

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? _____

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

SUNSCREEN AND BUG SPRAY

PERMISSION FORM

Date: _____

**Name of
Child(ren):** _____

Beaver Creek Kids' Day Camp may apply/re-apply sunscreen and bug spray to your child(ren)'s skin, including the face (carefully avoiding the eyes), tops of ears, bare shoulders, arms, legs, and feet before or during outdoor activities. Sunscreen or bug spray 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. If the parent chooses not to use Day Camp's sunscreen the sunscreen provided needs to be SPF 30 and be labeled with child's first and last name. The sunscreen we are currently using is Supergoop SPF 50. Day Camp will also provide bug spray during appropriate activities with minimal or no deet.

Special Instructions

- ☐ 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.
- ☐ I give Beaver Creek Kids' Day Camp permission to put bug spray on my child(ren) during appropriate activities.

Parent/Guardian Signature

****We are currently using Supergoop Everyday Spectrum SPF50***

CHILDREN'S DAY CAMP & CHILD CARE

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISK & INDEMNITY AGREEMENT

WARNING: PLEASE READ CAREFULLY BEFORE SIGNING!
THIS IS A RELEASE OF LIABILITY & WAIVER OF CERTAIN LEGAL RIGHTS

1. My child is participating in a recreational day camp and/or child care. I understand that participation involves a number of recreational activities, which may include zip lining, rock climbing, ropes/challenge courses, bungee trampoline, road or mountain biking, using a bike park, rollerblading, kayaking, canoeing, rafting, paddle boating, hiking, golfing, frisbee golfing, horseback riding, caving, rock climbing, swimming, ice skating, camping, field trips, martial arts, archery, laser tag, petting zoo, bounce houses, miniature golf and other recreational activities (the "Activity"). I understand 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. I ACKNOWLEDGE THAT THIRD PARTY VENDORS, NOT AFFILIATED WITH THE RESORT, MAY PROVIDE AND OPERATE MANY OF THE ACTIVITIES AND THAT THE RESORT MAKES NO WARRANTIES OR REPRESENTATIONS REGARDING THESE PROVIDERS.

3. I EXPRESSLY ACKNOWLEDGE AND ASSUME ALL RISKS AND DANGERS associated with the Activity. I understand that the risks and dangers include, but are not limited to: the negligence of other participants and instructors; falling; equipment malfunction; sharing the facilities with others; not following the direction of the Activity provider or third party vendor's personnel; high speeds; 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 or allergens; becoming lost or separated; forest and/or other fires; lightning, snow, storms and other adverse weather; strenuous activity; fatigue; exhaustion; dehydration; heatstroke; hypothermia; high elevation; and altitude sickness.

4. IN CONSIDERATION FOR MY CHILD BEING ALLOWED TO PARTICIPATE, I AGREE TO WAIVE ANY AND ALL CLAIMS AGAINST AND TO HOLD HARMLESS, RELEASE, INDEMNIFY, AND AGREE NOT TO SUE Vail Resorts, Inc., The Vail Corporation, each of their parent and affiliated companies and subsidiaries, the United States, the land owner, equipment manufacturer, 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 (including failure to take reasonable steps to protect against the risks of the Activity) OR BREACH OF ANY EXPRESS OR IMPLIED WARRANTY. I take full responsibility for any injury or loss to me or my child, including death, which I or my child may suffer, arising in whole or in part out of the Activity. I agree to pay all costs and attorney's fees incurred by any Released Party in defending a claim or suit brought by me, on my child's behalf or as a result of my child's participation in the Activity.

In consideration for allowing my child to participate in the Activity, I FURTHER RELEASE AND GIVE UP ANY AND ALL CLAIMS AND RIGHTS THAT MY CHILD OR I MAY NOW HAVE AGAINST ANY RELEASED PARTY AND UNDERSTAND THIS RELEASES ALL CLAIMS, including those of which I am not aware, those not mentioned in this release and those resulting FROM ANYTHING WHICH HAS HAPPENED UP TO NOW.

5. I represent that my child is in good health and has no special problems with his or her physical or mental condition. I authorize a licensed physician or other medical care provider to carry out any emergency medical care for my child which may be necessary and agree to be fully responsible for any associated costs.

6. I agree that ANY AND ALL CLAIMS FOR LOSS, INJURY AND/OR DEATH REGARDING AN ALLEGED INCIDENT SHALL BE GOVERNED BY THE LAW OF THE STATE WHERE THE ALLEGED INCIDENT OCCURRED AND EXCLUSIVE JURISDICTION SHALL BE IN THE STATE or federal court sitting in the district where the alleged incident occurred (except that all claims arising at Heavenly shall be governed by California law and exclusive jurisdiction shall be in a California court of competent jurisdiction).

7. I represent that I am the parent or legal guardian of the child listed below and VOLUNTARILY GRANT PERMISSION FOR MY CHILD TO TAKE PART IN THE ACTIVITY. I acknowledge that I am signing this release on behalf of my child and that my child ALL BE BOUND BY ALL THE TERMS OF THIS AGREEMENT. I AGREE TO INDEMNIFY THE RELEASED PARTIES FOR ALL LIABILITY AND CLAIMS, INCLUDING ATTORNEYS' FEES, ARISING FROM ANY MISREPRESENTATIONS IN OR FRAUDULENT EXECUTION OF THIS AGREEMENT.

