



AIR & SPACE MUSEUM

Summer Camp Registration and Emergency Form

Child's Information:

Child's Name: _____ Date of Birth: _____

Name the child prefers to be called: _____ Grade in Fall: _____

Primary Guardian's Information:

Primary Guardian's Name: _____ Cell Phone #: _____

Physical Address: _____

Mailing Address: _____

E-mail Address: _____ Home #: _____

Employer: _____ Employer Phone #: _____

Relationship to child: _____ Best way to reach you while child is at our program: _____

Secondary Guardian's Information:

Secondary Guardian's Name: _____ Cell Phone #: _____

Mailing Address: _____

E-mail Address: _____ Home #: _____

Employer: _____ Employer Phone #: _____

Relationship to child: _____ Best way to reach you while child is at our program: _____

List persons who can either pick up and/or assume responsibility for your child(ren) in the event of an emergency if parents cannot be reached. At least one non-guardian contact person must be listed with their phone number:

Persons **NOT** authorized to pick up or drop off your child (attach legal documents): _____

Does your child have any health concerns (medications, chronic conditions, behavioral or mental disabilities) that we should know about in order to facilitate safe and successful participation? Yes No

If yes, please describe: _____

Known allergies and reactions: _____

Medications and frequency of use: _____

Physician: _____ Phone #: _____

Dentist: _____ Phone #: _____

Please give any additional information concerning your child, which may be helpful: _____

AUTHORIZATION FOR EMERGENCY MEDICAL CARE:

I hereby give permission to the Wings Over the Rockies Camp staff to secure emergency medical and/or surgical treatment for my child while in their care. All expenses of such care will be accepted by the parent(s)/legal guardian, including fees for an ambulance, if deemed necessary by staff. I realize attempts to reach me prior to any decisions will be made unless a life-threatening situation is at hand or circumstances do not allow.

*If your child will bring an EpiPen to the program, please complete the Allergy and Anaphylaxis Care Plan and Medication Orders form. List any medical conditions, current medications and any other conditions that program staff or medical care providers should know**:

Initials: _____

**If your child will be bringing any medications to the program (prescribed OR over-the-counter), please complete the Medication Administration Form. If your child will bring an inhaler to the program, please complete the Asthma Care Plan form. List recent injuries or illnesses that could affect your child's participation at the program

Initials _____

** I hereby give my permission for the staff of Wings Over the Rockies to call a doctor or emergency medical service, and for the doctor or emergency medical service to provide emergency or surgical care as needed for my child in the case of injury or other emergency. I will be responsible for all of the expenses associated with medical care my child may receive

Signature _____

PHOTOGRAPH AUTHORIZATION I understand that my child's image and likeness may be recorded on camera or video by Wings Over the Rockies for possible use in Wings' promotions, commercial advertisements, and websites. I believe this will be a good and enriching experience for my child, and I assume any risk to the contrary, understanding that publicity and exposure may under certain circumstances have unintended or unforeseen emotional or physical effects on my child. I therefore consent to such use of my child's image and likeness and hereby grant Wings Over the Rockies a free, perpetual and irrevocable license to use, publish and profit from such videos and images without further compensation to me or my child. Additionally, I agree to waive, and release Wings Over the Rockies from, any and all claims relating directly or indirectly to the use of such images and likenesses by third parties. I agree that my sole recourse in the event of third party misconduct relating to such shall be against third parties directly, and I shall have no claim against Wings Over the Rockies for the same.

Signature _____

ASSUMPTION OF RISK AND WAIVER OF LIABILITY

I understand that participation in a program sponsored by Wings Over the Rockies will involve outdoor and other activities that present risks. In consideration of Wings Over the Rockies providing my child the opportunity to participate in a program, I agree, for myself, my child, my spouse and our respective successors and assigns, as follows:

- (a) We accept the risks of having my child participate in the program.
- (b) We waive and release any claim we might otherwise have against Wings Over the Rockies, any other person or entity that owns any real or personal property used in the program or any of their respective employees, volunteers, directors, sponsoring agencies or representatives, for any personal injury or property damage sustained in the course of or in connection with my child's participation in the program, whether or not resulting from the negligence of any person or facts or conditions that would give rise to premises liability. We agree not to bring suit on any claim covered by this waiver.

The program may involve strenuous activities. Although a medical examination is not required for admission, you should consult with your child's physician before enrolling your child.

Your child will be required to follow the instructions of the Wings Over the Rockies staff members who operate the program. If your child does not follow instructions or if our staff members determine, in their sole judgment, that your child's behavior is disruptive or is endangering your child, other persons or property, we will call you or another contact person designated above and you will be responsible for picking your child up within one hour after the call. Depending on the severity of the problem, your child may not be allowed to return for the rest of the program session, in which case you would not be entitled to a refund. You will be responsible for all expenses, damages or injuries caused by your child.

By registering your child for the program, you authorize Wings Over the Rockies to use photographs taken of your child while participating in the program activities for purposes of promoting its programs without compensation. Your agreements in this form have legal consequences. Please make sure that you have carefully read and understand this entire form before signing. Your signature here also indicates you have received, reviewed, understand and will comply with our Parent Manual. Please refer to camp webpage.

Signed: _____
Parent or Legal Guardian

Date: _____

Printed Name: _____