



SUN CAMP ENROLLMENT FORMS

All attached forms, including a copy of your child's immunization record, must be completed and returned to our office at least 3 business days prior to your child's first day of camp. No exceptions, this is a state-licensing requirement.

Sun Camp Enrollment Forms	
Child's Name:	Date:
Birthdate:	Gender:
Parent Email:	
Medical History	
Please check all illnesses your child has had:	
<input type="checkbox"/> NONE	<input type="checkbox"/> Asthma (<i>Med Form Required</i>)
<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Hay Fever
<input type="checkbox"/> Whooping Cough	<input type="checkbox"/> Rheumatic Fever
<input type="checkbox"/> Measles	<input type="checkbox"/> Epilepsy
<input type="checkbox"/> Mumps	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Rubella	<input type="checkbox"/> Polio
Please check all allergies your child has:	
<input type="checkbox"/> Food	<input type="checkbox"/> NONE
<input type="checkbox"/> Insect bites/stings	<input type="checkbox"/> Other:
<input type="checkbox"/> Penicillin	<input type="checkbox"/> Intolerance – Explain:
<i>Med Form Required for Allergies</i>	
Notable chronic health problems or physical conditions: <input type="checkbox"/> NONE	
Medical Insurance & Hospital Information	
Medial Insurance Company:	
Group/Policy#:	Phone:
Physician's Name:	
Street Address:	
City/State/Zip:	Phone:
Dentist's Name:	
Street Address:	
City/State/Zip:	Phone:
Please check your preferred hospital:	
<input type="checkbox"/> Lutheran Medical Center	<input type="checkbox"/> Children's Hospital
8300 W 38 th Ave	13123 East 16 th Ave
Wheat Ridge, CO 80033	Aurora, CO 80045
303-425-4500	720-777-1234
	<input type="checkbox"/> Other:
	Address:
	City/State/Zip:
	Phone:

Copy of your child's immunization records is required

Emergency Information

Child's Name:	Child's Photo:
Birthdate:	
Phone:	
Home Address:	
City/State/Zip:	
Parent/Guardian Name:	Cell Phone:
Parent/Guardian Employer:	Employer Phone:
Employer Address:	City/State/Zip:
Parent/Guardian Name:	Cell Phone:
Parent/Guardian Employer:	Employer Phone:
Employer Address:	City/State/Zip:
Emergency Contact:	
Relationship:	Phone:

Authorization for Emergency Medical Care

I hereby give my permission to the Sun Camp staff to call a doctor and 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 Sun Camp staff will make a conscientious effort to locate the parent/guardian or the emergency contact listed on the emergency form 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.

This health record and information is correct as far as I know and the person herein described has permission to engage in all prescribed activities, unless otherwise stated.

Signature:

Social/Behavioral Information

A description of your child's behavior and reaction to various incidents is requested. This information is confidential and will be reviewed by the Camp Specialist as a key to working with your child as an individual member of our program:

Interaction with males:

Interaction with females:

Fears & Dislikes:

Type(s) of discipline used at home:

Reward system used at home:

Positive/negative school/camp experiences:

Child's favorite activity(ies):

Does your child have any emotional or behavioral problems and/or conditions?

NO YES If yes, please explain:

If yes, what works best for you and your child at home?

Additional comments:

Swimming Ability

For campers to use the diving board and slide independently, they must first pass a swim test administered by our aquatics staff. Upon assessment, aquatics staff reserve the right to require any child to use a life vest.

Can your child swim independently?

YES | NO

Do you prefer your child wear a life vest while swimming?

YES | NO

Authorization to Participate in Activities

I hereby give permission for my child to go on field trips away from the Wheat Recreation Center Sun Camp whether on foot, school bus, or by City of Wheat Ridge vehicles. I give permission for my child to participate in all Sun Camp activities with the following exceptions: (i.e. horseback riding, laser tag, indoor rock climbing)

Signature:

Walking Field Trip Approval

I give permission for my child to participate in nature walks. I am aware that my child will be away from Sun Camp base site premises and in the company of the City of Wheat Ridge Sun Camp staff during these excursions. I understand that transportation will be by foot.

Signature:

Sunscreen Permission

I give permission for my child to apply sunscreen to themselves under the direct supervision of a Sun Camp staff member 15-30 minutes before outdoor activities. Sunscreen will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to parent/ guardian. It is the parent's responsibility to provide sunscreen with a specific amount of SPF they wish their child to have. Please have your child's first and last name clearly labeled on the bottle. In the event my child forgets their sunscreen or runs out, I give permission for Sun Camp staff to provide sunscreen that is at least SPF 15, and is PABA free.

