



2018 SCOPE Teen Camp • Registration Form

Please Print • One form per camper

Longmont Recreation Services, 700 Longs Peak Avenue, 303-651-8404

Camper's Name _____ Registration Date _____

Birth Date _____ Age at Start of Camp _____ Gender _____

Camper's Primary Address _____

City _____ Zip _____ Home Phone _____

Please circle: Can the camper swim? Yes No Shirt Size: YS YM YL AS AM AL AXL A2XL
 Does camper carry an epi-pen? Yes No

1 Camp t-shirt is included in reg fee and worn on field trip days.

Please Note: An entire Enrollment Packet MUST be completed PRIOR to each camper's first day at camp

Mother/Guardian #1's Information:

Name _____

Address _____

Home Phone _____

Cell Phone _____

Employer _____

Employer Address _____

Work Times _____

Work Phone _____

E-mail Address _____

Father/Guardian #2's Information:

Name _____

Address _____

Home Phone _____

Cell Phone _____

Employer _____

Employer Address _____

Work Times _____

Work Phone _____

E-mail Address _____

Individuals who may pick up campers: _____



June						
Su	Mo	Tu	We	Th	Fr	Sa
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
July						
Su	Mo	Tu	We	Th	Fr	Sa
30	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27

SCOPE Teen Camp Options:
 Ages 13-17, Monday-Friday, 9am-4pm

8 Week Option (39 days, 9am-4pm only)
 \$1,794 res/ \$2,145 non-res

Weekly Options (5 days, 9am-4pm only)
 \$230 res/ \$275 non-res

Daily Options (each day, 9am-4pm only)
 \$46 res/ \$55 non-res

installment billing:
 -initial payment = \$5/day at enrollment
 -IB payment = \$41/day on 1st and 15th:
 See autopay form for more complete information and payment schedule.

_____ **Full Payment**

_____ **Auto Pay:**
charged 1st & 15th in June and July
\$5 downpayment per day taken at signup

_____ **Auto pay form complete**

Registration Total: _____ Payment Total: _____
 CC/Check/Cash/Auto Pay Date Received: _____

Longmont Recreation Services SCOPE Teen Camp 2019

The below information will be with the camp director at all times when off site (beyond the confines of Roosevelt Park and the St. Vrain Memorial Building). **Please fill out completely as it may very well be the first document we turn to in case of an emergency.**

Place a current, color photo here

(required)

A late fee of \$15 will be assessed for late/incomplete forms on May 1

Camper Emergency Information

Camper's Name: _____

Gender: M F Age: _____ Height: _____ Weight: _____

List any

Medical Conditions: _____

Allergies: _____

Medications: _____

Medical Insurance Carrier: _____

Parent/Guardian Information

Parent/Guardian #1
Name: _____

Address: _____

Home Number: _____

Cell Number: _____

Work Number: _____

Parent/Guardian #2
Name: _____

Address: _____

Home Number: _____

Cell Number: _____

Work Number: _____

Emergency Contacts *(parents/guardians will be contacted first)*

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

Additional individuals who MAY pick up:

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

Preferred Hospital

<p>Longmont United Hospital 1950 Mountain View Ave Longmont, CO 80501 (303) 651-5111</p> <input type="checkbox"/>	<p>Community Medical Center 1000 W. South Boulder Road Lafayette, CO 80026 (303) 666-4357</p> <input type="checkbox"/>	<p>Boulder Community Foothills Hospital 4747 Arapahoe Ave Boulder, CO 80303 (720) 854-7000</p> <input type="checkbox"/>	<p>Exempla Good Samaritan Medical Center 200 Exempla Ci Lafayette, CO 80026 (303) 689-4000</p> <input type="checkbox"/>	<p>Medical Center of the Rockies 2500 Rocky Mountain Ave Loveland, CO 80538 (970) 624-2500</p> <input type="checkbox"/>	<p>Mckee Medical Center 2000 N Boise Ave Loveland, CO 80538 (970) 669-4640</p> <input type="checkbox"/>	<p>UC Health Longs Peak Hospital 1750 Ken Pratt Boulevard Longmont, CO 720-718-7000</p> <input type="checkbox"/>
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Medical Release for Treatment and Emergency Release

In the event of an emergency if I, as parent or legal guardian, cannot be reached, or if my emergency contact designees listed above cannot be reached, I give permission for the Day Camp staff to administer or obtain emergency care for my child. I expect that a conscientious effort will be made to locate me or my designate before any action is taken. I understand that there are certain risks involved with participation in any recreational activity. I expressly understand, agree that neither the City of Longmont, Colorado, a municipal corporation, nor any of its officers, agents, volunteers, assistants, or employees, shall be held responsible or made subject to any claims, including any claim for negligence, seeking to assess damage or liability for arising from personal injury or property damage to myself or other person in whose behalf this form is now signed as a result of actual or proposed participation in the above named programs. I, on behalf of myself and my child, hereby agree to HOLD THE CITY OF LONGMONT, ITS OFFICERS, AGENTS, VOLUNTEERS, ASSISTANTS, AND EMPLOYEES HARMLESS ON ACCOUNT OF ANY SUCH CLAIM.

