

# Mountain Kids Summer Day Camp Registration Form 2018

Camper Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade next Fall: \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Best Contact Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Address: \_\_\_\_\_  
(Required)

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Address: \_\_\_\_\_  
(Required)

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

Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

Primary Accident/Medical Insurance Carrier \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact: (someone other than parent) \_\_\_\_\_ Phone/address \_\_\_\_\_

Emergency Contact 2: (someone other than parent) \_\_\_\_\_ Phone/address \_\_\_\_\_

PEOPLE AUTHORIZED TO PICK UP CHILD OTHER THAN PARENTS (must include phone number): \_\_\_\_\_

\*A Photo ID will be required upon pick-up

PEOPLE NOT AUTHORIZED TO PICK UP CHILD: \_\_\_\_\_

Please list activities you do not want your camper to participate in: \_\_\_\_\_

Group:

Camper Last Name:

## WEEKLY RESERVATION SCHEDULE

A camper registration fee of \$75 per camper, a non-refundable \$50 deposit for each week reserved PLUS your first week's tuition is due at the time of registration. Remaining tuition for each week is due the Monday prior to the week reserved. Minimum 4 weeks is required. Circle select days or

Week	M	T	W	R	F	FT	Deposit PD
Week 1 May 29-Jun 1	X	29	30	31	1	FT	
Week 2 Jun 4-8	M	I	W	R	F	FT	
Week 3 Jun 11-15	M	I	W	R	F	FT	
Week 4 Jun 18-22	M	I	W	R	F	FT	
Week 5 Jun 25-29	M	I	W	R	F	FT	
Week 6 July 2-6	M	I	W	R	F	FT	
Week 7 July 9-13	M	I	W	R	F	FT	
Week 8 July 16-20	M	I	W	R	F	FT	
Week 9 July 23-27	M	I	W	R	F	FT	
Week 10 July 30-Aug 3	M	I	W	R	F	FT	
Week 11 Aug 6-10	M	I	W	R	F	FT	

Please place a check next to the appropriate camp group for your camper:

\_\_\_ Jr Camp (entering K to 2<sup>nd</sup> grade)

\_\_\_ Sr Camp (entering 3rd grade up to age 12)

Optional swim lessons Jr Camp only:

\_\_\_ Swim Session 1 (T/R) \_\_\_ Swim Session 2 (T/R)

### AUTO DEBIT AUTHORIZATION

I \_\_\_\_\_ Authorize Mountain Kids to debit my credit card on the Monday prior to each camp week reserved. I understand camp tuition is due on Monday one full week prior to my next scheduled week of camp. I understand I will **NOT** receive a tuition reminder and it is my responsibility to be aware of the scheduled automatic debit. Initial: \_\_\_\_\_

### CHANGES AND CANCELATIONS

1. Schedule changes and cancellations must be made **by the Monday one full week prior** to the week you wish to cancel/change and submitted via email to [camp@mountainkidsloouisville.com](mailto:camp@mountainkidsloouisville.com). Changes will be accepted as space allows. Initial: \_\_\_\_\_

2. **\$50 weekly deposit is non-refundable at anytime, however it is transferable** for changes/cancellations made prior to May 1<sup>st</sup>. Initial: \_\_\_\_\_

3. **\$50 weekly deposit is non-transferable after May 1<sup>st</sup>**. Initial: \_\_\_\_\_

4. Make-ups are not offered for absences, and no part of the camp fee is refundable/transferable for absences. Initial: \_\_\_\_\_

I acknowledge and agree to the **Payment Policies** listed above and in the Day camp Manual.

