



Enrollment Date: \_\_\_\_\_

## AFTER SCHOOL ENRICHMENT PROGRAM EMERGENCY CARD

Gender: (Please circle)

M      F

AGE: \_\_\_\_\_

Child's Full  
Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_

Mother's  
Name: \_\_\_\_\_

Father's  
Name: \_\_\_\_\_

Mother's  
Address: \_\_\_\_\_  
\_\_\_\_\_

Father's  
Address: \_\_\_\_\_  
\_\_\_\_\_

Mother's  
Primary  
Phone: \_\_\_\_\_

Father's  
Primary  
Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer  
Address: \_\_\_\_\_

Employer  
Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Mother's  
Email: \_\_\_\_\_

Father's  
Email: \_\_\_\_\_

# INDIVIDUALS OTHER THAN PARENT/GUARDIAN AUTHORIZATION

Child's Full Name: \_\_\_\_\_

ONLY these individuals have my authorization to care for my child in the event of an emergency and/or for drop-off and pick-up.

Parent / Guardians Initial: \_\_\_\_\_

\* Please advise these individuals that they are authorized and will need to present identification to staff.

NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

RELATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

RELATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

RELATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

## WAIVER

I acknowledge by signing below that I am the parent or legal guardian of the above named child, being allowed to participate in any way in the Fort Lupton Recreation Center Programs, related events and activities including travel to and from. Sponsored or co sponsored by the: Fort Lupton Recreation Department, City of Fort Lupton, the undersigned acknowledges, appreciates, and agrees that: the risk of injury to my child from the activities involved in these programs, is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist. For my child, I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for my child's participation. I willingly agree to comply with the program's stated and customary terms and conditions for participation. For my child, and on behalf of my/ours heirs, assigns personal representatives and next of kin, hereby indemnify and hold harmless all the above releases from any and all liabilities incident to my involvement or participation in these programs, even if arising from their negligence, to the fullest extent permitted by law.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

# MEDICAL HISTORY AND INFORMATION FORM

Child's Full Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Please check illnesses that your child has had:

Chicken Pox \_\_\_\_\_ Measles \_\_\_\_\_ Rubella \_\_\_\_\_ Hay Fever \_\_\_\_\_

Rheumatic Fever \_\_\_\_\_ Asthma \_\_\_\_\_ Epilepsy \_\_\_\_\_ Mumps \_\_\_\_\_

Poliomyelitis \_\_\_\_\_ Whooping Cough \_\_\_\_\_ Diabetes \_\_\_\_\_

Surgery/Accidents/Illnesses/Chronic Health Problems: \_\_\_\_\_

\_\_\_\_\_

Describe any physical condition requiring special attention by center staff: \_\_\_\_\_

\_\_\_\_\_

Check those allergies staff should be aware of and give the prescribed routine below.

Food (type) \_\_\_\_\_ Insect bites/stings \_\_\_\_\_

Penicillin \_\_\_\_\_ Other Drugs \_\_\_\_\_

\_\_\_\_\_

Date of most recent examination of this child: \_\_\_\_\_

**Please record immunizations and dates administered on the Colorado Department of Health Certificate or Immunization on the other side of this form or attach a copy from your records.**

Physician/Health Care Professional: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Medical Insurance Co.: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_

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

Dentist Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_

Hospital of Choice: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Any intolerance to drugs, medication, sunscreen or food? \_\_\_\_\_

This health record and information is correct as far as I know and the person herein described has permission to engage in all prescribed activities, unless otherwise stated.

Parent/Guardian initial \_\_\_\_\_

## CHILD'S SOCIAL HISTORY

A description of your child's behavior and reaction to various incidents is desired. This information is confidential and will be reviewed by the Recreation Manager and the School Age Director as a key to working with your child as an individual member of our program.

