



Recreation Family Record 2024-2025
For youth programming; 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 Pick up

List at least one NON-GAURDIAN 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: _____
Cell: _____ Work: _____

Authorized Pickup

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

Authorized Pickup

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

Household Medical Information

Physician: _____ Phone: _____

Physician Address: _____ Hours: _____
Dentist: _____ Phone: _____
Dentist Address: _____ Hours: _____
Hospital of Choice: _____ Phone: _____
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: _____ Printed Name: _____ Date: _____
Parent or Legal guardian

Participant Information

#1 Child's Name: _____ Gender: _____
What grade will they be entering Fall 2024: _____ D.O.B: _____ School: _____
Child's Physical Address(list all that apply): _____
Does your child have any health concerns (medication, chronic conditions, or disabilities) we should know about in order to facilitate safe and successful participation: _____
If Yes, please Describe: _____
List known allergies: _____
List any Prescription Medications: _____
Will we need to administer any medications? ___ No. ___ Yes.
_____ I authorize my child to sign themselves out of programming after (time) _____

#2 Child's Name: _____ Gender: _____
What grade will they be entering Fall 2024: _____ D.O.B: _____ School: _____
Child's Physical Address(list all that apply): _____
Does your child have any health concerns (medication, chronic conditions, or disabilities) we should know about in order to facilitate safe and successful participation: _____
If Yes, please Describe: _____
List known allergies: _____
List any Prescription Medications: _____
Will we need to administer any medications? ___ No. ___ Yes.
_____ I authorize my child to sign themselves out of programming after (time) _____

#3 Child's Name: _____ Gender: _____
What grade will they be entering Fall 2024: _____ D.O.B: _____ School: _____
Child's Physical Address(list all that apply): _____
Does your child have any health concerns (medication, chronic conditions, or disabilities) we should know about in order to facilitate safe and successful participation: _____
If Yes, please Describe: _____
List known allergies: _____
List any Prescription Medications: _____
Will we need to administer any medications? ___ No. ___ Yes.
_____ I authorize my child to sign themselves out of programming after (time) _____

Payment information

There is a \$25 registration fee/child

Summer camp requires a credit card on file to process automatic payments to be charged on May 27th, Jun 24 and July 15, 2024. You will be notified the tuition cost at the time of confirmation.

Credit Crd Number _____

Expiration date _____

Security code _____

By signing below you are authorizing The Town of Oak Creek to process these payments:

If you would like email confirmation please list email below:

Please contact Alissa if you need to make other arrangements: 970-200-4149

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.

_____ 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.*****

_____ 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.

_____ I understand the following Cancellation/Refund/Household Credit Policy :(Further details in the Handbook.)

_____ 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.

_____ 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.

_____ 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 **OFF! Deep Woods with 25% DEET** 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.

_____ 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.

_____ I agree to be reachable via phone, email and text messages for communication about my child and or camp details. I will provide updated contact information as needed.

_____ I understand any electronics (for example: games, phones, tablets, watches, etc.) are not allowed at camp and will be held by a counselor for safe keeping until pick up.

_____ ****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 of legal Guardian- Signature

Please Provide Current Immunization Records

Office Use only:

RVR saved

E card made

Received immunizations

Scanned immunizations

CO approved immunizations form

Billing info

Registration confirmation