



May 2023-May 2024

Date Enrolled _____/_____/_____ Rec'd by _____

RECREATION FAMILY RECORD**FOR YOUTH PROGRAMING; ONE FORM PER FAMILY****Do not leave any spaces blank, all information must be filled in completely**

Primary Guardian's Name: _____ Home #: _____ Cell #: _____
Mailing/Physical address: _____ City: _____ State: _____ Zip: _____
Employer: _____ Work #: _____ Work hours: _____
Employer address: _____ E-mail address: _____
Relationship to child: _____ Best way to reach you while child is at our program: _____

Primary Guardian's Name: _____ Home #: _____ Cell #: _____
Mailing/Physical address: _____ City: _____ State: _____ Zip: _____
Employer: _____ Work #: _____ Work hours: _____
Employer address: _____ E-mail address: _____
Relationship to child: _____ Best way to reach you while child is at our program: _____

EMERGENCY CONTACT AND AUTHORIZED PICKUP

List at least **one non-guardian contact, not listed above**, who can either pick up and/or assume responsibility for your child(ren) in the event of an emergency or if parents/guardians cannot be reached. At least one non-guardian contact must be listed.

Emergency Contact/Authorized Pickup

Name: _____
Address: _____
City/ST: _____
Cell: _____
Work: _____

Authorized Pickup

Name: _____
Address: _____
City/ST: _____
Cell: _____
Work: _____

Authorized Pickup

Name: _____
Address: _____
City/ST: _____
Cell: _____
Work: _____

HOUSEHOLD MEDICAL INFORMATION

Household Physician: _____ Phone: _____
Physician address: _____ Hours: _____
Household Dentist: _____ Phone: _____
Physical address: _____ Hours: _____
Hospital of Choice: _____ Phone: _____
Physical address: _____
Health Insurance Company: _____ Member ID/ Policy #: _____

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I hereby give permission to the Parks and Recreation staff to secure emergency/urgent medical and/or surgical treatment for my child/children while in their care. All expenses of such care will be accepted by the parent(s) or legal guardian, including fees for an ambulance. I realize attempts to reach the primary and/or secondary guardian listed above will be made prior to any decisions, unless a life-threatening situation is at hand or circumstances do not allow.

Signed: _____ Print Name: _____ Date: _____
Parent or Legal Guardian Signature

OFFICE USE ONLY:

- ☐ RFR Saved
☐ E-Card Made

- ☐ Received Immunizations
☐ Scanned Immunizations
☐ CO Approved Immunizations Form

PARTICIPANT INFORMATION

#1 Child's Name: _____ ☐ Female ☐ Male Grade (2022-2023): _____

DOB: _____ School: _____

Child's Physical Address: _____

Does your child have any health concerns (medications, chronic conditions, or disabilities) we should know about in order to facilitate safe and successful participation: Yes ☐ No ☐

If yes, please describe: _____

List known allergies: _____

Reaction to known allergies: _____

Prescription medication: No ☐ Yes ☐ If yes, list medications: _____

Will we need to administer any medications? No ☐ Yes ☐ If yes, please obtain a Medication Administration Form _____ I authorize my child to sign themselves out of programming after (time) _____

#2 Child's Name: _____ ☐ Female ☐ Male Grade (2022-2023): _____

DOB: _____ School: _____

Child's Physical Address: _____

Does your child have any health concerns (medications, chronic conditions, or disabilities) we should know about in order to facilitate safe and successful participation: Yes ☐ No ☐

If yes, please describe: _____

List known allergies: _____

Reaction to known allergies: _____

Prescription medication: No ☐ Yes ☐ If yes, list medications: _____

Will we need to administer any medications? No ☐ Yes ☐ If yes, please obtain a Medication Administration Form _____ I authorize my child to sign themselves out of programming after (time) _____

#3 Child's Name: _____ ☐ Female ☐ Male Grade (2022-2023): _____

DOB: _____ School: _____

Child's Physical Address: _____

Does your child have any health concerns (medications, chronic conditions, or disabilities) we should know about in order to facilitate safe and successful participation: Yes ☐ No ☐

If yes, please describe: _____

List known allergies: _____

Reaction to known allergies: _____

Prescription medication: No ☐ Yes ☐ If yes, list medications: _____

Will we need to administer any medications? No ☐ Yes ☐ If yes, please obtain a Medication Administration Form _____ I authorize my child to sign themselves out of programming after (time) _____



Required Waiver & Release

This waiver applies to all children listed on previous "Participant Information" page.

Please read and initial the following statements and sign the bottom.

<hr/> (initial)	I understand that Oak Creek Parks & Recreation needs on file a copy of an up-to-date, current IMMUNIZATION RECORD for each child prior to their first day at the afterschool and/or summer camp programs. I warrant that the participant(s) do not have any communicable diseases, and that I will report any exposure of my child(ren) to any communicable diseases to a supervising employee of the program (including strep, measles, chicken pox, common cold and influenza.) ***Current immunization records for each child must accompany this admission form, unless up-to-date records are on file with the Oak Creek Parks & Recreation department office. ***
<hr/> (initial)	I have received and have read the current HANDBOOK (not required for Age 12+ participants). I hereby agree to comply with the rules & regulations of the programs as stated in the Handbook regarding tuition, registration, discipline, attendance, health, clothing and other items as specified.
<hr/> (initial)	I understand the following Cancellation/Refund/Household Credit Policy :(Further details in the Handbook.) <ul style="list-style-type: none">• Application fee is non-refundable• No refund for school closings, days off, sick days or family vacation days• Absences cannot be credited or refunded• A 14 day written notice to add, drop or change a child's schedule is required.
<hr/> (initial)	I hereby give permission for my child(ren) to go on all scheduled trips AWAY FROM THE PREMISES of the program, in the company of a qualified adult, whether on foot or by vehicle, using Oak Creek Parks & Recreation provided transportation when needed. I also give my permission for my child(ren) to be transported by a staff member in a licensed vehicle in the case of an emergency.
<hr/> (initial)	I understand that I am required to provide SUN BLOCK AND INSECT REPELLENT for my child(ren) at the camp. If my child(ren) comes to camp without these items, I understand that camp personnel will provide Broad Spectrum SPF 50 Rocky Mountain Sunscreen and Repel with 40% Deet Insect Repellent for use on my child(ren), and I understand that they may not protect as well as my brands. I know that there are possible adverse skin reactions to certain sun protection lotion and insect repellants, and my child(ren) are not allergic to these specific brands.
<hr/> (initial)	I expressly understand and agree that neither the Town of Oak Creek, CO, a municipal corporation, nor any of its officers, agents, volunteers, assistants, or employees shall be held responsible or made the subject of any claim seeking to assess damages or liability for or arising from personal injury or property damage or loss of any other sort to myself or the people in whose behalf this form is now signed as a result of actual or proposed participation in the above-named program and I hereby agree to indemnify and hold the Town of Oak Creek, its officers, agents, volunteers, assistants, or employees harmless on account of any such claim.
<hr/> (initial)	**OPTIONAL** I hereby give permission to the Town of Oak Creek to use my child(s) name and PHOTOGRAPHIC LIKENESS in all forms and media for advertising, trade, and any other lawful purposes, and forfeit all compensation for use. (By NOT authorizing this line, your child(ren) will NOT be allowed in pictures.

Parent or Legal Guardian – Print

Date

Parent or Legal Guardian - Signature