



REGISTRATION FORM—SUMMER 2024 DAY CAMP

Date _____ Staff Initials _____ Shirt size _____

Name of Participant _____

Age _____

Dates Of Attendance: **Circle week(s) expected to attend**

Session 1:

Week #1: June 10–14, 2023

Monday: Bar N I
Tuesday: Fly Tying
Wednesday: Vermejo
Thursday: Earth Mountain Farms
Friday: Fish stocking Swimming @ River

Week #2: June 17–21, 2023

Monday: Bar N I
Tuesday: Swimming
Wednesday: Sand Dunes
Thursday: Blue Lake
Friday: Swimming @ Lathrop

Week #3: June 24– 28, 2023

Monday: Biking/Fishing
Tuesday: Swimming
Wednesday: Discovery Center
Thursday: Sugarite
Friday: Buell Museum

Session 2:

Week #4: July 8-12, 2023

Monday: Bar N I
Tuesday: Swimming @ Lathrop
Wednesday: Biking/Park
Thursday: Earth Mountain Farms
Friday: Monument

Week #5: July 15–19, 2023

Monday: Bar N I
Tuesday: River Floating
Wednesday: Mural Kick Off/Club
Thursday: Bowling/Biking
Friday: Blue Lake Fishing

Week #6: July 22-26, 2023

Monday: Pictographs @Picture Canyon
Tuesday: Swimming @ Lathrop
Wednesday: Boy Scout Museum
Thursday: Biking/Fishing
Friday: Royal Gorge

Session 3:

Week#7: August 7-11, 2023

Monday: Bar N I
Tuesday: Cordova Pass
Wednesday: Blue Lake
Thursday: Earth Mountain Farms
Friday: Raton Pool

Week#8: August 14-18, 2023

Monday: Bar N I
Tuesday: Film Festival/Water Play
Wednesday: Swimming @ Lathrop
Thursday: Bowling/Bikes
Friday: Park/Water Fight

*note—all sessions—\$24.50/day/camper or CAP—Weekly:\$122.50 P.P

****Payment is due at the end of each session for total days attended. Cash or Check only.****

Name of Parent or Guardian: _____ Primary number _____ (cell or home)Email _____

Emergency Contact: _____ Ratationship _____ Phone Number _____



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HEALTH FORM

Name: _____ Gender: _____ Date of Birth: _____

Surgery/Accidents/Illnesses/Chronic Health Problems: _____

Describe any physical condition(s) requiring the facility's special attention: _____

Medication(s) Prescribed: _____

Allergies: _____

Any other Special Needs please specify:

Does your child have any mental/health/physical/behavior challenges:

Autism ADHD Developmental Delays Hidden Health Concerns (i.e., Diabetes) Physical Challenges Emotional Challenges Behavioral Challenges

Relevant Information:



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CONSENT AND LIABILITY WAIVER

I, the undersigned parent(s) and/or natural guardian(s) of _____, a
minor, do hereby authorize my child's adult leader (and/or any other adult appointed or designated by
him/her)

- (i.) to consent to medical, surgical, and dental care for such minor child
- (ii.) to consent to any diagnostic tests, medical, surgical, or dental procedure or treatment as may be considered therapeutically necessary by the physician, surgeon, dentist, or other health care personnel providing care for such minor child, and
- (iii.) on my/our behalf,
 - a. to employ physicians, surgeons, dentists, nurses, and other health care personnel as may be deemed necessary for such minor child,
 - b. admit such minor child to any hospital, clinic, emergency room, laboratory, or other health care or diagnostic facility for examination, treatment, surgery, or care
 - c. and sign all necessary consents and authorizations.

It is understood that this authorization is given in advance of any condition or situation that would necessitate any such medical, surgical, or dental care being required but is given to provide authority to obtain such care if it should be necessary. I fully understand the consequences of the foregoing statements and sign this *CONSENT & LIABILITY WAIVER INFORMATION FORM* knowingly, freely, and willingly.

I understand that I have a duty to provide primary accident and medical insurance for myself (or my child). I declare that I am (or my child is) covered by a primary accident and medical insurance.

Parent/Guardian Signature

Date