, in the company of program staff, whether on foot or by vehicle.

Parent/Guardian Signature: _____ Date _____

Walk Home

I give my permission for my child to sign themselves out of camp and walk home from the program. I release the City of Grand Junction from all liability once my child leaves the care of camp staff.

Parent/Guardian Signature: _____ Date _____

Media Release

I give my permission for my child to be photographed by program staff and/or local press as he/she is engaged in program activities for the purpose of program promotion and communication.

Parent/Guardian Signature: _____ Date _____

Aquatics Release

I give my permission for my child to attend an aquatics facility where primary supervision of my child while in the water will be conducted by facility lifeguards. I understand that if I register my child for a camp location that regularly attends an aquatic facility that my child needs to have basic swimming skills or I understand that I must provide a Coast Guard approved life jacket and that my child must wear it at all times when at the facility.

Parent/Guardian Signature: _____ Date _____



**INCLUSION, ACCOMMODATION
& SPECIAL NEEDS**
(Please attach additional sheets if needed)

Form valid for:
May 2014 – May 2015

Child's Name:		Date of birth (mm/dd/yyyy):	
If we have questions on this page who should we contact? Name:		Phone #1:	Phone #2:
1. Does your child have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			
2. Does your child have a disability or special need? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			
3. Is your child currently taking any medication? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			
4. Are there limits on participant's physical activities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			
5. Other health related information or accommodations required? Please explain:			

Parent/Guardian Signature: _____ Date _____