BEAVER CREEK KIDS DAY CAMP
Registration Form

PLEASE PRINT:

Last Name_____

First Name_____ M F Age _____ Birthdate_____

First Name_____ M F Age _____Birthdate_____

First Name_____ M F Age _____Birthdate_____

First Name_____ M F Age _____Birthdate_____

Parent(s) Name(s)_____

Local Address_____Local Phone_____

_____ Day/Cell Phone_____

Permanent Mailing Address_____ Phone_____

_____

Employer's Address _____ Phone_____

Person(s) Authorized to Pick-up_____ Phone_____

Person other than parent/guardian to be notified in an emergency when parent/guardian is not available: _____

Address_____ Phone_____

SOCIAL/MEDICAL DATA:

Previous Group Experience_____

Siblings and Ages_____

Restricted Activities (i.e. horseback riding, rafting, hiking, etc.)_____

Dietary Restrictions_____

List Allergies and/or Chronic Diseases_____

Are Immunizations Current? _____ (Please provide current records within 2 weeks of registration)

Medication Taken in Last 24 hours _____

Describe any Impairments or Medical Conditions that apply to your child_____

List Inappropriate Physical Activities _____

To the best of my knowledge my child(ren) is/are free from any contagious illnesses that would make his/her/their admission undesirable. (Please initial) _____

I give permission for my child(ren) to go on excursions away from the Beaver Creek Kids Day Camp with a counselor, either by foot or public vehicle. I give permission for my child(ren) to ride the lifts with a day camp group.

_____ _____

Parent or Legal Guardian Signature **Date**

AUTHORIZATION FOR EMERGENCY TREATMENT OF MINORS

(*Allows for x-ray and beginning care while parent/guardian is being contacted*)

I authorize Vail Valley Medical Center, Village Medical Center of Beaver Creek and/or Avon Medical Center, their respective agents, employees or any member of the medical staffs (collectively, the "Medical Facilities"), to render emergency medical care to the Child as is considered in their medical judgment to be necessary or beneficial.

I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made to me as to the result of treatments or examinations at the Medical Facilities.

DRUG ALLERGIES: _____

_____ _____ _____

Signature of Parent or Legal Guardian **Print Name of Parent or Legal Guardian** **Date**

Regular Physician's Name: _____ City and State: _____

Phone: _____

Regular Dentist's Name: _____ City and State: _____

Phone: _____

Hospital of Choice: _____

All children must be picked up by 5:00p.m. Any children remaining will be placed in the Beaver Creek Day Camp Extended Hours Program. This Program costs extra and requires reservations.

WARNING, ASSUMPTION OF RISK, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT

PLEASE READ CAREFULLY. THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS.

1. "PARTICIPANT" MEANS EACH INDIVIDUAL LISTED ON THIS FORM PARTICIPATING IN DAY CAMP ACTIVITIES. THE "UNDERSIGNED" MEANS EACH PARTICIPANT **AND,** WHEN THE PARTICIPANT IS UNDER AGE 18, IT INCLUDES SUCH PARTICIPANT'S PARENT OR LEGAL GUARDIAN. THE UNDERSIGNED UNDERSTANDS THAT THE DAY CAMP INVOLVES PARTICIPATION IN A NUMBER OF RECREATIONAL ACTIVITIES, WHICH MAY INCLUDE MOUNTAIN BIKING, ROLLERBLADING, KAYAKING, CANOEING, RAFTING, PADDLE BOATING, HIKING, GOLFING, FRISBEE GOLFING, HORSE BACK RIDING, CAVING, ROCK CLIMBING, SWIMMING, ICE SKATING, CAMPING, FIELD TRIPS, MARTIAL ARTS, ARCHERY, LASER TAG, AND OTHER RECREATIONAL ACTIVITIES (THE "ACTIVITY"). THE UNDERSIGNED UNDERSTANDS THAT PARTICIPATING IN THE ACTIVITY AND USING SKI AREA FACILITIES, INCLUDING THE LIFTS, FOR ANY PURPOSE **CAN BE HAZARDOUS AND PRESENTS A RISK OF PHYSICAL INJURY OR DEATH.**

2. **THE UNDERSIGNED ACKNOWLEDGES THAT THIRD PARTY VENDORS, NOT AFFILIATED WITH VRMC, MAY PROVIDE AND OPERATE MANY OF THE ACTIVITIES. VRMC MAKES NO WARRANTIES OR REPRESENTATIONS REGARDING THESE PROVIDERS.**