Signature Parent/Guardian _____

Date: _____

Sign In and Out-camper pick-up and drop-off times are:

Day	Drop-Off Times	Pick-Up Times
Monday, Wednesday & Thursday	9am	4pm
Tuesday & Friday (swim days)	9am	4pm at Sunset Pool

It is required by the Social Services that parent/guardian sign their child/children in and out each day (I.D. required). It is not acceptable for teens to sign themselves in or out unless the parent/guardian signs the Sign In/Sign Out “Disclaimer.” **Please help us comply with these regulations.** Note: All Visitors must check in at front desk.

Often we utilize parks and other facilities for the program and are not in the facility the entire time. Each day’s location(s) will be noted in your weekly newsletter and/or on the daily bulletin board. If your camper needs to be picked up before the scheduled pick-up time, please notify the Director ahead of time so proper arrangements can be made.

Camp hours are 9am – 4pm. ***Camper pick up after 4pm will incur late pick-up charges at an incrementally increasing rate.***

WHO MAY PICK UP CAMPERS

Your camper may be picked up **only** by persons designated by parent/guardian listed on the Camper Information Form. If anyone other than those listed are to pick up the child, we must have a written notice from the parent/guardian **before** the child can be released. A photo I.D. must be shown by the person authorized by parent to pick up the child.

****For the safety of our campers and staff, if there is anyone listed as a person who MAY NOT pick up your child(ren), you must provide legal documentation as to why they are not allowed to pick up the child(ren). Please understand we cannot enforce requests based solely on personal reasoning.**

I, _____, understand that I must provide legal documentation as to why a specific person may not pick up my child(ren) from the City of Longmont Summer Day Camp 2018.

Parent/Guardian Signature

Date

SCOPE Teen Camper Information & Assessment Form

Statement of Confidentiality: The City of Longmont Summer Day Camp, Teen Camp and SCOPE Camp programs strives to offer appropriate, safe, and effective activities to all campers. In order to best serve all campers, it is imperative that staff receive as much information as possible about every camper. The information in this assessment will be held in confidence and shared with appropriate staff members on a need-to-know basis.

Camper's Name: _____ Gender: _____ Age: _____

Diagnosis (Please be as specific as possible): _____

Grade completed: _____ Teacher _____ School Attended: _____

Person Completing Form: _____ Best Contacted at: _____

Who does the camper live with? Mother & Father Mother only Father Only Legal Guardian Other: _____

1. Are there any special child custody arrangements we need to be aware of? No Yes—please specify: _____

2. Communication abilities: How does camper make her/his needs known?: _____

3. Does camper: Use scissors, crayons, paint, paste, and small objects:
 Wear: Glasses Yes No well adequately not at all
 Hearing aid Yes No Need assistance with toileting Yes No
 Feed self Yes No Use a wheelchair Yes No
 Dress self Yes No Need assistance walking Yes No
 Have problems at school? No Yes: Are problems at school centered around: academics social interactions

Require one-one assistance with daily activities? No Yes—please explain:

4. Briefly comment on camper's: (please use back or additional sheet of paper if needed)

Swimming ability	Coordination
Play skills	Peer interactions
General likes	General dislikes

5. How does camper react when:

Challenged? _____

Frustrated? _____

Afraid? _____

Bored? _____

Other Behaviors:

Bites Kicks Hits Pinches Verbal Outbursts

Non-responsive to commands Abusive to self (explain below) Runs Away

Triggers: _____

6. How are the above behaviors handled at home and/or school?

7. Are there other methods of behavior support you have found to be effective?

8. Please check all that apply:

ADHD/ADD

Diabetes: Self regulated?

