City of Steamboat Springs
Parks & Community Services

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June 2016 - May 2017

IN OFFICE
EMAIL
FAX

Date Enrolled _____/_____/_____ Rec'd by:_____

RECREATION FAMILY RECORD

****PLEASE FILL OUT ONLY ONE FAMILY RECORD PER FAMILY****
FOR ALL YOUTH & MIDDLE SCHOOL PROGRAMING
ALL INFORMATION MUST BE FILLED-IN COMPLETELY. DO NOT LEAVE ANY SPACES BLANK.

Primary Guardian's name: _____ Hm#:_____Cell#_____
Mailing/Physical address: _____ City _____ State ____ Zip_____
Employer:_____ Work#: _____ Work hours: _____
Employer address: _____ E-mail address: _____
Relationship to child: _____ Best way to reach you while child is at our program: _____

Secondary Guardian's name: _____ Hm#:_____ Cell#_____
Mailing/Physical address: _____ City _____ State ____ Zip_____
Employer:_____ Work#: _____ Work hours: _____
Employer address: _____ E-mail address: _____
Relationship to child: _____ Best way to reach you while child is at our program: _____

EMERGENCY CONTACT LIST

List at least one ***NON-GUARDIAN*** contact, not listed above, who can either pick up and/or assume responsibility for your child(ren). In the event of an emergency, if parents/guardians cannot be reached, at least one non-guardian contact **MUST** be listed.

1. Name: _____ Cell #: _____ Work #: _____
   Address: _____
2. Name: _____ Cell #: _____ Work #: _____
   Address: _____

Persons **NOT** authorized to pick up or drop off your child ***(attach legal documents)***: _____

HOUSEHOLD MEDICAL INFORMATION

Household Physician: _____ Phone: _____
Physical address: _____ Hours: _____
Household Dentist: _____ Phone: _____
Physical address: _____ Hours: _____
Health Insurance Company: _____ Member ID / Policy # :_____

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I hereby give permission to the Parks and Community Services staff to secure emergency medical and/or surgical treatment for my child/children while in their care. If emergency medical care is needed child/children will be transported to Yampa Valley Medical Center, in Steamboat Springs. For non-emergency medical care, children will be transported to Steamboat Medical Center. All expenses of such care will be accepted by the parent(s) or legal guardian, including fees for an ambulance.

I realize attempts to reach the primary &/or secondary guardian listed above, will be made prior to any decisions, unless a life-threatening situation is at hand or circumstances do not allow.

Signed:_____ Print Name: _____Date: _____
Parent or Legal Guardian Signature

OFFICE USE ONLY
☐ RFR Updated in ActiveNet
☐ RFR Scanned
☐ E-Card Made
☐ Received Immunizations
☐ Scanned Immunizations
☐ CO Approved Immun. Form
Photos OK? ☐ YES ☐ NO

PARTICIPANT INFORMATION

#1 Child's Name: _____ **M F** **Grade (2016/17)**: ____ **DOB**:___/___/_____

Child Attends: **Strawberry Park** **Soda Creek** **SS Middle School** **Other** (list)_____

Child's Physical Address: _____

Does your child have any health concerns (medications, chronic conditions or disabilities) we should know about in order to facilitate safe and successful participation? Yes ☐ No ☐

If yes, please describe: _____

Known allergies? No ☐ Yes ☐ reactions: _____

Prescription medications? No ☐ Yes ☐ list medications: _____

Will we need to administer any listed medications? No ☐ Yes ☐ **If yes, please obtain a Medication Administration Form.**

Can participant swim without assistance? Yes ☐ No ☐ Old Town Hot Springs Member? Yes ☐ No ☐

MIDDLE SCHOOL ONLY: My child has my permission to leave MIDDLE SCHOOL Programs via (circle all that apply): _____ (Guardian Initials)

Guardian Pick-up Bicycle Walk SST Carpool Other _____

#2 Child's Name: _____ **M F** **Grade (2016/17)**: ____ **DOB**:___/___/_____

Child Attends: **Strawberry Park** **Soda Creek** **SS Middle School** **Other** (list)_____

Child's Physical Address: _____

Does your child have any health concerns (medications, chronic conditions or disabilities) we should know about in order to facilitate safe and successful participation? Yes ☐ No ☐

