

Unity of Fort Collins Summer Camp Registration Form

Unity of Fort Collins Youth Summer Camp Registration Form

Child # 1

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 responsible for payment _____

Child # 2

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 responsible for payment _____

Child # 3

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 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 #2

First _____ Last _____
Street Address _____
Town/City _____ 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: _____

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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 paramedic be called?

Yes__ No__ Yes

No_ Yes_ No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes___ No___ If yes, explain: _____

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

Yes___ No___ If yes, explain: _____

Does your child require a special diet?

Yes___ No___ If yes, explain: _____

The purpose of the above-listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Terms of Agreement:

Participation Consent Form

(REQUIRED)

I, the undersigned*, hereby release discharge, indemnify, hold harmless and defend Unity of Fort Collins, their affiliates, officers, employees and service personnel from any and all liability (claims, demands, losses, causes of action, suits, judgments) of any kind that I or my family may have against Unity of Fort Collins due to death, personal injury or illness, loss or damage to property, or future causes that occur during the 2025 Unity of Fort Collins Summer Camp. In the event of any medical emergency, I authorize and consent for members of the Unity 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

Unity of Fort Collins Summer Camp Registration Form

Policy Number _____

Family Doctor _____

Phone Number _____

*Parent Signature _____

Contact Phone Number _____

Date _____

Photo Release

I hereby give permission for my child to be photographed during the **Unity of Fort Collins Youth Summer Camp**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports and for promotional purposes including flyers, brochures, newspapers and on the internet. 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 that all photos are the property of Unity of Fort Collins.

Parent's/Guardian's Initials _____

Unity of Fort Collins and their 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 hereby authorize my child to be treated by Certified Emergency Personnel (i.e., EMT, First Responder, and/or Physician).

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____

Coordinator Signature: _____

Director Signature: _____

Unity of Fort Collins
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