



Received By: _____	Receipt Number: _____
Paid in Full	Payment Plan Both

SUMMER CAMP 2024 REGISTRATION

Please use a separate form for each child. Registration is on a first come first serve basis. Return completed forms to the front desk with payment to reserve spot.
All registration forms must be complete to ensure a spot.

Participant Name _____ Birthday: ____/____/____
FIRST LAST

Parent/ Guardian's Name _____ Phone #: _____ Member: Y N
FIRST LAST

AUTHORIZED PERSONS FOR PICK-UP & EMERGENCY CONTACTS

Only the people on this list will be able to pick up the campers. Photo identification is required for new pick-up persons. Notify the KidZone staff of any additions.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

RELEASES

	YES	NO
Photo Release: I understand that pictures may be taken of the participants during activities and I give permission to have the pictures posted on any of Mountain Park materials.		
Check-In/Check-Out: I understand that my child, regardless of age, must be signed in with a KidZone staff member by an adult. Children must be checked out by an authorized adult listed on this form.		X
Responsibility: My child must arrive in close toed shoes, bring a lunch, three snacks, and change of clothes for swimming.		X
Sunscreen: My child will bring their own sunscreen to camp for their personal use.		X
Life Jacket: My child requires a life jacket to go swimming in the pool. Note: Children 6 and under are required to wear a life jacket while swimming. If your 5 or 6 year old does not require one, they must pass a swim test given by a lifeguard before being allowed to swim in the pool without a life jacket. *POOL USE DEPENDENT ON LIFEGUARD STAFFING*		
Movies: My child has permission to watch a PG rated movie if it is part of a camp activity. Note: No more than one movie is shown within a week.		
Food: My child has permission to consume food items distributed by camp staff as a part of camp activities unless they have a known related food allergy to the product(s).		

HEALTH HISTORY

Has the participant had a history of or is prone to any of the following (please check all that apply):

Allergies	Hepatitis A/B	Heart Problems/Murmur	Concussion
ADD/ADHD	Diabetes	Autism/Asperger's	Hypoglycemia
Seizures	Asthma/Bronchitis	Hernia	Wears Glasses/Contacts

Please list any medical/behavioral history or physical restrictions that could impact participation in program activities. List any medical or behavioral conditions that may require special attention:

Date of last physical exam (recommended within 24 months of camp): ____/____/____

ALLERGIES

This participant has NO known food, medication, or substance allergies.

This participant has the following food, medication, and/or substance allergies:

ALLERGY	TREATMENT	CAUSES ANAPHYLAXIS

My child has permission to consume food items distributed by camp staff as a part of camp activities unless they have a known related food allergy to the product(s): Yes No

Does participant take medicines at home? Yes No

Will participant need medicine administered by Mt. Park HOA staff (this includes inhalers and epi-pens)? Yes No

If yes, please complete this section:

NAME OF MEDICATION	DOSAGE	SPECIFIC TIME TO ADMINISTER			REASON FOR TAKING
		AM	NOON	PM	

Prescription drugs must be in the original bottle. Non-prescription drugs must be in the manufacturer's container with the label intact and dosage information according to age legible. An adult must bring medication directly to Mountain Park HOA personnel. Participants may not transport medication.

Generally, Mt. Park HOA staff are not trained to administer emergency injections or other medical procedures. Should my above-named child need an emergency injection or other medical procedure in the manner described above, I give Mt. Park HOA staff permission to administer it.

Designated Mt. Park HOA staff will dispense medication under physician's orders. All medications must be in a prescription container clearly labeled with the child's name, type of medication, dosage and times (both AM and PM) to administer medication to my above-named child in the manner described.

AUTHORIZATION & WAIVER

My child has permission to engage in all prescribed program activities except as noted. The information provided on this form is accurate to the best of my knowledge. I have indicated any special health conditions, including required medication and activity limitations which should be known to the Mountain Park Home Owners Association Staff and medical personnel. I am aware of and accept the risk inherent in the program activity. I give permission to Mountain Park Home Owners Association Staff to order X-rays, routine tests, treatment, and hospitalization; to release any records necessary for insurance purposes and to health care providers; and provide or arrange necessary related transportation for the participant if I cannot be reached. This completed form may be photocopied.

In participating in all camp programs sponsored by the Mountain Park Home Owners Association, I hereby acknowledge that I understand there are risks of accident resulting in bodily harm arising out of those activities. I understand that the camp activities are planned with the safety of the participants in mind. I further acknowledge that my child has the physical capacity reasonably necessary to engage in the camp activities for which I have enrolled them. In case of emergency, accident, or illness, I give permission for my child to be by a professional medical person and admitted to a hospital if necessary. I agree to be the party responsible for all medical expenses which are incurred in their behalf. It is understood and agreed that the Mountain Park Home Owners Association, Boards, employees, volunteers, and agents be held harmless against all claims, damages, loss, or expenses including attorney fees arising out of or resulting from their participation in recreation programs.

****I have read the above statements and understand the contents****

Parent/Guardian Printed Name: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

By typing my name, I am electronically signing this document. I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.