

SUMMER CAMP REGISTRATION FORM (one per student)

Student's Name _____ Date of Birth ____/____/____

LAST FIRST

Primary Contact Name: _____ Mom Dad Other

Work Phone _____ Home Phone _____ Cell Phone _____

If you need to be contacted, which phone number would you prefer (check one): Work Home Cell

As an alternate means of contacting you, please provide an e mail address: _____

School student attends: _____ Grade (2016-2017 School Year) _____

If a student's parents cannot be contacted, please contact: _____
Name and Relationship to Student Phone

Family Doctor _____ Phone _____ Hospital _____ Phone _____

****** INSURANCE INFORMATION (Please provide all information—if student is not insured, please write 'NONE.')******

Name of Insurance Carrier	Policy #	Group #	Primary Person Insured
_____	_____	_____	_____

Allergies _____ Allergies: Life Threatening _____ Other _____
 Asthma _____ EpiPen _____ Medications: Current _____
 Diabetes _____ Orthopedic _____ Last DT/DPT Immunization _____ (mo) _____ (yr)

****** AUTHORIZATION STATEMENT (Please read and sign below.) ******

This statement releases the Cherry Creek Schools of financial responsibility in case of accident/injury to my son/daughter while he/she is participating in summer sports activities. I fully understand the Cherry Creek Schools do not provide accident or health insurance coverage for my son/daughter while he/she is participating. I understand that it is my responsibility to provide health/accident insurance coverage for my son/daughter.

I DO HEREBY AUTHORIZE OFFICIALS OF THE Cherry Creek School District to contact directly the persons named on this form in an emergency for the health of said child. In the event that parents/guardians or other persons named on this card cannot be reached, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment for the health of aforesaid child. If there is a medical emergency and the school is unable to reach me or emergency contact, I understand that 911 Emergency will be called and my child will be transported by ambulance to the designated medical facility or the nearest medical facility and given medical treatment by a qualified physician at my expense.

Date _____ Signature of Parent/Guardian _____

******CAMP REGISTRATION******

CAMP #	CAMP NAME	SESSION (if only 1, leave blank) **	COST

TOTAL \$ _____

**** You may choose more than one session for those camps which have more than one advertised if you think your first choice may become full (i.e. under 'SESSION', put '1st choice, 2nd choice,' BUT IF YOU DO THIS, YOU MUST ENCLOSED A SELF-ADDRESSED, STAMPED ENVELOPE so you know which session student is assigned.**

NO CONFIRMATIONS SENT.

MAKE CHECKS PAYABLE TO 'CHERRY CREEK SCHOOLS.'

MAIL Your Registration to:

Summer Sports Camp Office
 9150 East Union Avenue
 Greenwood Village, Colorado 80111

IF YOU WANT A RECEIPT:
Please enclose self-addressed stamped envelope.

(VISA, MASTERCARD OR DISCOVER ONLY)

PRINT Cardholder's Name _____ Amount _____

Card# _____, _____, _____, _____ (16 digits) Expiration Date ____/____ (4 digits)

Cardholder's Signature _____

REFUND POLICY

If you must withdraw from a camp, you must make a request within a week after the camp begins. You will be refunded your money minus a \$25.00 cancellation fee imposed for each camp cancelled. **TO CANCEL: CALL 720-554-4343.**

FOR OFFICE USE ONLY

