

Dinosaur Ridge Summer Camp Registration Form 2017

All lines marked with a * are required

Camper's Name*: _____

Address*: _____ City*: _____

State*: _____ Zip*: _____ Home Phone*: _____

Age*: _____ Birthday: _____ 2016/2017 Grade Level: _____ Sex*: _____

Responsible Adult/Guardian Address*: _____ City*: _____

State*: _____ Zip*: _____ Home Phone*: _____

Work Address: _____ City: _____

Work Phone*: _____ Cell Phone*: _____

E-mail*: _____ Relationship to Camper: _____

Allergies*: <input type="checkbox"/> Yes <input type="checkbox"/> No

Is your child on medication that <input type="checkbox"/> Yes would need to be taken at camp?* <input type="checkbox"/> No

Session Attending (check the box)

Fossil and Fun Camp (ages 6-10): Introductory Camp

- Session 1: June 5th-9th 9am-3pm
- Session 4: June 26th-30th 9am-3pm
- Session 6: July 17th-21st 9am-3pm
- Session 8: July 31st-Aug 4th 9am-3pm

Junior Geologists Camp (ages 8-12): Rock & Mineral Focused Intermediate Camp

- Session 3: June 19th-23rd 9am-3pm

Junior Paleontologists Camp (ages 8-12): Fossil Focused Intermediate Camp

- Session 2: June 12th-16th 9am-3pm
- Session 5: July 10th-14th 9am-3pm
- Session 7: July 24th-28th 9am-3pm

Fees and Deposit

The fee for the camp is \$275 for non-members and \$250 for members.

A \$50.00 per child per camp non-refundable deposit is required to reserve your child's spot in the camp. Enclose a check made payable to the **Friends of Dinosaur Ridge** for \$50.00 (per camper per camp) marked "Summer Camp." This deposit will be credited towards the camp fee.

A camper's registration will be dated by the date the registration form was received. Notification regarding registration will be made as soon as possible via e-mail. If no e-mail is provided (or the Responsible Adult/Guardian does not have an e-mail address) confirmation will be mailed to you in the form of a letter.

Health and Emergency forms (including Medication forms) **must be received** at least **two weeks** prior to attendance at camp. Once a session is filled, a waiting list is maintained to cover cancellations.

Cancellations: If you cancel 30 days or more out from the start of camp, you will receive a refund minus the \$50 deposit. Any cancellations with less than 30 days notice will not receive a refund.

Are you currently a member of the **Friends of Dinosaur Ridge**?

Yes

No

Friends of Dinosaur Ridge uses photographs of various activities for informing the public about our programs. Staff members and occasionally representatives of the media may photograph activities during summer camp. If you are willing to allow photographs of your camper to appear in connection with such public relations activities, please sign the release below.

The undersigned releases the **Friends of Dinosaur Ridge**, its officers, Board of Directors, employees and agents, and the media from any liability in connection with photography, filming and taping used for publicity.

Signed*: _____

Sun Screen Notification and Permission: The Dinosaur Ridge Summer Camp utilizes sun screen which is waterproof, fragrance-free, PABA-free and hypoallergenic, with a SPF of 50. The Dinosaur Ridge Summer Camp has my permission to furnish the above named minor child with the sun screen if needed.

Signature of responsible adult/guardian*

Date

Field Trips and Transportation: The Dinosaur Ridge Summer Camp has my permission to transport my child in the **Friends of Dinosaur Ridge** Van including to off-site field trips with prior notification:

Yes

No

Signed*: _____

Emergency Card (all information required)

Child's Name: _____ Birth Date: _____

Address: _____ Home Phone: _____

Mother's Name: _____ Father's Name: _____

Mom Home Phone: _____ Dad Home Phone: _____

Mom Cell Phone: _____ Dad Cell Phone: _____

Mom Work Phone: _____ Dad Work Phone: _____

Person other than parent to be notified in an emergency situation when parents are not available:

Name: _____ Phone: _____

Address: _____

Relationship to Camper: _____

Name(s) of person(s) other than parents to whom the child may be released:

1. _____ 2. _____

Child's Specific Medical Information (this does not count as the required medication documentation from your doctor's office if your child uses any medication). Any and all medications (including over-the-counter) require a doctor's note and signature. This section is to inform Dinosaur Ridge staff about any issues your camper may have.

Allergies (if any): _____

Behaviorial Issues (if any): _____

Medication: _____ Frequency: _____

Other: _____

Physician: _____ Phone: _____

Address: _____

Dentist: _____ Phone: _____

Address: _____

Hospital preferred for emergency treatment: _____

Hospital Address: _____ Hospital Phone: _____

Health Insurance Company: _____ Policy #: _____

In case of serious illness or injury when neither parent can be reached, Dinosaur Ridge will call 911. I hereby give permission to the Dinosaur Ridge Summer Camp to secure medical and/or surgical treatment for the above named minor child while in the care of the above named Summer Camp. All expenses of such care will be accepted by the parents.

