



BEAVER CREEK DAY CAMP 2024
Required Registration Form

PLEASE PRINT:

Last Name: _____ Gender (circle one): M F
First Name: _____ Age: _____ Birthdate: _____

Parent Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Home Work Cell
Mailing Address (if different than above): _____
City: _____ State: _____ Zip: _____

Employer:
Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____

Emergency Contacts:

Name: _____ Relation: _____ Phone: _____
Name: _____ Relation: _____ Phone: _____
Name: _____ Relation: _____ Phone: _____

MEDICAL DATA

Allergies:

- Check here for no known Medical Conditions**
- Nuts
- Peanuts
- Eggs
- Gluten
- Seafood
- Other _____
 - Allergic reactions _____

Medical Conditions:

- Asthma
- Hearing Disorder
- Visual Disorder
- Diabetes
- Hyperactive
- Epilepsy
- Incontinence

Medications that need to come to camp: _____
Dosage: _____ Frequency: _____

***NOTE:** ALL medications must be pre-approved before attending camp. Medications at camp require additional documentation to be approved prior to arrival. All Medication permission forms can be found on www.beavercreek.com or please reach out to BCKidsSummerDayCamp@vailresorts.com for a digital copy.

Immunization Statement:

- To the best of my knowledge my child is up to date and free from any contagious illnesses that would make their admission undesirable.
- My child is NOT up to date on their immunizations and I have an appointment to complete their immunizations on the following date: _____

Regular Physician's Name (Required): _____ Phone: _____
Regular Dentist's Name (Optional but advised): _____ Phone: _____

Media Release:

- By checking this box, I understand that movies may be offered on a rare occasion in inclement weather, etc. All movies offered by BCDC will be Rated G.

Sunscreen/Bug Spray:

Beaver Creek Day Camp uses the following sunscreen brands with a minimum of 30 spf: Equate, Coppertone, Banana Boat.

Beaver Creek Day Camp uses OFF! brand bug spray with little to no deet.

- BCDC has my permission to apply sunscreen to my child as needed thought the day.
- I do not authorize BCDC to apply any sunscreen to my child and will supply my child with their own sunscreen to be brought to camp, with the child's first and last name on the, and applied by the child themself.
- BCDC has my permission to use bug spray on my child as needed.
- I do not authorize permission to use any bug spray on my child through the day at camp. I will supply my child's own bug spray labled with the child's first and last name as I see fit.

Photo Release:

- I agree to allow Beaver Creek Staff to photograph my child for media and promotional purposes.
- I do not authorize BCDC to take any photos of my child during their camp attendance.

AUTHORIZATION FOR EMERGENCY TREATMENT OF MINORS

(Allows for x-ray and beginning care while parent/guardian is being contacted)

- I authorize VAIL HEALTH, their respective agents, employees or any member of the medical staffs (collectively, the "Medical Facilities"), to render emergency medical care to the Child as is considered in their medical judgment to be necessary or beneficial.
- I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made to me as to the result of treatments or examinations at the Medical Facilities.
- I understand that my child will be transported to the following hospital in case of emergency:
Vail Health Hospital Address: 180 South Frontage Road W, Vail CO 81657 Phone Number: (970)476-2451
- I attest that Beaver Creek Young Explorers Day Camp provided me with the Policies and Procedures.

By signing below, I agree and accept the conditions of, and give authorization for the activities described.

Signature _____

Date _____