

Town of Castle Rock Camp
Registration Form
2019

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 _____	
Phones: Cell _____	Home _____ Work _____

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Registration Form

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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 Youth 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/ CSU Camp staff 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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Registration Form

2019

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/ or Colorado State University 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.

I hereby acknowledge that I have received and read a copy of the R.A.M. Camp or 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 and/ or Colorado State University.

Parent/Guardian Signature

Date

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

The Town of Castle Rock Parks and Recreation Department and Colorado State University 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 and/or Colorado State University 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 or R.A.M 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

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CSU R.A.M Camp - Walking Field Trips

Child's Name _____

Parents Name _____

Age _____

I give permission for my child to go on walking field trips that may include but are not limited to Miller Activity Complex's Swimming Pool , Birthday Party Rooms & Trampolines, Philip S. Miller Park's Turf Fields, pavilions, splash pad and play ground with CSU R.A.M. Camp.

Parent/Guardian Signature

Date

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

Child's Name _____

Parents Name _____

Age _____ Height: _____ Weight: _____

Rock Rec Field Trip Permission

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

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Camp 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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Child's 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 Athletic and Movement 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 CONCERNS YOU MAY HAVE WITH CAMP STAFF MEMBER