



Four Mile Historic Park Day Camp Registration Kit

Thank you very much for choosing Four Mile Historic Park as an educational resource for your child. Your support enables us to fulfill our mission to educate, preserve, and interpret the western rural heritage of Colorado to a diverse public. This form will help us to properly record and process your Day Camp Registration.

DIRECTIONS: Please complete the following **Registration Form** and **Emergency Medical Form** for each child you are registering for a Four Mile Historic Park Day Camp and return with **payment** and a copy of the child's **Certificate of Immunization** to: Four Mile Historic Park, Attn: Education, 715 S. Forest Street, Denver, CO 80246 – OR – Fax to 720-865-0801, Attn: Education.

Four Mile Historic Park must receive all registration documents and payment at minimum 3 weeks prior to session.

Please contact the Education Department at 720-865-0814 or education@fourmilepark.org if you have any questions or are in need of additional information.

Registrant Information (to be filled out Parent/Guardian) ****ONE CHILD PER FORM PLEASE****:

Camper's Name:		Camper's Age (6-11 years):	
Parent/Guardian Name(s):			
Mailing Address:			
City:	State:	Zip:	Phone:
Email Address(es):			
How did you hear about us:		Date of Registration: ___/___/___	
Special Accommodations, if any. Attach additional pages if necessary:			
Camp Title(s):		Camp Session Date(s):	
Please mark if you would like to be added to Four Mile Historic Park's mailing list: <input type="checkbox"/> Yes <input type="checkbox"/> No			

***As a non-profit agency, Four Mile Historic Park, Inc. has been granted tax-exempt status under Internal Revenue Service Code 501(c)(3). Copies of the IRS certification letter are available upon request. Federal Tax ID: 84-0754945*



Payment Information:

Members of Four Mile Historic Park take 10% off!

For Membership information please visit www.FourMileHistoricPark.org – Get Involved – Membership

Payment Method: <input type="checkbox"/> Check payable to Four Mile Historic Park (or FMHP) Ck# _____	
<input type="checkbox"/> Please charge my Visa, MasterCard, Discover, American Express	
Payment Amount: \$ _____	
Name on Card: _____	
Card Number: _____	
Expiration Date: ___/___	Security Code: _____
Contact Phone: _____	
Contact Email Address(es) (if different from above): _____	
Signature: _____	

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Emergency Medical Information, Authorization for Emergency Medical Care and Assumption of Risk and Waiver of Liability

Directions: Please complete both sides of this form, return with registration form, payment, and a copy of Certificate of Immunization to: Four Mile Historic Park, Attn: Education, 715 S. Forest St., Denver, CO, 80246. **Please Print All Information Clearly.**

Child's Full Name: _____ Age (6-11 years): _____

Parent/Guardian Contact Name(s): _____

Street Address: _____ City & Zip: _____

Contact Phone #s: Home: _____ Work: _____ Cell: _____

Email Address: _____

Registered Camp Session Date(s) and Title(s):

In case of emergency, if you cannot be reached whom should we call?

Address: _____

Phone Number: _____ Relationship: _____

Please list persons other than you (parent/guardian) who are authorized to pick up your child:

Parents/Guardians or authorized persons must come into the park each day to sign the camper(s) in and out.

1. _____ 2. _____ 3. _____

Address: _____ Address: _____ Address: _____

Phone: _____ Phone: _____ Phone: _____

Relationship: _____ Relationship: _____ Relationship: _____

Child's Doctor's Name: _____ Phone: _____

Street Address: _____ City & Zip: _____

Dentist's name: _____ Phone: _____

Street Address: _____ City & Zip: _____

Hospital choice: _____

Address of Hospital of Choice: _____

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Phone Number of Hospital of Choice: _____

Insurance Company and Policy Number: _____

List any allergies (food, medicine, plants or animals): _____

List any medical conditions, current medications and any other conditions that camp staff or medical care providers should be aware of: _____

PLEASE NOTE: WE CANNOT ADMINISTER ANY MEDICATION WITHOUT DOCTOR'S SIGNATURE!

Please provide Four Mile Historic Park with signed permission from your child's doctor.

