



KidZone is an after school and school's out camp program brought to you by VRD Youth Services, located at Red Sandstone Elementary School.



Completed registration forms can be mailed to: VRD Youth Services 395 East Lionshead Circle Vail, Colorado 81657 or faxed to: 970-479-2835

2010-11 KIDZONE REGISTRATION FORM/EMERGENCY CARD

CHILD'S INFORMATION

Child's Name \_\_\_\_\_  M  F Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Permanent Mailing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Physical Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

School \_\_\_\_\_ Teacher \_\_\_\_\_ Room # \_\_\_\_\_

What afternoons would you like to reserve a space in KidZone? Reservations and pre-payment required. Drop-in by availability only.

PARENT'S INFORMATION

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_ Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_ Employer \_\_\_\_\_ Phone \_\_\_\_\_

Work Schedule/Hours \_\_\_\_\_ Work Schedule/Hours \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

EMERGENCY CONTACTS

Person(s) in addition to mother and father to whom the child may be released: (Picture ID requested if person is unknown to staff)

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

• Please inform KidZone Director of any custody issues. • Please notify KidZone in writing if someone not noted here will pick up your child.

Person other than parent who can assume responsibility for the child in an emergency situation when parents are not available:

Name \_\_\_\_\_ Physical Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

MEDICAL AND SOCIAL INFORMATION

Medications \_\_\_\_\_ Allergies \_\_\_\_\_

• Please discuss administration of ANY medicine with KidZone Director per State requirements

Concerns, special challenges, physical conditions: \_\_\_\_\_

Instructions for staff related to above: \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_ Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

• In case of serious illness or injury when neither parent can be reached, will you allow your child to be transported to the doctor or hospital by a VRD employee in their personal vehicle?  Yes  No Hospital preferred for treatment: \_\_\_\_\_

AGREEMENT TO WAIVE LEGAL RIGHTS

In consideration of being permitted to take part in the activity set forth herein, I expressly agree as follows: I hereby acknowledge the activity set forth herein contains dangers and risks and may result in injury to the participant. I hereby assume all risks of personal injury or death and property damage from any causes whatsoever arising while my child or I are participating in such activity. I or my child am in good health and physically able to participate in said activity. I agree to waive and release the Vail Park and Recreation District and/or the Town of Vail and/or Vail Resorts, Inc. and/or Eagle County School District and their officers, employees, agents, servants and all representatives and sponsors from any injury I or my child may sustain or any damage that may be caused to me or my child's property in connection with said activities, including injuries sustained or property damage caused by the use of equipment I may rent from the Vail Park and Recreation District and/or the Town of Vail. I give permission for my child to ride on Town of Vail buses, in any VRD vehicle, on Eagle County School District buses, on Eagle County ECO Transit public transportation or in Vail Resorts, Inc. vehicles and lifts. I also authorize and consent to any emergency x-ray examination, medical diagnosis or treatment and hospital care to be rendered to me or my child under the general or special supervision and on the advice of any physician licensed to practice in the State of Colorado. Participants may be photographed and such photographs may be used to publicize events.

Parent/Guardian Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE ONLY

PAYMENT INFORMATION  Cash  Check # \_\_\_\_\_ Amount Received \$ \_\_\_\_\_ Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Visa/MC  Discover  American Express Card # \_\_\_\_\_ Exp \_\_\_\_\_

Cardholder's Name \_\_\_\_\_ Signature: \_\_\_\_\_

