



**Recreation Family Record 2025-26**

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 2025: \_\_\_\_\_ 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 participant: \_\_\_\_\_  
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 2025: \_\_\_\_\_ 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 participant: \_\_\_\_\_  
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 2025: \_\_\_\_\_ 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 participant: \_\_\_\_\_  
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**

Registration fees will be collected once per year, and include all recreation activities (youth and adult)

In-Town Resident:

\$150/family (2 adults and all children 18 and under in the household)  
\$ 40/individual

Out-of-Town Resident:

\$200/family (2 adults and all children 18 and under in the household)  
\$ 55/individual

Summer camp requires a credit card on file to process automatic payments to be charged on Mar 12 (registration fee), April 28, May 26, and Jun 16th, 2025. You will be notified of the charge amounts at the time of confirmation.

Credit Card Number \_\_\_\_\_  
Expiration date \_\_\_\_\_ Security code \_\_\_\_\_

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

\_\_\_\_\_  
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 refunds 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, Coppertone SPORT Sunscreen Spray SPF 70, 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