I, (Doctor's name) _____, consent to the administration of the following medications by staff of Four Mile Historic Park, Inc. (name of medications, dosage and frequency):

To be administered when necessary (please circle all that apply): Tylenol Benadryl Inhaler Epi-pen Other: _____

Doctor's signature: _____

AUTHORIZATION FOR USE OF SUNSCREEN AND BUG REPELLENT

I hereby give permission for the staff of FMHP to allow my child to self administer sun screen and/or bug repellent which I have provided and labeled. Signature: _____

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I hereby give my permission for the staff of FMHP 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: _____

ASSUMPTION OF RISK AND WAIVER OF LIABILITY

I understand that participation in a camp and/or Before & After Care sponsored by FMHP will involve outdoor and other activities that present risks. In consideration of FMHP providing my child the opportunity to participate in a camp, 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 camp.

(b) We waive and release any claim we might otherwise have against FMHP, any other person or entity that owns any real or personal property used in the camp or any of their respective employees, volunteers, directors, sponsoring agencies or representatives, for any personal injury or property damage sustained in the

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course of or in connection with my child’s participation in the camp, 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.

RELEASES		
ON SITE SPECIAL EVENT PERMISSION My child(ren) has my permission to attend any on site special events with the program including archery, candle making, open-fire cooking, and various enrichment activities.	YES <small>(Initial)</small>	NO <small>(Initial)</small>
PHOTO RELEASE I hereby give full consent to Four Mile Historic Park to copyright or publish any photographs or videos taken by FMHP in which my child(ren) appears. I agree they may use these photographs or videos for public display and/or promotional publication. (Please sign attached Form.)	YES <small>(Initial)</small>	NO <small>(Initial)</small>
FIELD TRIP AUTHORIZATION I give permission for my child(ren) to attend field trips within walking distance to Four Mile Historic Park in cohesion with camp(s) including nature walks along Cherry Creek.	YES <small>(Initial)</small>	NO <small>(Initial)</small>
MOVIE / VIDEO RELEASE I give permission for my child(ren) to view G-rated and/or PG rated movies/videos during the Before & After-Care portion of the program.	YES <small>(Initial)</small>	NO <small>(Initial)</small>
PROGRAM PERMISSION RELEASE In accordance with my/our decision to register our child for this Camp, I hereby acknowledge that I have read a copy of the program's General Information. I am also aware that the complete Policy and Procedure Manual is available upon request. I agree to abide by the policies outlined in both, the General Information and the Policy and Procedure Manual. I further acknowledge that they are subject to change at the discretion of the Camp Director. I also acknowledge that I have read and signed all required sections of this application.	YES <small>(Initial)</small>	NO <small>(Initial)</small>

Your child will be required to follow the instructions of the Four Mile Historic Park, Inc, (“FMHP”) staff members who operate the camp. 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 camp 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.

If your Child will be picked up during After Care, your Child *must* be picked up by 5:30 PM. Four Mile Historic Park will charge \$5.00 per every minute after 5:30 PM that your child is not picked up.

Your agreements in this form have legal consequences. Please make sure that you have carefully read and understand this entire form before signing.

I, _____, am the parent or legal guardian of _____, and have read and fully understand the terms set forth above, and I am authorized to sign this form and agree to all terms thereof.

Signature: _____ Date: _____

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If you have any further questions about park or camp policies, please call 720-865-0814.

We, at Four Mile Historic Park, look forward to your child having a fun and safe camp experience.

I hereby authorize Four Mile Historic Park, Inc. (FMHP) to use photographs and/or videos taken of me and/or the undersigned minor children in FMHP's electronic and print publications, on its website, and via social media.

I release Four Mile Historic Park, Inc. from any expectation of confidentiality for the undersigned minor children and via myself and attest that I am the parent or legal guardian of the children listed below and that I have the authority to authorize FMHP to use their photographs, videos, and names.

I give this consent with no claim for payment and further agree that participation in any print or electronic media produced by FMHP confers no rights of ownership whatsoever. I release Four Mile Historic Park, Inc., its contractors, and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor children.

Signature: _____ Date: _____

Street Address:

City, State, Zip:

Names and Ages of Minor Children:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

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