

SUMMER CAMP 2024 REGISTRATION



Please use a separate form for each child. **Registration form and online payment 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: _____

HEALTH HISTORY

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

- | | | | |
|--------------------|-------------------|-----------------------|------------------------|
| Seasonal 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: _____ Insurance Provider: _____

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

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.

Sunscreen: My child will bring their own sunscreen to camp for their personal use. Staff do not apply sunscreen.

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.

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).

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

MEDICATION

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 MPHQA 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.

CANCELLATION POLICY

- Failure to adhere to program policies is cause for dismissal with no refund of fees.
- A full refund will be given if written notification of cancellation is given at least *two weeks prior* to the start of the program.
- No refund will be given if a participant leaves a program early for any reason, cancels within two weeks of the start of the program, or does not show up for the program.
- Missing a scheduled program for medical reasons warrants a refund/credit as long as documentation from a medical professional can be provided to Mountain Park HOA.
- Refunds/Credits will not be provided in the case of any emergency amenity closures unless determined otherwise by the KidZone Coordinator.

COMMITMENT AGREEMENT & WAIVER

It is the participant's responsibility to follow instructions, behave positively, and be an active member of all program activities. Campers are expected to function 100% independently as individuals and within a group setting. They must be able to comprehend and follow basic instructions and be able to change clothes and use restroom facilities without assistance. Staff to camper ratio constraints disallow KidZone from being able to provide extra assistance to individual campers. Any behavior deemed inappropriate or unsafe by Mt. Park HOA staff will be faced with consequences. Disrespectful behavior towards Mt. Park HOA staff or the facility is unacceptable. Emotional or physical bullying of any type will not be tolerated and is grounds for suspension from camp. Failure to adhere to program policies is cause for dismissal with no refund of fees, except as determined on a case-by-case basis by the KidZone Coordinator.

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 agree to abide by 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 as a written signature.