Signature of responsible adult/guardian

Date

Medication Administration

The parent/guardian of (child's name) _____ ask that Dinosaur Ridge summer camp staff administer the following medication (name of medication) _____ at (time(s)) _____ to my child, according to the Health Care Provider's signed instructions on the next page. **Note: This form only needs to be filled out in the case that your child is taking a medication that the Dinosaur Ridge staff needs to administer between the active hours of camp (9am — 3pm).**

- The Program agrees to administer medication prescribed by a licensed health care provider.
- It is the parent's responsibility to furnish the medication.
- The parent agrees to pick up expired or unused medication within one week notification by staff.

Prescription medications must come in a container labeled with: child's name, name of medicine, time medicine is to be given, dosage, and date medicine is to be stopped, and licensed health care provider's name. Pharmacy name and phone number must also be included on the label.

Over the counter medication must be labeled with child's name. Dosage must match the signed health care provider authorization, and medicine must be packaged in original container.

By signing this document, I give permission for my child's health care provider to share information about the administration of this medication with the summer camp staff delegated to administer medication.

Parent/Legal Guardian's Name*

Parent/Legal Guardian Signature*

Date*

Cell Phone*

Work Phone*

Home Phone*

Health Care Provider Authorization to Administer Medication in School or Child Care

All information on this page is required

Child's name: _____ Birthdate: _____

Medication: _____

Dosage: _____ Route: _____

To be given at the following time(s): _____

Special Instructions: _____

Purpose of medications: _____

Side effects that need to be reported: _____

Starting date: _____ Ending date: _____

Signature of Health Care Provider with Prescriptive Authority

License Number

Phone Number

Date

Please ask the Pharmacist for a separate medicine bottle to keep at summer camp. Thank you!



Certificate of Immunization

6 CCR 1009—The Infant Immunization Program and Immunization of Students Attending School
Schools shall have on file an official Certificate of Immunization for every student enrolled.

COLORADO LAW REQUIRES THAT THIS FORM BE COMPLETED FOR EACH STUDENT ATTENDING COLORADO SCHOOLS

Name _____ Date of Birth _____
Parent/Guardian _____

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT—CERTIFICATE OF IMMUNIZATION

Vaccine	Enter the month, day and year each immunization was given				Titer Date
Hep B Hepatitis B					
DTaP Diphtheria, Tetanus, Pertussis (pediatric)					
DT Diphtheria, Tetanus (pediatric)					
Tdap Tetanus, Diphtheria, Pertussis					
Td Tetanus, Diphtheria					
Hib <i>Haemophilus influenzae</i> type b					
IPV/OPV					
PCV Pneumococcal					
MMR Measles, Mumps, Rubella					
Measles					
Mumps					
Rubella					
Varicella Chickenpox					Date _____

This is an example of the Colorado State Immunization paperwork. Please submit your child's immunization record along with this registration when mailing it in. If you are choosing to e-mail the registration to Dinosaur Ridge, please also include an attachment with the immunization record on the e-mail. Questions: tours@dinoridge.org.

Vaccines recorded below this line are recommended. Recording of dates is encouraged.

HPV Human Papillomavirus					
Rota Rotavirus					
MCV4/MPSV 4 Meningococcal					
Hep A Hepatitis A					
Flu Influenza					
Other					

THIS SECTION CAN BE COMPLETED BY CHILD CARE/SCHOOL/HEALTH CARE PROVIDER

- A) Child Care Up to Date**
Up to date through 6 months of age for Colorado School Immunization Requirements
- B) Child Care Up to Date**
Up to date through 18 months of age for Colorado School Immunization Requirements
- C) Child Care/Pre-school/Pre-K***
Up to date for Child Care/Pre-School/Pre-K for Colorado School Immunization Requirements
- D) Complete for K–5th Grade**
Up to date for K–5th Grade for Colorado School Immunization Requirements

Update Signature _____ Date _____
Update Signature _____ Date _____
Update Signature _____ Date _____
Update Signature _____ Date _____

* If age 4 years and fulfills Requirements for Pre-School & Kindergarten, check BOTH Boxes C and D.

How did you hear about Dinosaur Ridge's Summer Camp?

Please mail a check as well as this and all attached forms filled out to:

Dinosaur Ridge Summer Camp
Erin LaCount
16831 W Alameda Pkwy
Morrison, CO 80465

For questions please contact Erin LaCount at Dinosaur Ridge:
303-697-3466 x 101
tours@dinoridge.org

To fax this form:
303-697-8911