Print Form

Recreation Services
City & County of Broomfield

2013/2014 Camp Awesome Emergency Card (Valid Aug. 2013—May 2014)

Child's Name _____ Age _____ Birth date ____/____/_____ Grade _____

Address _____ Home Phone _____

City/State/Zip Code _____ Male ☐ Female ☐

Parent/Guardian Name _____ Birth date ____/____/_____

Address _____ Home Phone _____

City/State/Zip Code _____ Cell Phone _____

Place Of Employment _____ Work Phone _____

Employment Address _____

Parent/Guardian Name _____ Birth date ____/____/_____

Address _____ Home Phone _____

City/State/Zip Code _____ Cell Phone _____

Place Of Employment _____ Work Phone _____

Employment Address _____

Special Instructions for Reaching Parents _____

Emergency Contacts

Other than the Parent/guardian whom may be contacted and can assume responsibility in an emergency if a parent/guardian is not available

Name _____	Name _____	Name _____
Phone _____	Phone _____	Phone _____
Address _____	Address _____	Address _____
Relationship _____	Relationship _____	Relationship _____

Persons Authorized for Pickup

persons whom the child may be released in addition to Parent/guardian, or emergency contacts

Name _____	Name _____	Name _____
Phone _____	Phone _____	Phone _____

Authorization for Self Sign in / Sign Out

Children with permission to bike or walk to and from camp will be responsible for signing him/herself into and/or out of camp each day. I agree that the City & County of Broomfield and employees will not be responsible for the welfare of my child before camp and once released to go home. Please choose one option below.

My Child is **NOT** Allowed to sign him/herself in and out ☐

My Child is Allowed to sign him/herself **IN ONLY** ☐

My Child is Allowed to sign him/herself **IN AND OUT** ☐

Parent/Guardian Signature _____ Date _____

This Section For Staff Use

Date of Enrollment _____ First Day of Camp _____

Medical Contacts / Information

Physician Name _____ Office Phone _____

Address_____

Dentist Name _____ Office Phone _____

Address_____

Preferred Hospital _____ Office Phone _____

Address_____

Picture:

Click Here to Attach Recent Headshot Photo

Allergies / Dietary Restrictions _____

Other Medical Conditions _____

Medications (Additional form if child will be taking medication at camp) _____

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I hereby give my permission for City & County of Broomfield staff to call a doctor or emergency medical service and for the doctor, hospital or medical service to provide emergency medical or surgical care for my child should an emergency arise. It is understood that the City & County of Broomfield day camp staff will make a conscientious effort to locate the parent/guardian or the emergency contact listed on the registration document before any action will be taken. If it is not possible to locate the emergency contact listed, I will accept the expense of emergency medical or surgical treatment.

Parent/Guardian Signature _____ Date _____

Sunscreen

I hereby grant the City and County of Broomfield Recreation Services Department permission to apply sunscreen to my child. I agree to apply sunscreen to my child before dropping him/her off at camp. I will supply my child with a spray sunscreen and sun stick each day at camp and I understand if my child does not have sunscreen with them they will not be allowed to participate in outdoor activities or will be required to stay in the shade. I will provide written notice if a child has already applied sunscreen themselves and do not wish to have my child re-apply.

Parent/Guardian Signature _____ Date _____

Field Trips

Transportation will be provided by school district buses, or City & County of Broomfield vans or cars. Please be advised that at this time the buses are not equipped with seat belts. All applicable safety rules are given to the children every time they board the bus.

I, as parent or legal guardians of _____approve and give my permission for him/her to participate in project, field trip, or program offered by the City & County of Broomfield which is deemed age appropriate. By registering for youth programs through the City & County of Broomfield registrants acknowledges that the activities carried on in the program carry on certain risks for the participant. Registrant has independently reviewed and evaluated the risks determined to engage in the program with full knowledge and acceptance of the risk. The registrants agrees to and herby releases and forever discharge the City & County of Broomfield and their officers, employees, agents, and volunteers from any and all liability for damages, loss, or personal injury arising out of or related to registrant's participation in youth recreational programs.

Parent/Guardian Signature _____ Date _____

G/PG Movies:

I give my permission for my child to watch G/PG movies during the summer program.

Parent/Guardian Signature _____ Date _____

Walks:

I will allow my child to participate in supervised walks within one mile area surrounding the Day Camp Site.

Parent/Guardian Signature _____ Date _____

AUTHORIZATION TO PARTICIPATE/EXCLUDE PARTICIPATION IN ACTIVITIES

I hereby give permission for my child to go on field trips away from Aspen Creek K-8, The Broomfield Community Center, and Paul Derda Recreation Center whether on foot, school bus, or City & County of Broomfield cars or vans. I give permission for my child to participate in all Camp Explorer activities with the following exceptions:

_____

Parent/Guardian Signature _____ Date _____