



Funshine Summer Program 2022 Registration Form

ALL boxes on this form must be filled in.

Per Colorado state licensing requirements we will not be able register your child unless the form is completed **entirely**.
If a box is not applicable, you must write "none" in the box

CHILD INFORMATION:

Full Name: <i>Last</i> _____ <i>First</i> _____		Age: _____	Birthday: ____/____/____	
Address: _____		City: _____	State: _____	Zip: _____
Home Phone: _____	Lives with: <i>Please circle</i> Mother Father Both Parents Other: _____			

PARENT /GUARDIAN INFORMATION:

Full Name: _____	Cell #: _____	Work #: _____
Email: _____	Home #: _____	
Relationship to child: _____		

PARENT 2/GUARDIAN 2 INFORMATION:

Full Name: _____	Cell #: _____	Work #: _____
Email: _____	Home #: _____	
Relationship to child: _____		

Please circle T-shirt size:

Youth Small Youth Medium Adult Small
 Adult Medium Adult Large Adult XL Adult XXL

Please select one:

Regular hours: 8:30a.m.-4:00p.m. (\$800)
 Extended hours: 7:30-a.m.5:30 p.m. (\$1,110)

SIGN IN AND OUT:

My child has permission to:

Sign in/out without an adult (walk/bike)
 Adult sign in/out only (unfamiliar adults must present ID to staff)

Staff Notes:

CSR



2 SIDED FORM

Emergency Card 2022

ALL boxes on this form must be filled in.

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If a box is not applicable, you must write "none" in the box

CHILD INFORMATION:

Childs Full Name:	Age:	Gender: M / F	Date of Birth: _____/_____/_____
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PARENT 1/GUARDIAN INFORMATION:

Full Name:		Street Address:	
City	State	Zip	
Home Phone:	Cell Phone:	Email:	
Employer Name:		Street Address:	
City	State	Zip	Work Phone:

PARENT 2/GUARDIAN INFORMATION:

Full Name:		Street Address:	
City	State	Zip	
Home Phone:	Cell Phone:	Email:	
Employer Name:		Street Address:	
City	State	Zip	Work Phone:

AUTHORIZED TO PICK UP/EMERGENCY CONTACT INFORMATION:

Name:	Cell #: Home #:	City they reside:
Name:	Cell #: Home #:	City they reside:
Name:	Cell #: Home #:	City they reside:

HEALTH CONTACT INFORMATION/HEALTH CONCERNS, ETC:

Physician Name	Address	Phone #
Dentist Name	Address	Phone #
Hospital of Choice or Nearest Facility	Address	Medications being taken:
Medical Insurance Co.	Group/Policy #	
Health Concerns, Allergies, Behavioral Concerns, etc.		

STATEMENT OF HEALTH:

To the best of my knowledge, my child _____ is in good health condition and all childhood immunizations are current.

Please Print Parent Name

Parent Signature

Date

WAIVER OF LIABILITY I as parent or legal guardians approve and give my permission for my child(ren) to participate in any class or program offered by City of Brighton, which is deemed age appropriate. By registering for Children's Programs through City of Brighton, registrant acknowledges that the activities carried on in the program carry on certain risks for the participant. Registrant has independently reviewed and evaluated the risks and determined to engage in the program with full knowledge and acceptance of the risk. The registrants agrees to and hereby releases and forever discharge City of Brighton, and their officers, employees, agents and volunteers from any and all liability for damages, loss or personal injury arising out of or related to registrant's participation in youth recreational programs. Parent Signature: _____ Date: _____

Please **INITIAL** the following categories to indicate that you have read and fully understand each item. All items must be agreed to for your child to participate in the program.

_____ I have read the *Parent Handbook* and have discussed relevant sections with my child. I understand and agree to the conditions and policies covered within.
Initial _____

_____ I understand that Funshine will take field trips away from the school site. Field trip attendance is not mandatory; however, I understand that activities/supervision will **not** take place on site if I choose for my child not to attend. I understand that my child must wear the official summer camp t-shirt on all field trip days. I give permission for my child to be transported by school bus, recreation center vans or by foot to attend swimming activities, field trips or local outings.
Initial _____

_____ I give permission for my child to participate in all indoor and outdoor activities, except: _____
Initial _____

_____ I have had the opportunity to read the Media and Internet usage plan inside the *Parent Handbook*. I give my child permission to watch the occasional movie. I understand the movies will be rated G or PG. I may refuse to allow my child to view any movies and they will be provided with an alternative quiet activity.
Initial _____

_____ I give permission for my child to be photographed or video taped during the program that may be used to promote Brighton Parks and Recreation. I understand that there will be no compensation provided for the use of these materials.
Initial _____

_____ I agree to notify the program leaders in writing of any changes in my child's program schedule, including tardiness or absence.
Initial _____

_____ I will apply sunscreen to my child before arriving to camp and will provide sunscreen for my child's labeled with their first and last name. I give permission for staff to re-apply sunscreen.
Initial _____

_____ I will send a refillable water bottle labeled with my child's first and last name in my child's backpack **every day**.
Initial _____

_____ Staff may inspect children's possessions, if necessary.
Initial _____

_____ I give my permission to the City of Brighton Funshine Summer Program to transport my child to the nearest medical facility in case of serious illness or injury and to secure emergency medical treatment.
Initial _____

_____ I authorize the Funshine staff to apply the sunscreen that I provided on my child where skin is exposed before outside play. I also authorize the Funshine camp to use its sunscreen (SPF 50 No-Ad and Rocky Mountain Sunscreen brands) in the event my child needs sunscreen and does not have their own. I agree that sunscreen will not be kept in my child's belongings and the Funshine Staff will carry this for them.
Initial _____

*The Funshine camp sunscreen will be reapplied as directed on the label.

OR

_____ I do not want the Funshine Camp to apply sunscreen ever and I will supply a long sleeve shirt and hat for my child.
Initial _____

Does your child have any of the following health condition(s): Please check all that apply:

Adrenal insufficiency

Allergic reaction to food or insects

Asthma or reactive airway disease

Diabetes

Seizure disorder

Other health condition we should be aware

***If yes to any, the camp nurse will contact you. Please note that your child will not be allowed to attend camp until all pertinent medical information has been completed by your child's physician and supplied to the camp staff.**

TRANSPORTATION WAIVER:

I give my permission to the City of Brighton Funshine Summer Program to transport my child to the nearest medical facility in case of serious illness or injury.

Parent Signature: _____ Date: _____

I give my permission to the City of Brighton Funshine Summer Program to secure emergency medical/surgical treatment. All expenses for care will be covered by the parent/guardian.

Parent Signature: _____ Date: _____