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Interaction with males: \_\_\_\_\_

Interaction with females: \_\_\_\_\_

Fears and dislikes: \_\_\_\_\_

Types of discipline used at home: \_\_\_\_\_

Reward system used at home: \_\_\_\_\_

Positive/negative school / camp experiences: \_\_\_\_\_

\_\_\_\_\_

Child's favorite activity: \_\_\_\_\_

Does your child currently have any emotional or behavioral problems and /or conditions such as Attention

Deficit Disorder?    YES    NO

If so, what steps have you taken to control this condition?

What works best at home for you and your child?

Does your child prefer to play alone?    YES    NO

Additional comments on child's social history: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE FEEL FREE TO DISCUSS ANY SOCIAL CONCERNS YOU MAY HAVE WITH THE RECREATION MANAGER AND / OR THE SCHOOL AGE DIRECTOR.

*We have forms for  
Generalized meds, allergies and asthma.  
Please see me if your  
Child requires  
Medication on site.*

Thank You!  
Julie Holm



**AUTHORIZATION TO PARTICIPATE/EXCLUDE PARTICIPATION IN ACTIVITIES**

I give permission for my child to participate in all after school enrichment program activities with the following exceptions:

\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date

**AUTHORIZATION FOR EMERGENCY MEDICAL CARE**

I hereby give my permission to The Fort Lupton Recreation Center staff to call a doctor or emergency medical service and for the doctor, hospital or medical service to provide emergency medical or surgical care for my child \_\_\_\_\_ should an emergency arise. It is understood that the Fort Lupton Recreation Center after school enrichment program staff will make a conscientious effort to locate the parent/guardian or the emergency contact listed on the registration document before any action will be taken. If it is not possible to locate the emergency contact listed, I will accept the expense of emergency medical or surgical treatment.

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date

**PARENT MANUAL RELEASE/STATEMENT OF UNDERSTANDING**

I have read and understand the Fort Lupton Recreation Center’s School Age Enrichment Program Parent Manual and understand the policies contained within.

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date

**SUNSCREEN PERMISSION FORM**

Children will apply sunscreen to themselves under the direct supervision of a school age enrichment program staff member before outdoor activities. Sunscreen will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to parent/ guardian. It is the parent’s responsibility to provide sunscreen with a specific amount of SPF they wish their child to have. Please have your child’s first and last name clearly labeled on the bottle.

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date

## BIKE/WALK FROM AFTER SCHOOL PROGRAM PERMISSION

My child \_\_\_\_\_ has my permission to bike or walk from the after school enrichment program and be released on his/her own. He/she will be responsible for signing him/her self out of the after school program each day. I agree that the Fort Lupton Recreation Center and employees will not be responsible for the welfare of my child once released to go home.

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Signature of Parent / Guardian

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Date

**Release of Claims, indemnity agreement and covenant not to sue.  
This is a release of liability. Please read before signing.**

I, \_\_\_\_\_(name of climber), have made a voluntary request to use the Climbing Wall, ropes and other associated equipment (collectively "Climbing Wall") at the City of Fort Lupton Recreation Center and I do hereby agree to the following:

I understand that the Climbing Wall is a vertical wall constructed of texture coated plywood, beginning to advanced degrees of difficulty, including flakes, cracks, rappelling and hand holds. I acknowledge that my use of the Climbing Wall is inherently dangerous and will involve a significant physical injury or death to me if I undertake to climb it and I am assuming this inherent risk by climbing it.

I voluntarily and with such knowledge, assume the risk of risks associated with such climbing but not limited to death, personal injury property damage arising from or connected with the use of the Climbing Wall either with or without the supervision of city employees or other climbers. I accept responsibility for the ramifications of my actions and physical condition in connection with my climbing the Climbing Wall.

I agree that I will not use the Climbing Wall except during the hours designated by the City and I will use only the ropes provided by the City.

I have read and fully understand the official Climbing Wall rules provided by the City of Fort Lupton and I agree to abide by these rules and regulations.