8. I understand that this release shall apply during every time my child participates in the Activity during the season and that this release shall be binding to the fullest extent permitted by law. If any part of this release is deemed to be unenforceable, the remaining terms shall be an enforceable contract between the parties. This release shall be binding upon my and my child's assignees, subrogors, distributors, heirs, next of kin, executors and personal representatives.

MINOR PARTICIPANT INFORMATION - Requires Parent/Guardian to Complete, Sign & Date Below

MINOR #1 – Last Name, First Name, M.I. (print) _____ Date of Birth (MM-DD-YYYY) _____

MINOR #2 – Last Name, First Name, M.I. (print) _____ Date of Birth (MM-DD-YYYY) _____

MINOR #3 – Last Name, First Name, M.I. (print) _____ Date of Birth (MM-DD-YYYY) _____

MINOR #4 – Last Name, First Name, M.I. (print) _____ Date of Birth (MM-DD-YYYY) _____

PARENT/GUARDIAN INFORMATION – Required to Complete, Sign & Date Below

PARENT/GUARDIAN – Last Name, First Name, M.I. (print) _____ Date of Birth (MM-DD-YYYY) _____ X _____
SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

Beaver Creek Kids' Day Camp
Reservation Form Summer 2019
 One Form Per Family Please

Child(s) Name _____ Birthdate(s) _____ Age(s) _____
 Parent(s) _____ Email _____
 Please call 970-754-5464 with credit card information to hold the reservation. Thank you. Phone _____

Please write your child's name next to the activity they are doing for that day. Please refer to the three camp calendars for details on activities.

Date	Discovery Camp	Adventure Camp	Five Star Camp		Date	Discovery Camp	Adventure Camp	Five Star Camp
M 6/3	D _____	A _____			M 7/15	D _____	A _____	5* _____
T 6/4	D _____	A _____			T 7/16	D _____	A _____	5* _____ 5* _____
W 6/5	D _____	A _____			W 7/17	D _____	A _____	5* _____
Th 6/6	D _____	A _____			Th 7/18	D _____	A _____	5* _____
F 6/7	D _____	A _____			F 7/19	D _____	A _____	5* _____
M 6/10	D _____	A _____	5* _____		M 7/22	D _____	A _____	5* _____
T 6/11	D _____	A _____	5* _____ 5* _____		T 7/23	D _____	A _____	5* _____ 5* _____
W 6/12	D _____	A _____	5* _____		W 7/24	D _____	A _____	5* _____
Th 6/13	D _____	A _____	5* _____		Th 7/25	D _____	A _____	5* _____
F 6/14	D _____	A _____	5* _____		F 7/26	D _____	A _____	5* _____
M 6/17	D _____	A _____	5* _____		M 7/29	D _____	A _____	5* _____
T 6/18	D _____	A _____	5* _____ 5* _____		T 7/30	D _____	A _____	5* _____ 5* _____
W 6/19	D _____	A _____	5* _____		W 7/31	D _____	A _____	5* _____
Th 6/20	D _____	A _____	5* _____		Th 8/1	D _____	A _____	5* _____
F 6/21	D _____	A _____	5* _____		F 8/2	D _____	A _____	5* _____
M 6/24	D _____	A _____	5* _____		M 8/5	D _____	A _____	5* _____
T 6/25	D _____	A _____	5* _____ 5* _____		T 8/6	D _____	A _____	5* _____ 5* _____
W 6/26	D _____	A _____	5* _____		W 8/7	D _____	A _____	5* _____
Th 6/27	D _____	A _____	5* _____		Th 8/8	D _____	A _____	5* _____
F 6/28	D _____	A _____	5* _____		F 8/9	D _____	A _____	5* _____
M 7/1	D _____	A _____	5* _____		M 8/12	D _____	A _____	5* _____
T 7/2	D _____	A _____	5* _____ 5* _____		T 8/13	D _____	A _____	5* _____ 5* _____
W 7/3	D _____	A _____	5* _____		W 8/14	D _____	A _____	5* _____
Th 7/4	CLOSED	CLOSED	CLOSED		Th 8/15	D _____	A _____	5* _____
F 7/5	D _____	A _____	5* _____		F 8/16	D _____	A _____	5* _____
M 7/8	D _____	A _____	5* _____		M 8/19	D _____	A _____	5* _____
T 7/9	D _____	A _____	5* _____ 5* _____		T 8/20	D _____	A _____	5* _____ 5* _____
W 7/10	D _____	A _____	5* _____		W 8/21	D _____	A _____	5* _____
Th 7/11	D _____	A _____	5* _____		Th 8/22	D _____	A _____	5* _____
F 7/12	D _____	A _____	5* _____		F 8/23	D _____	A _____	5* _____

Discovery Camp Ages 5-7
 Adventure Camp Ages 8-12
 Five Star Camp Ages 5-12

Advanced Reservations Preferred
P: 970-754-5464
F: 970-754-5309

Office Hours of Operation: Monday-Friday 8:00-5:30
 Camp in Session: Monday-Friday

Camper Drop Off between 9:00-9:30
 Camper Pick Up between 4:30-5:00