

Unity of Fort Collins Summer Camp 2024 Registration Form

Circle Weeks of Participation: June 10-14 July 15-19 August 5-9

Child

First _____ Middle _____ Last _____
Gender _____ Pronouns _____
School Name _____ Grade _____ Birth date ____/____/____
Age _____
Street Address _____

Town/City _____ State _____ Zip code _____
Child's Home Phone _____ Child lives with: _____
Person(s) responsible for payment _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____
Street Address _____
Town/City _____ State _____ Zip Code _____ Cell Phone _____
Work Phone _____ E-mail _____
Occupation _____ Employer _____

Parent/Guardian

First _____ Last _____
Street Address _____
City/Town _____ State _____ Zip code _____ Cell Phone _____
Work phone _____ E-mail _____
Occupation _____ Employer _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Cell Phone _____ Work Phone _____
Email _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Cell Phone _____ Work Phone _____
Email _____ Relation to child _____

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: _____ 2: _____ 3: _____

Medical Release Information

Insurance Information

Policy Number _____
Name of Health Insurance Provider _____
Primary Physician _____
Address _____
Phone _____ Hospital Preference _____

Please list any medical problems, including any requiring maintenance medication (i.e., Diabetic, Asthma, Seizures).
Medical Problem _____

Required Treatment _____

Should paramedics be called? Yes _____ No _____

Is your child currently being treated, or taking any medication, for any injury or illness?

Yes _____ No _____ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes _____ No _____ If yes, explain: _____

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Does your child require a special diet?

Yes ___ No ___ If yes, explain: _____

The above information is requested to ensure that needed medical personnel have details of any medical problem that may interfere with or alter treatment.

Deposit:

A \$50.00 deposit is due at the time of camp registration. **All paid funds will go towards camp tuition. Children (ages 5-12) will be allowed to attend camp. Your deposit secures your place at camp.**

SUMMER CAMP TUITION & PAYMENT:

Summer camp tuition is due no later than two weeks before the start date and can be paid by credit card, cash, check, or online. If a camper’s tuition is not paid, they will be unable to attend camp.

Camp Tuition: \$250 per week

The financially responsible party signing this form understands and agrees to follow the Tuition Payment and Fees Policy. If multiple parties pay tuition, a Tuition Agreement is required for all Financially Responsible Parties.

Terms of Agreement:

Adult participation is encouraged. Tuition will be adjusted to accommodate parent involvement in the program. A full refund of tuition is guaranteed if the camp is canceled one week before the first day.

Photo Release

I hereby permit my child to be photographed during the **Unity Summer Camp Week**. I understand the photos will be used to keep a journal of activities, to share during PowerPoint presentations and/or reports, and for promotional purposes including flyers, brochures, newspapers, and social media. I understand that although my child’s photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and understand that all photos are the property of Unity Church of Ft. Collins.

Parent’s/Guardian’s Initials _____

Unity Church and its affiliates and co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I authorize my child to be treated by Certified Emergency Personnel (i.e., EMT, First Responder, and Physician as deemed necessary).

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____

Coordinator Signature: _____

Director Signature: _____

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Participation Consent Form (REQUIRED)

I, the undersigned*, hereby release discharge, indemnify, hold harmless, and defend Unity Church of Fort Collins, its affiliates, officers, employees, and service personnel from any liability (claims, demands, losses, causes of action, suits, judgments) of any kind that I or my family may have against Unity Church of Fort Collins due to death, personal injury or illness, loss or damage to property, or future causes that occur during the 2024 Unity Summer Camp. In the event of any medical emergency, I authorize and consent for members of the Unity Church of Fort Collins Community to act on behalf of my child(ren) for medical care deemed necessary for the participant.

Name of Participant_____

Name of Parent_____

Medical Insurance Company Policy Number_____

Family Doctor_____Phone Number_____

Parent Signature_____Date:_____