

# Rock Rec Camp

## 2018

Parents and children of Rock Rec Camp:

We have many fun activities planned for this summer. On Monday, Wednesday and Fridays we will be going on field trips around the Denver metro area. On Tuesday and Thursday's we will be swimming at the Rec Center, MAC or Burgess Pool (Summer). In the case of inclement weather we will swim indoors at the Rec Center leisure pool. In the case of inclement weather canceling any other outdoor activities we have planned we will be staying at the rec center and doing other planned activities such as crafts, games, gym time or a movie.

We ask that each child brings a backpack, lunch, two snacks a water bottle and sunscreen each day.

Tuesdays and Thursdays they need a swimsuit and towel. Make sure your child's belongings are labeled. We are not responsible for lost items.

**A complete registration packet, including immunization forms must be turned in the first day your child attends camp.** If your child needs to take medications while at camp or has severe allergies requiring an epi-pen please contact camp staff to get the required forms to be filled out by your doctor.

Please have your child bring the following items each day:

### Monday - Friday

- Backpack
- Lunch and 2 Snacks or money to buy snacks from the vending machine
- Water Bottle labeled with your child's name
- Sunscreen labeled with your child's name
- Tennis Shoes
- A booster seat if your child is 7 years old or younger

### Tuesday/Thursday

- Swimsuit
- Towel

Thank you,

Rock Rec Camp Staff

If you have any question please feel free to call or email.

**Kendell Black**

**720-733-4483**

**kblack@crgov.com**



# Rock Rec Camp Registration Form 2018

Office Use Only:

Date of Enrollment: \_\_\_\_\_

immunization \_\_\_ Health \_\_\_ Medication Forms \_\_\_

## Household information

Child's Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ M/F Age: \_\_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_

Lives With: Mother Father Grandparent Other \_\_\_\_\_  
(Specify)

**Mother's Name:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

Home Address: \_\_\_\_\_

Employed By/Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Email:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Cell Phone :** \_\_\_\_\_

Home Address: \_\_\_\_\_

Employed By/Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Email:** \_\_\_\_\_

Special Instructions for Reaching Parents: \_\_\_\_\_

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Emergency Contacts are not the Parent/Guardian and should be a Colorado Resident.

Please provide at least one local emergency contact.

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Address \_\_\_\_\_

Phones: **Cell** \_\_\_\_\_ **Home** \_\_\_\_\_ **Work** \_\_\_\_\_

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Address \_\_\_\_\_

Phones: **Cell** \_\_\_\_\_ **Home** \_\_\_\_\_ **Work** \_\_\_\_\_

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Address \_\_\_\_\_

Authorized Persons to pick up child:

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Address \_\_\_\_\_

Phones: **Cell** \_\_\_\_\_ **Home** \_\_\_\_\_ **Work** \_\_\_\_\_

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Address \_\_\_\_\_

Phones: **Cell** \_\_\_\_\_ **Home** \_\_\_\_\_ **Work** \_\_\_\_\_

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Address \_\_\_\_\_

Phones: **Cell** \_\_\_\_\_ **Home** \_\_\_\_\_ **Work** \_\_\_\_\_

Doctor/Dentist information

Doctor \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_

Dentist \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_

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**Health Information**

Hospital: (circle one)

Sky Ridge Medical Center	303-788-2550	1010 Ridge Gate Parkway, Lone Tree, CO
Swedish Medical Center	303-788-5000	501 E Hampden Avenue, Englewood, CO
Castle Rock Adventist Health	720-455-5000	2350 Meadows Blvd, Castle Rock, CO
Parker Adventist Hospital	303-269-4000	Parker Road & E-470, Parker, CO

Alt: \_\_\_\_\_

**Is your student taking any medications at home?**  Y  N List: \_\_\_\_\_

If your student needs to take medication at school, the "Medication Administration Permission" form is available in Cal-lie's office. *These forms must be completed for any medication a student will need to take during school hours.*

**Does your student have any known allergies?**

Seasonal      **Reaction:** \_\_\_\_\_

Insect Sting      **Reaction:** \_\_\_\_\_

Latex      **Reaction:** \_\_\_\_\_

Food \_\_\_\_\_      **Reaction:** \_\_\_\_\_

Other \_\_\_\_\_      **Reaction:** \_\_\_\_\_

**Does your student (please check applicable boxes):**

Wear glasses/contacts?       Have heart problems?       Hearing impaired?

Have asthma/respiratory ailments?       Have convulsions/seizures?       Have diabetes?

Had a head injury/significant bump to the head?       Have physical activity limitations?

