



2011 VRD YOUTH SERVICES REGISTRATION FORM/EMERGENCY CARD

Summer Camp (2 pages)

I HAVE INCLUDED PAYMENT TO ENROLL MY CHILD IN THE FOLLOWING PROGRAMS. I UNDERSTAND SPACE IS LIMITED AND I WILL RECEIVE A RESERVATION CONFIRMATION.

SKATEBOARD CLINICS: [ ] ALL [ ] JUNE 14 [ ] JUNE 21 [ ] JUNE 28 [ ] JULY 5 [ ] JULY 12 [ ] JULY 19 [ ] JULY 26 [ ] AUG 2 [ ] AUG 9 [ ] AUG 16

CAMP ECO FUN: SESSION [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ] 7 [ ] 8 [ ] 9 [ ] 10 HUMMINGBIRDS: [ ] (M/W) [ ] (T/TH) [ ] HAWKS (T/TH)

CHECK ONE: [ ] CAMP VAIL [ ] PRE-KAMP VAIL (M-F: 6/13 - 8/19) (REQUEST DAYS & DATES INCLUDE EXTREME CAMP VAIL AND MAD SCIENTISTS FRIDAYS)

Days/Dates: \_\_\_\_\_

PAYMENT: CASH, CHECK, VISA/MC, DISCOVER OR AMERICAN EXPRESS ACCEPTED:

CARDHOLDER \_\_\_\_\_ # \_\_\_\_\_ EXP \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ [ ] M [ ] F DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ ENTERING GRADE \_\_\_\_\_

T-SHIRT SIZE [ ] YS(6-8) [ ] YM(10-12) [ ] YL(14-16) [ ] YXL(18-20) [ ] S [ ] M [ ] L [ ] XL

PERMANENT MAILING ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

PHYSICAL RESIDENCE ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ FATHER'S NAME \_\_\_\_\_

PHONE (H) \_\_\_\_\_ (C) \_\_\_\_\_ PHONE (H) \_\_\_\_\_ (C) \_\_\_\_\_

EMPLOYER \_\_\_\_\_ (PHONE) \_\_\_\_\_ EMPLOYER \_\_\_\_\_ (PHONE) \_\_\_\_\_

WORK SCHEDULE/HRS \_\_\_\_\_ WORK SCHEDULE/HRS \_\_\_\_\_

EMAIL \_\_\_\_\_ EMAIL \_\_\_\_\_

LOCAL LODGING OR CONTACT: \_\_\_\_\_ RM #: \_\_\_\_\_ PHONE: \_\_\_\_\_

PERSONS IN ADDITION TO MOTHER & FATHER TO WHOM THE CHILD MAY BE RELEASED: (PICTURE ID REQUESTED IF PERSON IS UNKNOWN TO STAFF)

> PLEASE INFORM CAMP DIRECTOR OF CUSTODY ISSUES > PLEASE NOTIFY CAMP IN WRITING IF SOMEONE NOT NOTED HERE WILL PICK UP YOUR CHILD

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

PERSON OTHER THAN PARENT TO WHOM CHILD MAY BE RELEASED IN AN EMERGENCY SITUATION WHEN PARENTS ARE NOT AVAILABLE:

\_\_\_\_\_ PHONE (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Does your child have a 2010-11 Vail Mountain season pass (or Epic Pass)? [ ] Yes (Pass # \_\_\_\_\_) [ ] No

MEDICAL & SOCIAL INFORMATION: Medications \_\_\_\_\_ Allergies \_\_\_\_\_

> Please discuss administration of ANY medicine with Camp Director per State requirements

Concerns, special challenges, physical conditions: \_\_\_\_\_

Instructions for staff related to above: \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_ Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

◆ In case of serious illness or injury when neither parent can be reached, will you allow your child to be transported to the doctor or hospital by a VRD employee in their personal vehicle? [ ] Yes [ ] No Hospital preferred for treatment: \_\_\_\_\_

Agreement to Waive Legal Rights In consideration of being permitted to take part in the activity set forth herein, I expressly agree as follows: I hereby acknowledge the activity set forth herein contains dangers and risks and may result in injury to the participant. I hereby assume all risks of personal injury or death and property damage from any causes whatsoever arising while my child is participating in such activity. My child is in good health and physically able to participate in said activity. I agree to waive and release Vail Park and Recreation District and/or the Town of Vail and/or Vail Resorts, Inc. and/or the U.S. Forest Service and their officers, employees, agents, servants and all representatives and sponsors from any injury I or my child may sustain or any damage that may be caused to me or my child's property in connection with said activities, including injuries sustained or property damage caused by the use of equipment I may rent from the Vail Park and Recreation District and/or the Town of Vail. I give permission for my child to ride on Town of Vail buses, in any VRD vehicle, on Eagle County School District buses or in Vail Resorts, Inc. vehicles and lifts. I also authorize and consent to any emergency x-ray examination, medical diagnosis or treatment and hospital care to be rendered to me or my child under the general or special supervision and on the advice of any physician licensed to practice in the State of Colorado. Participants may be photographed and such photographs may be used to publicize events.