Transfers self from/to wheelchair

Sensitive to the Sun

Needs assistance with transfers (wheelchair)

Easily fatigued

Seizures: Date of last seizure _____

Shunt: Type _____

Heart Problems (explain below)

Easily disoriented/confused (explain below)

Allergies and/or Serious Reactions

Bee/Wasp Sting

Drugs (list below)

Latex (explain below)

Animals

Food (list below)

Other: _____

Explanation of Any Above:

Dietary restrictions: _____

Other information you feel would benefit our staff regarding camper:

If your camper has an IEP, Behavior Plan or other support document, please include this with your registration packet. This information helps our team provide specialized support consistent with home and school environments.

Personal Care Requests

5/9

Please be specific, as this form will guide and instruct camp staff in assisting camper with their basic personal care needs throughout the summer. Our staff is not able to perform advanced or medical support (tube feeding, wound care, etc.). Please call 303-774-3795 if you have any questions about personal care assistance.

Camper's Name: _____

Please list any assistance your camper may need in the following areas:

Restroom:

Eating:

Changing:

Other:

Parent/Guardian Signature

Date

Director Signature

Date:

Longmont Recreation Services Teen Camp Health History

6/9

Children who enroll in child care programs must submit a signed and dated statement of the child's current health status which indicates the child's abilities and/or limitation to participate in a regularly scheduled program of play in a group of young children. This report is to be **filled out by an adult/parent familiar with the child's health history.** **Note: Both** Colorado Dept. of Health Immunization Card and this Health History are required by Social Services and must be completed PRIOR to attending camp.

Child's Name _____ Gender _____ Birth date _____ Age _____

Address _____ City _____ Zip _____

Physician Name, Address, & Phone _____

Hospital of Choice _____

Dentist Name, Address, & Phone _____

Past illnesses—Check those child has had and give approximate dates:

Chicken Pox _____ Rubeola _____ Rubella _____ Rheumatic Fever _____

Asthma _____ Hay Fever _____ Diabetes _____ Mumps _____

Epilepsy _____ Whooping Cough _____ Poliomyelitis _____ Other : _____

If tuberculin tests given: Date _____ Result _____ If chest x-ray taken: Date _____ Result _____

Surgery/Accidents/Illnesses/Chronic or Handicapping Problems:

Describe any physical condition requiring special attention by center staff:

Medication(s) prescribed: _____

Allergies that staff should be aware of: _____

Prescribed routine for allergies: _____

Date of most recent examination of camper: _____

Signature of individual completing form: _____ Relationship to camper: _____

Parent's Plan for Obtaining Immunization(s)

I, parent or legal guardian of the camper named above, understand the immunization requirements for attendance at the City of Longmont Day Camp. (State of Colorado- Social Services License #81468)

- I will return the record of the completed immunization(s) to the Memorial Building, 700 Longs Peak Avenue, with this completed enrollment packet or by May 1, whichever is later.
- I do NOT plan to have my child immunized. I understand the risks involved with this decision. A signed written notice of my understanding and decision are provided to the day camp program and will be kept in my child's camp file.

Date

Parent/Guardian's Signature

Longmont Recreation Services Medical Release Form for Medicine

Parent's Request for Giving Medicine and Release Agreement and Physician's Signed Order

- I do not wish to have my child given medication while at camp. _____ initials (go on to next form)
- I, the undersigned parent or guardian of _____, hereby request personnel employed by the City of Longmont Recreation Services to administer _____ (name of medicine) at _____ (time) to my child as described by the prescribing physician.

If there is a change in medication, times given, dosage, etc, the Director must be notified in writing.

The City of Longmont Recreation Services and the Boulder County Health Department require, as a condition before administering any medication that; the medication be prescribed by a physician or dentist, the medication be provided by the parent or guardian, the medication be correctly labeled with the child's name, the name of the medication, the times for the medication to be given, the correct dosage, possible side effects and instruction for treatment, and the date the medication is to be stopped. The medication is administered solely at the request of and as accommodation to the undersigned parent, guardian and child. The parents or guardians agree, in consideration for the administration of the medication, to release and hold harmless the City of Longmont, its employees and volunteers or the failure to administer or correctly administer the medication. Nothing in this agreement shall be deemed as a waiver of sovereign immunity or liability limits granted to the City under the Colorado Governmental Immunity Act, nor to confer upon any person not a party hereto, any rights or benefits hereunder.

DATED this _____ day of _____ 20_____.

Name of Physician or Dentist
Prescribing Medication

Signature of Parent/ Guardian

Required

PHYSICIAN'S SIGNED ORDER FOR MEDICINE GIVEN AT CAMP

Child's Name _____ Medication _____

Route of administration _____ Dosage _____

To be given at _____ from _____ to _____
(time) (date) (date)

Purpose of medicine _____

Possible side effects _____

Date

Physician's Signature

Camp Permissions and Agreements

Please note that more detailed information regarding the following camp permissions and agreements is contained within the Parents' Manual. I agree that I have read and understood the 2018 Parent Manual for the City of Longmont Summer Day Camp Program.

