Camper Information **Enrollment Date: _____**

Child Name: Date of Birth: / / Age:

School: Grade (Sept. 2020):

Home Address (physical):

PO Box (if applicable):

Emergency Contacts

Parent/Guardian (Primary):	Parent/Guardian (Secondary):
Employer:	Employer:
Email:	Email:
Cell Phone:	Cell Phone:
Home Phone:	Home Phone:
Other Phone (work/lodging):	Other Phone (work/lodging):

Person, other than the above, to be notified in an emergency if the two listed above are not available:

Name: Relationship: Phone:

1)

2)

Person, other than the above, whom the child may be released to in an emergency:

☐ *(check box if contacts are the same as above)*

Name: Relationship: Phone:

1)

2)

Child's Physician: Phone:

Address:

Child's Dentist: Phone:

Address:

Hospital of Choice: ☐ St. Anthony Summit Medical Center

Does your child have any ***health issues*** (chronic or disabling medical or social problems, i.e. seizers, asthma, diabetes, allergies, heart disease, respiratory issues, hearing impairment, etc…)?

Yes: ☐ **No**: ☐ **If yes, please explain**:_____.

Does your child need accommodations because of a disability in order to participate?

Yes: ☐ **No**: ☐ **If yes, please explain**:_____.

Does your child have any allergies?

Yes: ☐ **No**: ☐ **If yes, please explain**:_____.

Transportation Acknowledgement

I acknowledge that the campers could be riding Breckenridge Free Ride, Summit Stage bus, or other vehicle during camp.

Sunscreen Guidelines

I acknowledge that I have reviewed the Breckenridge Resort Day Camp Sunscreen Guidelines and give authorization to staff to administer sunscreen during the course of the camp program as needed. I also acknowledge that my child does not have any known allergies to Rocky Mountain Sunscreen.

☐ FOR MEDICAL REASONS, DO NOT APPLY SUNSCREEN TO MY CHILD UNDER ANY CIRCUMSTANCES I understand that it is my responsibility to provide sunscreen for my child.

Statement of Authorization

I hereby give my permission to Breckenridge Resort to call a doctor or dentist for medical, surgical or dental care for my child should an emergency arise. It is understood that conscientious efforts will be made to locate me, or the emergency contact name(s) listed on this Emergency/Medical Card, before any action will be taken, but if it is not possible to locate me, financial responsibility for such care will be accepted by me.

Immunization Verification

I verify that my child's Immunization Card, which is on file with the Breckenridge Resort Day Camp is still accurate and all immunizations remain current.

Photography & Video Release

I allow my child to take part in promotional materials for the Breckenridge Resort

☐ I DO NOT WANT MY CHILD TO BE PHOTOGRAPHED.

I acknowledge that I have reviewed, understand and agree to:

Registration Procedure (Page 2 of 2020Parent/Camper Handbook)
Discipline Guidelines (Page 4 of 2020 Parent/Camper Handbook)
Field Trip Authorization (Page 5 of 2020Parent/Camper Handbook)
Itemized Fee Schedule (Page 4 of 2020 Parent/Camper Handbook)

Parent/Guardian Printed Name	Parent/Guardian Signature	Date

Internal Use:

Staff Member Verification of Complete Form:	Date:
Summer Camp Waiver Complete:	
Epic Discovery Activities Waiver Complete:	
Immunization Records Received:	
Notes:	