If yes, please describe: _____

Known allergies? No ☐ Yes ☐ reactions: _____

Prescription medications? No ☐ Yes ☐ list medications: _____

Will we need to administer any listed medications? No ☐ Yes ☐ **If yes, please obtain a Medication Administration Form.**

Can participant swim without assistance? Yes ☐ No ☐ Old Town Hot Springs Member? Yes ☐ No ☐

MIDDLE SCHOOL ONLY: My child has my permission to leave MIDDLE SCHOOL Programs via (circle all that apply): _____ (Guardian Initials)

Guardian Pick-up Bicycle Walk SST Carpool Other _____

#3 Child's Name: _____ **M F** **Grade (2016/17)**: ____ **DOB**:___/___/_____

Child Attends: **Strawberry Park** **Soda Creek** **SS Middle School** **Other** (list)_____

Child's Physical Address: _____

Does your child have any health concerns (medications, chronic conditions or disabilities) we should know about in order to facilitate safe and successful participation? Yes ☐ No ☐

If yes, please describe: _____

Known allergies? No ☐ Yes ☐ reactions: _____

Prescription medications? No ☐ Yes ☐ list medications: _____

Will we need to administer any listed medications? No ☐ Yes ☐ **If yes, please obtain a Medication Administration Form.**

Can participant swim without assistance? Yes ☐ No ☐ Old Town Hot Springs Member? Yes ☐ No ☐

MIDDLE SCHOOL ONLY: My child has my permission to leave MIDDLE SCHOOL Programs via (circle all that apply): _____ (Guardian Initials)

Guardian Pick-up Bicycle Walk SST Carpool Other _____

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Parks & Community Services

REQUIRED WAIVER & RELEASE

PLEASE READ AND INITIAL THE FOLLOWING STATEMENTS.
REQUIRED SIGNATURE COMPLETES THIS FORM.

This waiver applies to all children listed on previous 'Participant Information**' page**

_____ (initial) I understand Parks and Community Services must have a copy of the most current IMMUNIZATION RECORDS, on file, for each child prior to their first day at (afterschool, pee wee, summer camp) programing. This record needs to be on the Certificate of Immunization supplied by the Department of Public Health & Environment. I warrant that the participant(s) do not have any communicable diseases; I will report any exposure of my child/children to any communicable diseases to a supervising employee of the program (including, but not limited to; strep, measles, chicken pox, common cold and influenza).

*****Current Immunization records for each child must accompany this admission form,**
unless current records have previously been submitted to the Parks and Community Services office***

_____ (initial) **I agree to keep my child out of Recreation Programing if he/she is showing signs of illness or communicable disease.** I understand that I may be contacted & expected to have my child/ren picked up from Programing if my child/ren is showing signs of illness as determined by Recreation Staff.

_____ (initial) **I have received and have read the current PARENT'S HANDBOOK**. I hereby agree to comply with the rules & regulations of the programs as stated in the handbook regarding tuition, registration, discipline, attendance, health, clothing and other items as specified.

_____ (initial) **I understand the following Cancellation/Refund/Household Credit Policy:**
(Further details can be found on page 8 of the Parent Handbook; Cancellation Policy available separately for Middle School Programs & Recreation Activities)

- For single event programs, cancellations must be made at least **7** days prior to the program date to receive 100% household credit. Individual afterschool action, Pee Wee days, or summer camp days are considered a single event.
- Ongoing programs, (ASSET Clubs, Pee Wee full sessions, Middle School Programs, etc), must be cancelled before posted registration deadline or start date, whichever is earlier, to receive household credit.
- Cancellations will default to household credit. Household credits must be used by December 31st of the same calendar year.
- Refunds must be requested in writing at the time of cancellation. Refunds will be subject to a $25 processing fee. Requested refunds for cancellations of ongoing programs, after the program start date, will be prorated with a maximum of 75% returned to customer.
- **Refunds or credits will not be issued for any absent or missed days** (details: pg8 of Parent Handbook).
- You will be charged for any single events or ongoing programs that have not been cancelled according to the rules stated above. Exceptions may be made for injury or illness, with proof of doctor's visit submitted within five days.
- Refunds, exchanges, or credits are not given for activity changes due to inclement weather.