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

### BILLING NOTES:

First week tuition in-full	
\$50 deposit per each additional wk	
Registration Fee	\$75
<b>TOTAL DUE:</b>	
FT \$325, 3 days \$260, 2 days \$195	

# Mountain Kids Louisville, LLC Release Form



Responsible Adult's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Child's Name: \_\_\_\_\_

## PLEASE INITIAL BY EACH NUMBER AND SIGN AT THE BOTTOM

### 1. PARTICIPANT AGREEMENT:

I, the Responsible Adult, agree that the child(ren) named above may participate in any of the sporting, recreational, and other physical activities and programs of Mountain Kids Louisville, LLC (the organization). I understand that participating in such activities, including group activities with other persons, may be risky even under the best of conditions. I understand that participating in all such activities, including but not limited to gymnastics, dance, tumbling, trampoline, swimming, cheerleading, acrobatics, and parent-shared gymnastics, and using gymnastics and other sports equipment, could result in potentially severe injuries or illness to me or the child and damage to equipment and other personal property belonging to me or the child. **Initial:** \_\_\_\_\_

### 2. RELEASE REGARDING PERSONAL INJURY AND PROPERTY DAMAGE:

I agree, on behalf of myself and the child, to assume all risks in connection with the activities described above. I release the organization and those acting on its behalf from liability for any injury or illness incurred by me or the child and for any damage to any equipment or other personal property belonging to me or the child. I agree to indemnify and hold harmless the organization and its officers, employees, and other representatives from any and all claims, demands, causes of action and to reimburse the organization and its officers, employees, and other representatives for any expenses, including attorney fees and court costs, that they may incur in connection with any injury or illness to me or the child or any damage to equipment or other personal property, however caused. I certify that I have obtained adequate insurance to cover any such injury, illness, or damage, or else I agree to bear the costs of such injury, illness, or damage myself. **Initial:** \_\_\_\_\_

### 3. REPRESENTATION OF ABILITY TO PARTICIPATE:

I understand the nature of the activity, and I represent the student is qualified, in good health and in proper physical condition to participate in the activity. Should I ever believe any of the above representations have become untrue, or if I should ever believe the activity is not safe or is no longer safe for the student, then it will be my responsibility immediately to discontinue the student's participation in the activity. **Initial:** \_\_\_\_\_

### 4. RELEASE REGARDING MEDICAL TREATMENT:

I give permission to the organization and those acting on its behalf to administer sunscreen to the child and to take any measures they believe are reasonably necessary to provide for the safety and protection of the child, including administering first aid or seeking medical care for the child. I have provided to the child all food, clothing, sunscreen, prescription medicines, nonprescription medicines, and medical items needed by the child for the activities and programs of the organization. In addition, I request and give permission to the organization and those acting on its behalf to keep and administer to the child ONLY the following medicines in the manner specified:

If hospitalization is required, the aforementioned children will be sent to Avista Hospital at 100 Health Park Dr. LSV, CO 80027 303-673-1000 unless otherwise specified here: \_\_\_\_\_ **Initial:** \_\_\_\_\_

### 5. RELEASE REGARDING PICTURES AND VIDEOS:

I, on behalf of myself and the child, agree that the organization and its representatives may take and use pictures, videos, and other images of me or the child during any of the organization's activities and programs. I understand that the organization reserves the right to use and publish the pictures, videos, and images in any fashion for the organization's promotional purposes on brochures, print media, wall hangings, web sites, and other media and that the organization will not pay compensation to me or to the child for the use of the pictures, videos, and images. **Initial:** \_\_\_\_\_

### 6. TRANSPORTATION AND FIELD TRIP CONSENT:

I, \_\_\_\_\_ the child's Parent or Guardian, consent to allow \_\_\_\_\_ my child to participate in field trips, including transportation by Mountain Kids Louisville, LLC. Staff, using Mountain Kids Louisville, LLC., vehicles during the dates of May 30- August 11, 2017. I understand transportation and field trips may involve activities, risks, and responsibilities beyond those normally encountered at Mountain Kids Louisville, LLC and may include potentially severe injuries or illness and damage to my child or my child's equipment and other personal property. I have obtained adequate insurance to cover any such injury, illness, or damage, or else I agree to bear the costs of such injury, illness, or damage myself. **Initial:** \_\_\_\_\_

I acknowledge that I have read this entire document, that I understand and agree with each statement in it, and that I am signing it voluntarily and with full knowledge of its contents.

**Responsible Adult's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_