3. **THE UNDERSIGNED EXPRESSLY ACKNOWLEDGES AND ASSUMES ALL RISKS AND DANGERS** associated with the Activity. The Undersigned understands that the risks and dangers include, but are not limited to: falling; equipment malfunction; sharing the facilities, course and venues with people directly and/or not directly involved in the same activity as Participant and not following the direction of the Activity provider or third party vendor's personnel; high speed; slick or uneven surface conditions; variations in slope, surface and subsurface terrain; rugged mountainous terrain; bumps; stumps; forest growth; downed timber; rocks of various sizes; course and venue configuration and/or conditions; marked and unmarked obstacles; varying conditions; collisions or accidents when traveling by vehicle to/from an activity site; contact with wild animals; becoming lost or separated; forest and/or other fires; lightning, snow, storms and other adverse weather; the condition of the Participant; strenuous activity; fatigue; exhaustion; dehydration; heatstroke; hypothermia; high elevation; altitude sickness.

4. **IN CONSIDERATION FOR BEING ALLOWED TO PARTICIPATE, THE UNDERSIGNED AGREES TO DEFEND, INDEMNIFY, RELEASE AND NOT TO SUE** Vail Resorts, Inc., The Vail Corporation d/b/a Vail Resorts Management Company, its parent and affiliated companies and subsidiaries, the United States, and all their respective insurance companies, successors in interest, commercial and corporate sponsors, agents, employees, representatives, assignees, officers, directors, and shareholders (each a "Released Party") **FROM ANY AND ALL LIABILITY** and/or claims for injury or death to persons or damage to property arising from the Participant's participation in the Activity, **INCLUDING THOSE INJURIES AND DAMAGES CAUSED BY ANY RELEASED PARTY'S ALLEGED OR ACTUAL NEGLIGENCE OR BREACH OF ANY EXPRESS OR IMPLIED WARRANTY.** The Undersigned takes full responsibility for any injury or loss to Participant, including death, which Participant may suffer, arising in whole or in part out of the Activity. The Undersigned agree to pay all costs and attorney's fees incurred by any Released Party in defending a claim or suit brought by or on behalf of the Undersigned or as a result of the Participant's participation in the Activity.

5. The Undersigned represents that Participant is in good health and that there are no special problems associated with Participant's physical or mental condition. The Undersigned authorizes a licensed physician or other medical care provider to carry out any emergency medical care for Participant which may be necessary and agrees to be fully responsible for any associated costs.

6. In consideration for being allowed to participate in the Activity, **THE UNDERSIGNED AGREES THAT ANY AND ALL CLAIMS** regarding an alleged incident **SHALL BE GOVERNED BY COLORADO LAW** and **EXCLUSIVE JURISDICTION** shall be in the District Court residing where the alleged incident occurred or in Federal Court for the State of Colorado.

7. The Undersigned represents that he or she is the minor Participant's parent or legal guardian and **VOLUNTARILY GRANTS PERMISSION FOR THE MINOR PARTICIPANT TO TAKE PART IN THE ACTIVITY.** The Undersigned acknowledges that he or she is also signing this release on behalf of the minor Participant and that **THE MINOR PARTICIPANT SHALL BE BOUND BY ALL THE TERMS OF THIS RELEASE.** By signing this agreement without a parent or guardian's signature, Participant represents they are at least 18 years of age. THE UNDERSIGNED AGREES TO INDEMNIFY THE RELEASED PARTIES FOR ALL LIABILITY AND CLAIMS, INCLUDING ATTORNEYS FEES, ARISING FROM ANY MISREPRESENTATIONS AND FRAUDULENT EXECUTION OF THIS AGREEMENT.

MINOR PARTICIPANT (UNDER 18) INFORMATION

MINOR PARTICIPANT #1 – Last Name, First Name, M.I. (*please print*) **AGE**

MINOR PARTICIPANT #2 – Last Name, First Name, M.I. (*please print*) **AGE**

** Requires Parent/Guardian to Complete and Sign Below*

I HAVE HAD SUFFICIENT TIME TO CAREFULLY READ THE FOREGOING LIABILITY RELEASE. I AM AWARE I AM RELEASING CERTAIN LEGAL RIGHTS THAT I, AND/OR MY CHILD, MAY OTHERWISE HAVE.

ADULT INFORMATION

LAST NAME, FIRST NAME, M.I. (*please print*)

ADDRESS – Street Address/Mailing Address (*please print*)

ADDRESS – City, State, Zip/Postal Code (*please print*)

DATE OF BIRTH (MM-DD-YYYY) EMERGENCY CONTACT RELATION PHONE NUMBER

X

SIGNATURE OF PARTICIPANT/PARENT/LEGAL GUARDIAN DATE

SUNSCREEN PERMISSION FORM

Date _____

Name of Child(ren)
_____

Beaver Creek Kids' Day Camp may apply/re-apply sunscreen to your child(ren)'s skin, including the face, tops of ears, and bare shoulders, arms, legs, and feet before or during outdoor activities. Sunscreen will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed will be reported to the parent/guardian. It is the parent's responsibility to provide sunscreen with a minimum SPF of 15.