Parent/Guardian Signature

Print Name

Date

**PLEASE READ AND INITIAL NEXT TO THE FOLLOWING ITEMS  
SO WE MAY COMPLY WITH OUR LICENSE REQUIREMENTS FROM THE STATE OF COLORADO**

I have read the program's complete Policies and Procedures. I understand and agree to abide by these regulations. \_\_\_\_\_

If I need to change my reservation:

I will provide at least one-week notice of each **change** requested which will be processed (space allowing) at no charge. \_\_\_\_\_

I will provide at least 48 hours notice of any reservation I must **cancel**. If VRD Youth Services is able to fill my child's reserved space, I will receive a refund of the daily fee, less a \$5 processing charge. \_\_\_\_\_

If my child arrives to camp after 9:00 am, I understand that his/her space may be forfeited and sold to another participant. \_\_\_\_\_

I understand that program start and end times are firm. Pick up is at **4:00 pm** (Camp Eco Fun), **4-5:00 pm** (Pre-Kamp) and **4-5:30 pm** (Camp Vail). If I arrive late to pick up my child, I will be charged **\$1 for each minute** past the program's end time, starting at one minute past the end time. This fee is due immediately to the staff member who remains with my child. \_\_\_\_\_

I authorize VRD staff to charge the credit card provided on the front of this form for initial payment and for future payments when they verbally inform me that I owe for services. \_\_\_\_\_

I give permission for VRD Youth Services to transport my child(ren) as follows: \_\_\_\_\_

In any Vail Recreation District vehicle, in Town of Vail and Eagle County buses, and in Vail Resorts, Inc. vehicles and lifts.

In an Eagle County School District bus that meets Colorado State Law (with no seatbelts), and that is driven by an employee of the School District.

In a proper child safety/booster seat, as required for any child under age 6 by Colorado State Law, when in VRD vehicles.

I agree do not agree to let VRD staff put on and use sunscreen with a SPF of 30 or higher on my child. \_\_\_\_\_

If no, I agree to provide sunscreen in a labeled container with written approval for VRD staff to put it on my child. \_\_\_\_\_

My child may participate in all activities except for \_\_\_\_\_. My child may participate in field trips when they are scheduled in advance and we choose to participate. \_\_\_\_\_

My child may may not Walk Bike Take the bus to \_\_\_\_\_ at the end of the day. \_\_\_\_\_

I agree not to send my child to Youth Services programs if he/she is showing signs of illness or communicable disease. \_\_\_\_\_

My child has had the following illnesses (give approximate dates): Chicken Pox\_\_\_\_\_, Rubella\_\_\_\_\_, Rubeola\_\_\_\_\_, Rheumatic Fever\_\_\_\_\_, Asthma\_\_\_\_\_, Hay Fever\_\_\_\_\_, Diabetes\_\_\_\_\_, Mumps\_\_\_\_\_, Epilepsy\_\_\_\_\_, Whooping Cough\_\_\_\_\_, Poliomyelitis\_\_\_\_\_, Other\_\_\_\_\_, Surgery/Chronic Health Problems\_\_\_\_\_

TB Test Given: Date\_\_\_\_\_ Result\_\_\_\_\_, Chest x-ray taken: Date\_\_\_\_\_ Result\_\_\_\_\_

I have notified Youth Services staff of any concerns or special challenges my child may have, (including medication or learning needs), while attending the program and have listed any special instructions. \_\_\_\_\_

**Camp Vail and Pre Kamp Vail participants only:**

I give do not give permission for my child, \_\_\_\_\_, to sign him/herself in when arriving. \_\_\_\_\_

I give do not give permission for my child, \_\_\_\_\_, to sign him/herself out at the end of the day. \_\_\_\_\_

I will allow my child to watch a video or movie rated: G PG PG-13. \_\_\_\_\_

I understand that activities and Mountain Day are filled on a first come, first served basis and that my child's arrival time at camp affects the choice he/she may have to pick from. \_\_\_\_\_

I will provide Pre-Kamp/Camp Vail with a copy of my child's immunization records, a doctor's signed examination of good health and a birth certificate (returnable), by or before his/her first day of attendance in the program. \_\_\_\_\_

*By signing this, I agree to the terms and conditions set forth above:*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**For complete information, including policies, procedures, fees, and daily operations, visit  
[www.vailrec.com](http://www.vailrec.com)**

----- Office Use Only -----

VERIFY RESIDENCY: VRD EC STUDENT NR ID USED: VRD PROPERTY SCHOOL ID OTHER \_\_\_\_\_ STAFF INITIALS \_\_\_\_\_ DATE \_\_\_\_\_

AMT. RECEIVED \$ \_\_\_\_\_ DATE \_\_\_\_\_ CASH CHECK # \_\_\_\_\_ CHARGE PROCESSED \_\_\_\_\_ CONFIRM SENT \_\_\_\_\_

**MAIL: Youth Services ✦ Vail Recreation District ✦ 395 East Lionshead Circle ✦ Vail, CO 81657  
Main:(970)479-2292 ✦ Camp Vail (summer):(970)479-2290 ✦ Pre Kamp & Eco Fun (summer):(970)390-0048  
FAX: (970) 479-2835 ✦ EMAIL: [youthservices@vailrec.com](mailto:youthservices@vailrec.com)**