



2020 VRD YOUTH SERVICES REGISTRATION FORM/EMERGENCY CARD

Summer Camp (2 pages)

CHILD'S NAME \_\_\_\_\_  M  F DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ ENTERING GRADE \_\_\_\_\_

PERMANENT MAILING ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

PHYSICAL RESIDENCE ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

LOCAL LODGING OR CONTACT: \_\_\_\_\_ RM #: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARENT1 NAME \_\_\_\_\_

PARENT2 NAME \_\_\_\_\_

PHONE (1) \_\_\_\_\_ (2) \_\_\_\_\_

PHONE (1) \_\_\_\_\_ (2) \_\_\_\_\_

EMAIL \_\_\_\_\_

EMAIL \_\_\_\_\_

EMPLOYER \_\_\_\_\_ (PHONE) \_\_\_\_\_

EMPLOYER \_\_\_\_\_ (PHONE) \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_

PREFERRED CONTACT METHOD:  E-MAIL  PHONE: \_\_\_\_\_

PREFERRED CONTACT METHOD:  E-MAIL  PHONE: \_\_\_\_\_

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

(1) \_\_\_\_\_ Phone \_\_\_\_\_ (Address) \_\_\_\_\_

(2) \_\_\_\_\_ Phone \_\_\_\_\_ (Address) \_\_\_\_\_

(3) \_\_\_\_\_ Phone \_\_\_\_\_ (Address) \_\_\_\_\_

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: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

◆ 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. I hereby assume all risks of personal injury or death and property damage from any causes whatsoever arising while my child/ward participates in such activity. My child/ward is in good health and physically able to participate in said activity. I agree to waive and release Vail Park and Recreation District and/or the Town of Vail and/or Vail Resorts, Inc. and/or the U.S. Forest Service and their officers, employees, agents, servants and all representatives and sponsors from any injury my child/ward may sustain or any damage that may be caused to my child/ward's property in connection with said activities, including injuries sustained or property damage caused by the use of equipment I may rent from the Vail Park and Recreation District and/or the Town of Vail. I give permission for my child to ride on Town of Vail buses, in any VRD vehicle, on Eagle County School District buses or in Vail Resorts, Inc. vehicles and lifts. In the event of injury to my child/ward I authorize District personnel to contact emergency medical services and further consent to any emergency x-ray, examination, medical diagnosis or treatment and hospital care, including ambulance transport, which may be provided to me or my child under the general or special supervision and on the advice of any physician licensed to practice in the State of Colorado. I understand that I am fully responsible for any charges which may result from such services and further agree to indemnify the District, its employees and agents, from any claim, demand, suit or liability related to my transport, care or treatment, or from any charges related thereto. Participants may be photographed and such photographs may be used to publicize events.

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 refund, less a \$5/day processing fee.
- \_\_\_\_\_ 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 **4-5:30 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), by or 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 by his/her first day in the program.

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

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

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 ✧ Camp Vail (summer): (970)479-2290 ✧ Pre Kamp & Eco Fun (summer): (970)390-0048  
FAX: (970) 479-2835 ✧ EMAIL: [community@vailrec.com](mailto:community@vailrec.com)