Special Instructions

□ In the event that my child(ren)'s sunscreen in not readily available, my child(ren) may use sunscreen provided by the Beaver Creek Kids' Day Camp.

□ I do not want my child(ren) to use any other sunscreen than the one he or she brings.

_____
Parent/Guardian Signature

Beaver Creek Day Camp
Reservation Form 2013
Please fill out a form for
EACH child

CHILD'S NAME _____ BIRTHDATE _____ AGE _____

PARENT(S) _____ EMAIL _____

CREDIT CARD _____ EXP. _____ PHONE _____

CIRCLE Camp Choice:

		Adventure	*Discovery*	*Five Star*		
M	6/3	A	D			
Tu	6/4	A	D			
W	6/5	A	D			
Th	6/6	A	D			
F	6/7	A	D			
M	6/10	A1	A2	D	5*	
Tu	6/11	A1	A2	D	5*1	5*2
W	6/12	A1	A2	D	5*	
Th	6/13	A1	A2	D	5*1	5*2
F	6/14	A1	A2	D	5*	
M	6/17	A1	A2	D	5*	
Tu	6/18	A1	A2	D	5*1	5*2
W	6/19	A1	A2	D	5*	
Th	6/20	A1	A2	D	5*1	5*2
F	6/21	A1	A2	D	5*	
M	6/24	A1	A2	D	5*	
Tu	6/25	A1	A2	D	5*1	5*2
W	6/26	A1	A2	D	5*	
Th	6/27	A1	A2	D	5*1	5*2
F	6/28	A1	A2	D	5*	
M	7/1	A1	A2	D	5*	
Tu	7/2	A1	A2	D	5*1	5*2
W	73	A1	A2	D	5*1	5*2
Th	7/4	Camp is Closed		Happy 4th!		
F	7/5	A1	A2	D	5*	
M	7/8	A1	A2	D	5*	
Tu	7/9	A1	A2	D	5*1	5*2
W	7/10	A1	A2	D	5*	
Th	7/11	A1	A2	D	5*1	5*2
F	7/12	A1	A2	D	5*	

Adventure Camp Ages 8-13

Discovery Camp Ages 5-7

Five-Star Camp Ages 5-13

Thank You for Making a Reservation!

Cancellations Must Be Made 24 hours in Advance

CIRCLE Camp Choice:

		Adventure	*Discovery*	*Five Star*		
M	7/15	A1	A2	D	5*	
Tu	7/16	A1	A2	D	5*1	5*2
W	7/17	A1	A2	D	5*	
Th	7/18	A1	A2	D	5*1	5*2
F	7/19	A1	A2	D	5*	
M	7/22	A1	A2	D	5*	
Tu	7/23	A1	A2	D	5*1	5*2
W	7/24	A1	A2	D	5*	
Th	7/25	A1	A2	D	5*1	5*2
F	7/26	A1	A2	D	5*	
M	7/29	A1	A2	D	5*	
Tu	7/30	A1	A2	D	5*1	5*2
W	7/31	A1	A2	D	5*	
Th	8/1	A1	A2	D	5*1	5*2
F	8/2	A1	A2	D	5*	
M	8/5	A1	A2	D	5*	
Tu	8/6	A1	A2	D	5*1	5*2
W	8/7	A1	A2	D	5*	
Th	8/8	A1	A2	D	5*1	5*2
F	8/9	A1	A2	D	5*	
M	8/12	A1	A2	D	5*	
Tu	8/13	A1	A2	D	5*1	5*2
W	8/14	A1	A2	D	5*	
Th	8/15	A1	A2	D	5*1	5*2
F	8/16	A1	A2	D	5*	
M	8/19	A1	A2	D	5*	
Tu	8/20	A1	A2	D	5*1	5*2
W	8/21	A1	A2	D	5*	
Th	8/22	A1	A2	D	5*1	5*2
F	8/23	A1	A2	D	5*	
M	8/26	A1	A2	D	5*	
Tu	8/27	A1	A2	D	5*1	5*2
W	8/28	A1	A2	D	5*	
Th	8/29	A1	A2	D	5*1	5*2
F	8/30	A1	A2	D	5*	

Phone (970)754.5464
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