_____ (initial) **I hereby give permission for my child/ren to go on all scheduled trips AWAY FROM THE PREMISES** of the program, in the company of a qualified adult, whether on foot or by vehicle, using city provided transportation when needed. I also give my permission for my child/children to be transported by a staff member in a licensed vehicle in the case of an emergency.

_____ (initial) **I understand I am required to provide SUN BLOCK AND INSECT REPELLENT for my child/ren during Recreational Programing.** If my child/ren comes to programing without these items, & the day's activities warrant their need, I understand camp personnel will provide **"Rocky Mountain Sunscreen"** and **"OFF!" Insect Repellant** for use on my child/ren. I understand that they may not protect as well as my brands. I know there are possible adverse skin reactions to certain sun protection lotions and insect repellents, but my child/ren are not allergic to these specific brands.

_____ (initial) I expressly understand and agree that neither the City of Steamboat Springs, CO., a municipal corporation, nor any of its officers, agents, volunteers, assistants, or employees shall be held responsible or made the subject of any claim seeking to assess damages or liability for or arising from personal injury or property damage or loss of any other sort to myself or the people in whose behalf this form is now signed as a result of actual or proposed participation in the above-named program and I hereby agree to indemnify and hold the City of Steamboat Springs, its officers, agents, volunteers, assistants, or employees harmless on account of any such claim.

_____ (initial) You agree, by providing us with your landline and/or cell phone number(s), you give express authorization to contact you at those numbers, as well as authorize such contact by our agents and assigns. This express authorization also applies to any landline and/or cell phone number(s) you may acquire in the future. We may also contact you by sending text messages or emails, using any e-mail address you provide to us. Methods of contact may include using prerecorded/artificial voice messages and/or use of an automatic dialing device, as applicable.

_____ (initial) **OPTIONAL** I hereby give permission to the City of Steamboat Springs to use my child/rens' name and PHOTOGRAPHIC LIKENESS in all forms and media for advertising, trade, and any other lawful purposes, and forfeit all compensation for use.
(**By NOT authorizing this line, your child/ren will NOT be allowed in pictures)**

Signed:_____ Print Name: _____ Date: _____
Parent or Legal Guardian Signature

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Parks & Community Services

The following release is **OPTIONAL**. It will be used to open up lines of communication between program staff and school staff (and possibly counseling staff) if/when necessary. We encourage school staff to let us know if a child needs extra help in a certain subject, or getting homework done. If a child is having other issues this form will facilitate program staff in becoming more helpful in creating or supporting the best solution for your child.

Please contact Alexis Wolf, 970.871.7053, if you have further questions regarding this release.

AUTHORIZATION FOR RELEASE OF INFORMAITON

I, _____, parent of _____ authorize the City of Steamboat Springs, Parks and Community Services youth program staff and the Steamboat Springs School District RE-2 to exchange any personally identifiable information in the records of either organization concerning my student with the agency or agencies indicated below.
This is for the purpose of interagency coordination and collaboration.

Please check the agency/agencies below that might apply to your child.

____ Soda Creek Elementary (879-0652)

____ Strawberry Park Elementary (879-7550)

____ Steamboat Springs Middle School (879-1058)

____ Mind Springs Health (879-2141)

____ Other agency _____

Other agency Address & Phone: _____

I understand that my records and/or those of the minor child listed are protected under State Regulations, and this information cannot be disclosed without my written consent. I understand that this is a written consent to disclose such records and that I may revoke this consent at any time, except in the instance such as a court order or other circumstances where the law requires information to be released.

This release expires in one year, (June 2017), unless revoked in writing prior to this date.

_____ _____
Parent / Primary Guardian Date

_____ _____
Parent / Secondary Guardian* Date

**In shared custody cases – both parents must sign.*

PLEASE SUBMIT COMPLETED FORMS TO PARKS & COMMUNITY SERVICES

EMAIL: hrockwood@steamboatsprings.net
HAND DELIVER: 245 Howelsen Parkway
FAX: 970.870.0173
MAIL TO: Recreation Registration, P.O. Box 775088, Steamboat Springs, CO 80477

Click Here to Submit

For more information can be found at: www.steamboatsprings.net/youth
970.879.4300