Signature:

Mosquito Repellant Permission

I give permission for my child to apply repellant to themselves under the direct supervision of Sun Camp staff before outdoor activities. Repellant will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to parent/guardian. It is the parent's responsibility to provide repellant with a specific amount of DEET they wish their child to have. Every repellant should have your child's first and last name clearly labeled on the bottle. Sun Camp will not provide any type of repellant, should a child forget theirs.

Signature:

Medication Request

NO, my child **WILL NOT** need medication administered while at camp.

YES, my child **WILL** need medication administered while at camp.

If **YES**, please contact Beth June at 303-231-1317 or bjune@ci.wheatridge.co.us to get the medication forms. Medication forms must be completed by your child's physician and returned to our office prior to your child's first day of camp. State regulation does not allow staff to administer any medication without proper paperwork; this includes over the counter medication

Signature:

Parent Manual Statement of Understanding

I have read and understand the Sun Camp Parent Manual and understand the policies contained within.

Signature:

Authorization to Release Child

I give Sun Camp staff permission to release my child to the following individuals:

First & Last Name	Relationship	Phone Number

I understand that for my child's safety the individual picking up my child will be required to present a Photo ID to Sun Camp staff for identification purposes before my child is released. I also understand that I am responsible for any late charges incurred should the individual picking up my child be late (\$1.00 per minute tardy). I agree to inform the above individual(s) about these policies.

Signature:

CITY OF WHEAT RIDGE CLIMBING WALL
 RELEASE OF CLAIMS, INDEMNITY AGREEMENT AND COVENANT NOT TO SUE
 THIS IS A RELEASE OF LIABILITY. READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.

I, _____ have made a voluntary request to use the Climbing Wall, ropes and other associated equipment (collectively "Climbing Wall") at the City of Wheat Ridge Recreation Center and I do hereby agree to the following.

1. I understand that the Climbing Wall is a vertical wall 26 feet high constructed of texture coated plywood, ranging from beginning to advanced degrees of difficulty, including overhangs, flakes, cracks, repelling and hand holds. I acknowledge that my use of the Climbing Wall is inherently dangerous, will involve a significant risk of physical injury or death to me if I undertake to climb it and that I am assuming this inherent risk by climbing it.
2. I freely, voluntarily and with such knowledge, assume the risk or risk associated with such activities, including but not limited to death, personal injury, or property damage arising from or connected with my use of the Climbing Wall either with or without the supervision of City employees or other climbers. I take full responsibility for the ramifications of my actions and physical condition with my use of the Climbing Wall.
3. I agree that I will not use the Climbing Wall except during the hours designated by the City, and that I will use only the ropes provided by the City.
4. I have read and fully understand the official Climbing Wall rules provided by the City of Wheat Ridge and Agree to abide by these rules and regulations.
5. IN CONSIDERATION OF THE CITY PERMITTING ME TO USE THE CLIMBING WALL, I RELEASE THE CITY OF WHEAT RIDGE, ITS OFFICIALS AND EMPLOYEES AND THEIR SURETIES, AND EACH OF THEM FROM ALL LIABILITY, CLAIMS CAUSES OF ACTION, OR COSTS AND EXPESNES WHATSOEVER ARISING OUT OF ANY DAMAGE, LOSS OR INJURY TO ME OR MY PROPERTY INCURRED WHILE USING THE CLIMBING WALL, WHETHER SUCH LOSS, DAMAGE OR INJURY RESULTS FROM THE NEGLIGENCE OF THE CITY OF WHEAT RIDGE, ITS PUBLIC OFFICIALS AND EMPLOYEES AND THEIR SURETIES AND EACH OF THEM, OR FROM SOME OTHER CAUSE.
6. I FUTHER AGREE FOR MYSELF, MY HEIRS, PERSONAL REPRESENTATIVES, EXECUTORS, ADMINISTRATORS AND ASSIGNS TO DEFEND, INDEMNIFY AND NOT TO SUE THE CITY OF WHEAT RIDGE, ITS PUBLIC OFFICIALS AND EMPLOYEES, THEIR SURETIES ANC EACH OF THEM, AGAINST ANY AND ALL LIABILITY, CLAIMS, CAUSES OF ACTION, SUITS, DAMAGES OR EXPENSES OF EVERY KIND AND NATURE INCURRED OR ARISING BY REASON OF ANY ACTUAL OR CLAIMED NEGLIGENT OR WRONGFUL ACT OR OMISSION BY ME OR BY THEM WHILE USING THE CLIMBING WALL.

I hereby represent that I have carefully read, understand and agree to the contents of this release and sign the same voluntarily and of my own free will.

Parents Name:	Child's Name:
Address:	City/State/Zip:
Cell Phone:	Work Phone:
Emergency Contact:	Phone:
Signature:	Date: