



2017 MWR Adventure Camp

REGISTRATION FORM

Completed registration may be dropped off to Paula (call 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

Parent(s) or Guardian(s) _____

Child's Name: _____ Date of Birth _____
First, Middle, Last

Address: _____
Mailing address City State Zip

Home Phone: _____ Cell Phone: _____

Email Address: _____

Age _____ Grade _____ Male _____ Female _____

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

Please Sign Me Up for the Following: (check all that apply)

Fishing Week \$15 per day or \$35 for the week	Art of Survival \$35 per week or \$120 for the month	Walk with the Ancients \$35 per week or \$90 for the month	Let's Get Wild Week \$35 per week	
May 30th ___	Week 1 ___ June 7th & 8th	OFF	Week 1 ___ August 1st & 2nd	
May 31st ___	Week 2 ___ June 14h & 15th	Week 2 ___ July 13h & 14th		
June 1st ___	Week 3 ___ June 21st & 22nd	Week 3 ___ July 18th & 19th		
	Week 4 ___ June 28th & 29th	Week 4 ___ July 25th & 26th		
Week Total \$				GRAND TOTAL For all weeks

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 Adventure Camp. I will not hold Montrose West Recreation, Inc. (MWR) or any person affiliated with MWR 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.

I have been provided a copy and agree to the rules outlined in the 2017 MWR Adventure Camp *Behavior Contract*.

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.

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 Adventure Camp

The MWR Adventure Camp is to provide a positive, learning environment for your child. Please help us to encourage a FUN & EDUCATIONAL Adventure Camp experience.

CAMP BEHAVIOR CONTRACT

At Adventure Camp, our highest priority is safety. Our three rules are as follows:

1. *We keep ourselves safe.*
2. *We keep each other safe.*
3. *We keep our things safe.*

In addition to these three rules, there are certain appropriate social behaviors that are expected:

- *Respect for the Camp Director (adults) and fellow Campers*
 - *Developmentally appropriate self control*
 - *Suitable conflict resolution techniques*

As your Camp Director & Instructor, I will strive to always support and assist children in making good choices concerning their behavior. We will take every opportunity to facilitate problem-solving and teach conflict resolution techniques.

In the event that these expectations are not met, certain consequences are incurred. Depending on the child and the incident, consequences could include:

- *Verbal warning*
 - *Time out (1 minute per year of age)*
 - *Removal from activity—parent called*
- *Conference with parent/guardian—dismissal from Camp*

In extreme circumstances (to be determined by the Program Director), parents will be called and asked to come and pick up their child for the remainder of the day.

In the rare event that we feel that we cannot consistently insure the safety of your child or other children in the Camp on an ongoing basis due to behavioral issues, we reserve the right to discontinue services at will and families will be required to make alternate arrangements for their child(ren).

Parent/Guardian Signature

Date

Camp Director Signature

Date

Camper Signature

Date