Signature: _____

Date: _____

I, _____, give my permission for my teen, _____:

Initial

_____ **Movies:** To watch G and PG rated (No PG-13) movies provided by Longmont Teen Camp; generally during HOT, HOT days and also on rainy days. Information regarding movie title and its rating are available from the directors.

_____ **Leave Roosevelt Park:** On Tuesdays and Fridays, campers will walk or ride the bus from the Memorial Building to Sunset Pool. On Thursdays, campers may walk or be shuttled in Longmont vans/buses to and from local parks or other local areas of interest (Longmont Recreation Center, Centennial Pool, etc). Small group field trips may require shuttling or walking to and from local areas of interest. Additionally, Tween LOCO campers will walk daily to nearby parks, the Longmont Public Library, Longmont Theatre Company, Crackpots, and other nearby venues (within 1.5 mile radius) at the director's discretion.

_____ **Swim:** To swim at all swimming facilities that the Longmont Teen Camp visits. I also agree to send camper with a bathing suit, towel, and sunscreen (applied) on those swimming days.

_____ **Sunscreen:** To have sunscreen that I provide applied to camper by either themselves or with the assistance of a peer buddy system. A Day Camp staff member will assist applying sunscreen as necessary to camper in a public setting. **It is the Parent's/Guardian's responsibility to sunscreen camper prior to coming to camp each day and to send sunscreen with the camper daily.** Teen Camp will provide back-up sunscreen to campers, however it is not intended for daily use (please bring your own!). Based on recommendations across the Front Range, **sunscreen lotion is preferred** over spray for more consistent sun protection in day camp settings.

_____ **Photograph Release:** To be photographed for the purpose of promoting programs and activities sponsored by the City of Longmont. The vast majority of photographs taken are shared with campers in the weekly newsletters. Without permission, photographs of your camper will not be taken or retained.

I **decline** to provide permission for the City of Longmont to use my child's photograph.

_____ As the parent or legal guardian of the camper named above, **I permit the City of Longmont to take and use photographs** of my child/children/ward(s), and copyright them, for the purpose of promoting City of Longmont programs and activities. This includes permission to publish photographs of my child/children/ward(s) for such purpose and to the use of any printed matter in conjunction with the photographs. I understand that such photographs of my child/children/ward(s) remain the property of the City of Longmont.

_____ **Permission to share information for campers with special needs:** I give my permission for the St. Vrain School District Special Education or other school district staff to share pertinent information about my child in order for him/her to have the best and safest camp experience possible.

Signature of Parent/ Guardian

Date

This contract states expectations of the camper while attending day camp. Please read through this contract with your child. All campers are held responsible for the choices they make at camp. Please check each line (one for parent, one for camper) and sign at the bottom.

- _____ _____ I will treat all campers and staff with respect so they will know how to treat me.
- _____ _____ If I cause a problem I will solve it. If I can't solve the problem, or choose not to, a day camp leader will step in to assist with the situation.
- _____ _____ I will behave in ways that secure the safety of others and myself. (This includes, but is not limited to: NO abusive language, "play" wrestling, kicking, hitting, theft, bullying, etc.)
- _____ _____ I will follow instructions given by the day camp leaders and directors.
- _____ _____ If I feel something is unfair, I will calmly talk to a leader or director about it.
- _____ _____ I understand that what a leader/director decides to do concerning discipline will depend on that special person and that special situation.
- _____ _____ I understand that I am not to bring any personal belongings to camp (i.e., toys, MP-3 players, collector cards, iPods, game systems, etc.). I understand that if I bring personal belongings to day camp a leader has the right to take the item(s). (Items will be given back at the end of the day. If any more items are brought, they will be taken and returned at the end of camp.)
- _____ _____ I will respect all day camp equipment and facilities.
- _____ _____ I understand that I will have one opportunity to call home if I forget to bring a necessary article to camp (i.e., lunch, swimming suit, etc.). If I forget again, I will not be able to participate in the activities for the day. If I forget my lunch, I will eat the lunch provided to me by the day camp.
- _____ _____ I will be an active participant during activities.
- _____ _____ I will do my personal best to have a great summer at day camp!

By signing this contract, you state that you read and agree to the terms of the contract. Not following this agreement may lead to removal from Teen Camp.

Camper's Signature

Parent's Signature