



2021 VRD YOUTH SERVICES REGISTRATION FORM/EMERGENCY CARD

Summer Camp (2 pages)

CHILD'S NAME, SCHOOL NAME, PERMANENT MAILING ADDRESS, PHYSICAL RESIDENCE ADDRESS, LOCAL LODGING OR CONTACT, PARENT1 NAME, PARENT2 NAME, PHONE, EMAIL, EMPLOYER, EMPLOYER ADDRESS, PREFERRED CONTACT METHOD

EMERGENCY CONTACTS & ADDITIONAL AUTHORIZED PERSONS TO PICK-UP

Persons in addition to mother and father to whom the child may be released: (Picture ID requested if person is unknown to staff) - Please inform Camp Director of any custody issues - Please notify Camp in writing if someone not noted here will pick up your child

Does your child have a Vail Mountain season pass (or Epic Pass)? Yes No

MEDICAL & SOCIAL INFORMATION: Medications Allergies ALL medicine must come to Camp Director with ALL REQUIRED FORMS completed & signed by physician.

Concerns, special challenges, physical conditions: Instructions for staff related to above: Hospital's Name, Physician's Name, Dentist's Name, Health Insurance Company

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.

Parent/Guardian Signature Print Name Date

Office Use Only Office Use Only Office Use Only

VERIFY RESIDENCY: VRD EC STUDENT NR ID USED: VRD PROPERTY SCHOOL ID OTHER STAFF INITIALS DATE ENROLLMENT DATE: CV PKV CEF MS CO MB

**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 7-day notice of each **change** requested which will be processed (space allowing) at no charge.
- \_\_\_\_\_ I will provide at least 7-day notice of any reservation I must **cancel**. I will receive a credit for future days reserved.
- \_\_\_\_\_ 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 **4-5:00 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 for initial payment and for future payments when I'm verbally notified.
- \_\_\_\_\_ I give permission for VRD Youth Services to transport my child 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 8 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 field trips.
- \_\_\_\_\_ At the end of the day my child may may not Walk Bike Take the bus to \_\_\_\_\_.
- \_\_\_\_\_ 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.
- \_\_\_\_\_ 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 Camp Vail activities 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 authorize VRD to share my child's immunization record with Eagle County Public Health and Environment and the Colorado Immunization Information System
- \_\_\_\_\_ I will provide Pre Kamp/Camp Vail with a copy of my child's immunization records and a birth certificate (returnable), a minimum of 2 days before his/her first day of attendance in the program.
- \_\_\_\_\_ I will provide Pre Kamp Vail with a doctor's signed examination of good health a minimum of 2 days before his/her first day in the program.

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

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

**SCHOLARSHIPS AVAILABLE! FOR COMPLETE INFORMATION, INCLUDING POLICIES, PROCEDURES, FEES, AND DAILY OPERATIONS,  
VISIT [WWW.VAILREC.COM](http://WWW.VAILREC.COM)**

**MAIL: Youth Services ✧ Vail Recreation District ✧ 395 East Lionshead Circle ✧ Vail, CO 81657  
Main: (970)479-2292 ✧ KidZone Mobile: (970)331-2909  
FAX: (970) 479-2835 ✧ EMAIL: [community@vailrec.com](mailto:community@vailrec.com)**