



# Parent & ME! SUMMER "WEE" CAMP 2017 REGISTRATION FORM



Completed registration may be dropped off to Paula 428-2588 or mailed to:  
MWR PO Box 281 Nucla, CO 81424 For more information call  
MWR ED- Paula Brown at 864-2190 or email us at [MontroseWestRec@gmail.com](mailto:MontroseWestRec@gmail.com)

Parent(s) or Guardian(s) \_\_\_\_\_

Address: \_\_\_\_\_  
Mailing address City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Camp Registration Fee:** \$20 per camper  
**Family Plan:** \$20 for the 1st camper and \$10 for each additional camper (must be same household)

Child's Name	Age	Grade	Male or Female

Does your child have special needs or limitations? No\_\_\_ Yes\_\_\_ (please explain)  
\_\_\_\_\_  
\_\_\_\_\_

- **AGE GROUPS:** 2-4 years (CO-ED) Parent or Guardian must accompany child
- **DATES:** JUNE 6, 7, 13, 14, 20, 21, 27 & 28 @ the Nucla Town Park (at the corner of Main Street & 10th St.)
- **TIME:** 9:30 AM to 11:30

I am the parent or legal guardian of the child that I have registered. I, the undersigned, agree to assume all risks that are part of and incidental to my child's participation in the 2017 MWR Summer Camp. I will not hold Montrose West Recreation, Inc. (MWR) or the Town of Nucla or any person affiliated with MWR or the Town of Nucla responsible in the event of personal injury to my child resulting from their participation in the above name activity. By checking this box, I hereby give my consent to *Montrose West Recreation, Inc.* to photograph, film, videotape and then use, reproduce and publish said images of my child for the purpose of advertising, publicity, illustration, MWR Facebook Page and MWR Website content.

Signature: **X** \_\_\_\_\_ Date: \_\_\_\_\_

OFFICIAL USE ONLY			
DATE:	INSURANCE VERIFY:	PAID:	INITIALS:

**INSURANCE:**

All participants are strongly encouraged to be covered by a personal or family medical plan including hospitalization, before they participate in this program. I certify that the applicant is covered by such a plan.

\_\_\_ YES, they are covered                      \_\_\_ NO, they are not covered

Health Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

Group # \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_ Yes \_\_\_ No

Asthma: \_\_\_ Yes \_\_\_ No

Heart Disease: \_\_\_ Yes \_\_\_ No

Other: \_\_\_\_\_

Medications: \_\_\_ Yes \_\_\_ No

Please list any allergies/medical problems, including those requiring maintenance medications (i.e. diabetic, asthma, seizure disorder). Include medical diagnosis, medication, dosage, and frequency of dosage.

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**WAIVER & RELEASE OF ALL CLAIMS:**

PLEASE READ THIS FORM CAREFULLY AND BE AWARE THAT IN SIGNING UP AND PARTICIPATING YOU WILL BE WAIVING AND RELEASING ALL CLAIMS FOR INJURIES YOU MIGHT SUSTAIN OUT OF THIS MWR PROGRAM.

"As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including damages or loss which I may sustain as a result of participating in any and all activities connected with such program." I agree to waive and relinquish all claims that I may have as a result of my (or my child's) participation in the program." I further agree to indemnify and hold harmless and defend Montrose West Recreation, Inc., it's directors, agents, servants, volunteers and employees from any and all claims resulting from injuries, including damage and losses sustained by me (or my child's) immediate care and agree that I will be responsible for payment of any and all medical services rendered."

I HAVE READ AND FULLY UNDERSTAND THE ABOVE PROGRAM DETAILS AND WAIVER & RELEASE OF ALL CLAIMS.

**Parent or Guardian Authorization:**

I/We agree that in case of an emergency when time or circumstances make it impractical to secure our prior approval Montrose West Recreation, Inc. officials are authorized to take whatever actions are deemed necessary in their best judgment to protect the health and welfare of our child. This includes, but is not limited to securing emergency services, anesthetics, medical specialists and hospital admissions. Initial: **X** \_\_\_\_\_

Family Physician:

Phone:

Address:

City:

Hospital Preference:

**In Case of Emergency, contact: (someone other than parents)**

Name:

Work Phone:

Relationship to Player:

Home Phone:

Cell Phone:

Pager:

Name:

Work Phone:

Relationship to Player:

Home Phone:

Cell Phone:

Pager:

**Parent(s) or Guardian signature required for those under 18.**

**X** \_\_\_\_\_

Parent/ Guardian Signature

\_\_\_\_\_

Date

Print Name: \_\_\_\_\_



## 2017 MWR Parent & ME! Summer “WEE” Camp

The MWR Parent & ME! Summer WEE Camp is to provide a positive, learning environment for your child.

Please help us to encourage a FUN & EDUCATIONAL Summer Camp experience.

- **AGE GROUP:** 2-4 years (CO-ED) Parent or Guardian must accompany child.
- **REGISTRATION DEADLINE:** [June 4th \(sorry NO drop-ins\)](#)
- **REGISTRATION FORM DROP OFF:** Please drop to Paula 428-2588 or mail to MWR PO Box 281 Nucla, CO 81424
- **TRANSPORTATION:** Parents will be expected to transport their child to and from Summer Camp.
- **BEHAVIOR:** Appropriate behavior is expected by each child at Summer Camp. Inappropriate behavior will not be tolerated, only ONE warning will be given.
- **SCHEDULES:** [JUNE 6, 7, 13, 14, 20, 21, 27 & 28](#) at the Nucla Town Park, Time: [9:30 AM to 11:30 AM](#)
- **WHAT TO EXPECT:** Parent & Me Activities: including Arts & Music, Science & Exploration, Movement & Sports and Adventure & Team Building
- **SUGGESTED EQUIPMENT:** [Athletic/Gym Shoes, Sunscreen, Hat/Visor & light Jacket if needed.](#)
- **WHAT'S PROVIDED:** Extra Sunscreen, Water & Healthy Snacks
- **CONTACT PERSON:** MWR Executive Director– Paula Brown @ 970- 864-2190
- **EMAIL:** [MontroseWestRec@gmail.com](mailto:MontroseWestRec@gmail.com)

Please keep this page for your information and reference.