**Other medical conditions the school needs to be aware of:**

\_\_\_\_\_

I do hereby authorize officials of Castle Rock's Youth Recreation Department to contact directly the persons named on this emergency form, and do authorize the named physician and/or dentist or his/her associates to render treatment as may be deemed necessary in an emergency for the health of said child. In addition, in the event that I cannot be reached in a medical or dental emergency, I authorize treatment for my child to preserve life and prevent disability and/or to minimize /repair trauma to the teeth, jaws, tongue and gums to begin without delay. In the event that the parent/guardian, or alternate person named on this emergency form cannot be reached, the Castle Rock Parks and Recreation Officials are hereby authorized to take whatever action is deemed necessary in their judgment for the health of this child including transporting the child to the necessary health care facility. I agree I am solely responsible for the payment of all costs resulting from the rendering of medical and ambulance services.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

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Personal Release Statement: I understand that the registered activities and services may have an element of hazard or inherent danger and I take full responsibility for my action and physical condition of this child. I agree to indemnify and hold harmless the Town Of Castle Rock and its employees from liability, loss, cost or expenses (including attorney's fees, medical and ambulance costs) that this child may incur while participating in Youth Recreation activities.

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

\_\_\_\_\_  
Date

I hereby acknowledge that I have received and read a copy of the Rock Rec Camp Parent Handbook and agree to abide by the policies outlined therein. I further acknowledge that these are subject to change at the discretion of the Castle Rock Youth Administrators.

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

\_\_\_\_\_  
Date

I give permission for my child to view (circle one) G or PG movies at Rock Rec Camp. We will only be viewing movies in the event of inclement weather canceling outdoor activities.

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

\_\_\_\_\_  
Date

The Town of Castle Rock Parks and Recreation Department regularly takes photographs during its programs and activities. These photographs are often used for promotional flyers, our website, the Recreation Guide and local newspaper/publications. By signing the following agreement you are allowing us to use these photographs for that purpose.

I \_\_\_\_\_ (name of Parent) authorize the Town of Castle Rock Parks and Recreation Department to use my child's image \_\_\_\_\_ (name of child) for marketing purposes.

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

\_\_\_\_\_  
Date

In compliance with our rules and regulations, we must have a written consent and a bottle of sunscreen with your child's name on it in order for our staff members to assist your child in applying sunscreen. Please fill out the following form with any special instructions or allergy information regarding your child. Remember: if sunscreen is forgotten, we will apply a SPF #30, paba free sunscreen.

I give permission to the Rock Rec Camp Staff to apply sunscreen to my child. The sunscreen which they will be applying will be provided by my child, or as identified above.

Please under no circumstances apply sunscreen to my child.

Comments or special instructions: \_\_\_\_\_

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

\_\_\_\_\_  
Date

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**ROCK REC BOOSTER SEAT INFORMATION FORM**

According to the Colorado state Law, children under 80 lbs. who are less than 8 years old must continue to ride in a child restraint unless they are 4'9" tall. Typically this is a booster seat.

Rock Rec Camp will **NOT** provide booster seats for children who are required to sit in one during excursion trips. All parents will need to provide a booster seat, labeled with your child's name each excursion day. **ATTENDANCE WILL NOT BE ALLOWED IF YOUR CHILD FORGETS THEIR BOOSTER SEAT. (NO REFUNDS WILL BE GIVEN)**

**Please fill in the information below, regardless of your child's height and weight.** If you would like more information please contact a staff member or visit [www.carseatscolorado.com](http://www.carseatscolorado.com)

Child's Name \_\_\_\_\_

Parents Name \_\_\_\_\_

Age \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

I give permission for my child to go on field trips with Rock Rec Camp and for Rock Rec Camp to transport my child for field trips.

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

\_\_\_\_\_  
Date

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**Rock Rec Code of Conduct**

Be respectful to others and the property of others

Keep your hands to yourself

Be kind to others- No Bullying or name calling

Be honest and responsible

Use appropriate language

Toys from home are only allowed to used in the vans.

Pick up after yourself

Have fun!!

Child's signature:

Parent's signature:

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**Childs Social History:**

A description of your child's behavior and reaction to various incidents is desired. This information is confidential and will be reviewed by Rock Rec Camp staff only as a key to working with your child as an individual member of our program.

Interaction with males:

Interaction with females:

Fears and dislikes:

Types of discipline used at home:

Positive/negative school or camp experiences:

Favorite activity?

Does your child prefer to play alone?

Does your child have any emotional or behavioral problems and/or conditions such as Attention Deficit Disorder? YES NO

If so what steps have you taken to control this condition?

What works best at home for you and your child?

Additional Comments on your child's social history:

PLEASE FEEL FREE TO DISCUSS ANY SOCIAL CONCERS YOU MAY HAVE WITH A ROCK REC STAFF MEMBER