



# Funshine Summer Program 2024 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: | Age: | Birthday: ____/____/____ |
|------------|------|--------------------------|

.....

### HOUSEHOLD INFORMATION:

|                        |                  |         |
|------------------------|------------------|---------|
| Head of Household:     | Primary #:       | Work #: |
| Email:                 | Address:         |         |
| Relationship to child: | City, State, Zip |         |

.....

### Please circle T-shirt size:

Youth S Youth M Youth L Youth XL  
Adult S Adult M Adult L Adult XL Adult XXL

### Please select one:

- Regular hours: 8:30a.m.-4:00p.m. (\$960)
- Extended hours: 7:30-a.m.5:30 p.m. (\$1,280)

.....

### GRADE IN FALL 2024:

1ST 2ND 3RD 4TH 5TH 6TH 7TH

.....

### 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)
- .....





**2 SIDED FORM**

# Emergency Card 2024

**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

|                   |      |                  |                                  |
|-------------------|------|------------------|----------------------------------|
| Childs Full Name: | Age: | Gender:<br>M / F | Date of Birth: _____/_____/_____ |
|-------------------|------|------------------|----------------------------------|

## PARENT 1/GUARDIAN INFORMATION

CHILD RESIDES HERE Y/N

|                |             |                 |                        |
|----------------|-------------|-----------------|------------------------|
| Full Name:     |             | Street Address: |                        |
| City           | State       | Zip             | Relationship to Child: |
| Primary Phone: | Work Phone: | Email:          |                        |
| Employer Name: |             | Street Address: |                        |
| City           | State       | Zip             |                        |

## PARENT 2/GUARDIAN INFORMATION

CHILD RESIDES HERE Y/N

|                |             |                 |                        |
|----------------|-------------|-----------------|------------------------|
| Full Name:     |             | Street Address: |                        |
| City           | State       | Zip             |                        |
| Primary Phone: | Work Phone: | Email:          |                        |
| Employer Name: |             | Street Address: |                        |
| City           | State       | Zip             | Relationship to Child: |

## AUTHORIZED TO PICK UP/EMERGENCY CONTACT INFORMATION (LIST IN ORDER OF WHO TO CALL FIRST)

|       |                                 |                        |
|-------|---------------------------------|------------------------|
| Name: | Primary #:<br>City they reside: | Relationship to Child: |
| Name: | Primary #:<br>City they reside: | Relationship to Child: |
| Name: | Primary #:<br>City they reside: | Relationship to Child: |

## 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 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 will apply sunscreen to my child before arriving to camp and 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 Rocky Mountain Sun screen brand) 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: \_\_\_\_\_