

2009 Kids' Adventure Club Registration

Parent or Legal Guardian's name: _____

P.O. Box # or Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home phone: _____ Email: _____

****Please circle the days that you would like your child to attend for each month. ** One registration packet per child.**

Child's full name: _____ Age: _____ Entering grade: _____

***If your child is registered for Kindergarten and will be 5 years old by October 1, 2009, he/she may be enrolled into our school age program (Yampa Campers). Please circle the group your child will be enrolled.**

Mini Camp

Yampa Camp

Routt Scouts

JUNE 2009

JULY 2009

AUGUST 2009

M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F
8	9	10	11	12			1	2	3	3	4	5	6	7
15	16	17	18	19	6	7	8	9	10	10	11	12	13	14
22	23	24	25	26	13	14	15	16	17	17	18	19	20	21
29	30				20	21	22	23	24	24	25	26	27	28
					27	28	29	30	31					

Camp T-shirt @ \$10 each: please circle size: 2-4 6-8 10-12 14-16

Quantity: _____

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Kids' Adventure Club Information 2009

Date: _____

Health/Recreation Pool Member: Yes No (Please Circle)

Child's full name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of birth: _____ Age: _____ Going into grade: _____

Home phone: _____ Cell phone: _____

Mother (or guardian): _____

Mother's cell: _____

Mother's place of work: _____

Work address: _____ phone: _____

Father (or guardian): _____

Father's cell: _____

Father's place of work: _____

Work address: _____ phone: _____

Marital status of parents:

Married: _____ Separated: _____ Divorced: _____

Parent or Guardian Signature: _____

Child profile

Is there anything special (ie: behavioral concerns or control methods, dietary restrictions, etc.) that we need to know about your child that would assist us in providing him/her the best care?

Child's General Health

Does your child require any special attention, routines or medication that may have to be taken into consideration in planning for his/her time at camp?

Child's Name: _____



Child's Name: _____

Payment Agreement/Credit Card Authorization:

All camper registrations must be guaranteed with a credit card. This card is maintained in your file and will only be charged in the following situations:

- I choose to participate in the automatic payment plan where my card will be charge for the month's tuition on the first day of the month.
Please initial: yes_____ no_____

- I plan to pay by another method each month, however I understand that my credit card will be charged for the month if my account is not current by the 5th of each month.

Credit Card #: _____

Expiration date: _____

Cardholder name: _____

Billing Address: _____

Cardholder Signature: _____

Date: _____

Kids' Adventure Club
Camper Emergency Form

Child's name: _____

Age: _____ D.O.B. _____ Entering Grade: _____

Any known allergies? NO / YES (if yes complete below)

Allergy: _____

Reaction: _____

Child's Physician: _____ Phone: _____

Address: _____

Child's Dentist: _____ Phone: _____

Address: _____

Mother's Name: _____ **Daytime phone:** _____

Father's Name: _____ **Daytime phone:** _____

Health Insurance Company/Carrier: _____

Policy Holder's Name: _____

Individual Policy Number: _____

Group Policy Number: _____

Persons Authorized to Pick Up or contact in an emergency:

Name: _____

Address: _____ Phone: _____

Name: _____

Address: _____ Phone: _____

Name: _____

Address: _____ Phone: _____

Steamboat Kids' Adventure Club
Health Care Summary

Please have child's physician complete this form and return to KAC on the child's first day of camp or fax to 970-871-5262 (Attn: Matt Patterson).

Name of Child: _____ D.O.B. _____

Address: _____ Phone: _____

Parent/s or Guardian: _____

Date of last physical exam: _____

How long have you been seeing this child? _____

How frequently do you see this child when he/she is not ill? _____

Does this child have any allergies? (Include allergy medication): _____

Is a modified diet necessary? _____

Does this child have any condition that might result in an emergency? _____

What is the status of the child's vision? _____

hearing? _____

speech? _____

List below any important health problems. Indicate if you or someone else is following the child for the problem and check which problems require special attention at the center.

<u>Health/Developmental concern</u>	<u>Followed by whom</u>	<u>Requires special attention</u>

Other information helpful to the Steamboat Kids' Adventure Club:

Physician's Signature: _____

Physician's Print Name: _____

Clinic: _____ Phone: _____

Address: _____ Date: _____

Please include immunization records with the health care summary.

Kids' Adventure Club Registration Packet Checklist

***Please make sure the following are completed in your registration packet:**

Check off:

- Camp attendance days circled for each child
- KAC Information Form for each child
- Payment Agreement/Credit card Authorization filled out completely!
- KAC Health Care Summary (signed by physician) for each child
- Immunization Card (signed by physician) for each child
- KAC Release form (signed by parent/legal guardian) for each child
- Alpine Slide release form (Routt Scouts only)
- KAC Camper Emergency Form for each child
- \$25 registration fee/camper

\$50 deposit (will be credited toward 1st month's camp invoice per camp).

***Note: Registration and Deposits are non-refundable**

Return ON or **before the 1st day of camp or drop off at the Will Call desk of the Ticket Office. You must return the Health Care Summary and Immunization Records on or before the day your child starts camp. Our State Licensing Agent investigates this.*

Or you can mail the registration packet to:

Steamboat Ski and Resort Corp
Kids' Adventure Club
2305 Mt. Werner Circle
Steamboat Springs, CO 80487
kac@steamboat.com