IN CONSIDERATION OF THE CITY PERMITTING ME TO USE THE CLIMBING WALL, I RELEASE THE CITY OF FORT LUPTON, ITS OFFICIALS AND EMPLOYEES AND THEIR SURETIES, AND EACH OF THEM FROM LIABILITY, CLAIMS, CAUSES OF ACTION, OR COST AND EXPENSES WHATSOEVER ARISING FROM OR RESULTING IN DAMAGE, LOSS OR INJURY TO ME OR MY PROPERTY INCURRED FROM THE NEGLIGENCE OF FORT LUPTON, ITS PUBLIC OFFICIALS AND EMPLOYEES AND THEIR SURETIES AND EACH OF THEM FROM SOME OTHER CAUSE.

I FURTHER AGREE FOR MYSELF, MY HEIRS, PERSONAL REPRESENTATIVES, EXECUTORS, ADMINISTRATORS AND ASSIGNS TO DEFEND, INDEMNIFY AND NOT TO SUE THE CITY OF FORT LUPTON, ITS PUBLIC OFFICIALS AND EMPLOYEES, THEIR SURETIES AND EACH OF THEM, AGAINST ANY AND ALL LIABILITY, CLAIMS, CAUSE OF ACTION, SUITS, DAMAGES OR EXPENSES OF EVERY KIND AND NATURE INCURRED OR ARISING BY REASON OF ANY ACTUAL OR CLAIMED NEGLIGENT OR WRONGFUL ACTION OR OMISSION BY ME OR BY THEM WHILE USING THE CLIMBING WALL.

I hereby represent that I have carefully read, understand and agree to the contents of the Release of Liability and I have signed the same voluntarily and of my own free will

**CAUTION: READ THIS DOCUMENT IN FULL BEFORE SIGNING!**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone(home): \_\_\_\_\_ Work: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Adults 18 and over)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Parent/Guardian if under 18 years of age)

Contact in Emergency:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_



**PARTICIPATION WAIVER AND RELEASE**

I represent that I am the party registering for an activity with the Ft. Lupton Recreation Department or the parent or legal guardian of the child being registered herein and I am legally authorized to execute this Waiver and Release on behalf of my child and my family.

I hereby voluntarily allow my child to participate in activities and programs sponsored or run by the Ft. Lupton Recreation Department or that are otherwise sponsored by the City of Ft. Lupton and or the Ft. Lupton Recreation Center. I knowingly assume all risks of participation and waive any and all possible claims for personal injury or property damage against the City of Ft. Lupton, the Ft. Lupton Recreation Department, its employees, independent contractors, volunteers, management and staff that could possibly be incurred as a result of my participation or my child's participation in activities organized, run, or sponsored by the Ft. Lupton Recreation Department.

I hereby acknowledge that participation in physical activities and recreational programs of the Ft. Lupton Recreation Department may involve strenuous physical exercise that may include physical contact. I represent that neither I nor my child has any physical limitations that would prevent me or my child from participating fully in all activities organized, run, or sponsored by the Ft. Lupton Recreation Department.

As with any athletic or physical activity, I understand the inherent risks of injury associated with my participation and or my child's participation and I fully assume said risks. I am aware the risk of injury to my child or myself from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist. I have knowingly executed and acknowledged this waiver of liability form with the full knowledge of the risks associated with participation in recreational activities at the Ft. Lupton Recreation Center or activities sponsored by the Ft. Lupton Recreation Department.

I represent that if I am injured or if my child is injured while participating in activities organized, run, or sponsored by the Ft. Lupton Recreation Department, I shall be financially responsible for any and all medical treatment that may be deemed necessary and I hereby release the City of Ft. Lupton, the Ft. Lupton Recreation Department, its employees, independent contractors, volunteers, management and staff from any liability associated with any injury that may be suffered by me or my child.

CHILD'S NAME: \_\_\_\_\_

PARENT'S PRINTED NAME: \_\_\_\_\_

PARENT'S SIGNATURE: \_\_\_\_\_

DATE SIGNED: \_\_\_\_\_