

Mountain Kids Camp Home Learning Registration Form 2020

Camper Name: _____ Birthdate: _____ Age: _____ Gender: _____ Grade next Fall: _____

Home Address: _____ City _____ Zip _____

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: _____

WEEKLY RESERVATION SCHEDULE

A camper registration fee of \$45 per camper, a non-refundable \$50 deposit for each week reserved PLUS your first week's tuition is due at the time of registration. 4 Monday Minimum Required.

Week 1		Deposit PD
Aug 24-28		
Week 2	M	
Aug 31-Sept 4	31	
Week 3	M	
Sept 7-11	X	
Week 4	M	
Sept 14-18	14	
Week 5	M	
Sept 21-25	21	
Week 6	M	
Sept 28-Oct 2	28	
Week 7	M	
Oct 5-9	5	
Week 8	M	
Oct 12-16	12	
Week 9	M	
Oct 19-23	19	
Week 10	M	
Oct 26-30	26	
Week 11	M	
	2	
Week 12	M	
	9	

First Monday Paid In Full	
\$50 deposit per each additional Mon	
Registration Fee	\$45
TOTAL DUE:	
FT \$399, 3 days \$305, 2 days \$210	

School Name/District: _____

Teacher Name: _____

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. Changes will be accepted as space allows.

Initial: _____

2. \$50 weekly deposit is non-refundable and non-transferable at anytime*.

Initial: _____

3.* \$50 weekly deposits for October will be kept in escrow and applied if camp continues at that time or will be fully refunded if school transitions to full time.

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:

Group:

Camper Last Name:

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 **Aug. 26 - May 31, 2021**. 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:** _____