

2013 Registration Form

Register at coloradoacademysummer.org for easy online service.

Pease submit one form per child. Make copies if registering more than one child.

Child's Name _____ (_____)

Last First Middle Nickname

Male Female Date of Birth _____ Home Phone _____

CA Student Day Camp Alum Desired Shirt Size _____ (Day Campers Only)

Camper Mailing Address _____ City _____ State _____ ZIP _____

Current School _____ Grade Entering Fall 2013 _____

Parent/Guardian 1 _____ Home Phone _____

Work Address _____ Work Phone _____

Employer _____ Cell Phone _____

E-mail _____

We prefer to send most correspondence (statements, updates, camp newsletters, letters from teachers, last minute notifications) via e-mail. This is the fastest way for us to deliver information to you. If you would prefer to receive this information via regular mail, please check the following box.

Regular Mail Only

CA Alum Day Camp Alum

Parent/Guardian 2 _____ Home Phone _____

Work Address _____ Work Phone _____

Employer _____ Cell Phone _____

E-mail _____

CA Alum Day Camp Alum

MEDICAL ISSUES: Drugs Bees Animals Asthma Diabetes Nuts Pollens Foods Seizures

Other _____

Please check box if condition is life-threatening, requiring an epipen.

Please check box if camper uses an inhaler. If so, inhaler is kept on camper's person Y N or in camp office Y N

Diabetes: Camper uses a pump Y N Camper is independent of insulin and blood sugar checks Y N

Insurance Company and Policy # _____

Hospital of choice if required by insurance _____ Phone _____

Address _____

If parents or guardian cannot be reached, please provide names and phone numbers of two additional people to be contacted in an emergency:

Name _____ Phone Contact _____

Address _____ Relationship _____

Name _____ Phone Contact _____

Address _____ Relationship _____

How did you first learn about our Summer Programs? _____

Did you attend CA's Summer Programs in 2010? How many years have you attended? _____

QUESTIONS: Call (303) 914-2531 Fax: (303) 914-2532
email: summer.programs@coloradoacademy.org 3800 S. Pierce St., Denver, CO 80235

Authorizations

(Signatures Required for Child's Attendance)

Enrollment is incomplete until all parents or guardians sign below. Signatures apply to all waivers on this page and to the Terms and Conditions listed on page 4.

Parent/Guardian _____

Parent/Guardian _____

Authorization to Give Prescription and Non-prescription Medication at Camp

Must be signed by physician.

I/we request that _____
Student's name Grade

receive _____
name and dosage of medication

to be taken _____ for _____
Time Number of days

for the period from _____ to _____
Date Date

Physician's description of any anticipated reaction of child to the medication: _____

Physician Signature Date

The prescription medication must be brought to camp in the original container appropriately labeled by the pharmacy or physician, stating the name of the student, the medication, and dosage.

Authorization for Activities

My child has my permission to participate in all camp activities.

Signature Date

Waiver for Dispensing of Medication

Student's name _____

Grade _____

I/we give permission for the above-named student to be dispensed medication at camp for which an appropriate **Authorization to Give Medication at Camp** form has been provided. I/we understand that Colorado Academy does not have medical personnel on staff to assist in the administration of medication and that medication will be dispensed by the camp office staff. I/we understand that Colorado Academy will not and cannot assess the need for, or any risks associated with, the administration of any

medication. I/we understand that Colorado Academy does not provide any guarantee of medical confidentiality. I/we understand that Colorado Academy will not be responsible for the student actually swallowing the medication dispensed, for the student running out of medication, or for any adverse reactions to medication. I/we understand that the administration of any medication involves a risk of injury which ranges from minor to catastrophic and that it is impossible to eliminate such risks. Notwithstanding this knowledge, I/we hereby release Colorado Academy and each of its employees, agents and representatives from all liabilities, claims and demands for injury or loss, which I/we and/or the above student may now or in the future have, resulting from the dispensing and/or administration of medication at camp or any disclosure relating to medication administered. This release does not include claims for the school's gross negligence.

Signature Date

Authorization for Applying Sunscreen

Should the camp staff recognize the need to apply sunscreen to my child, I authorize them to do so. If there are special instructions for administering sunscreen, please list them.

Authorization for Medical and Surgical Care

In the event that my child is injured in an accident, or becomes seriously ill, and I or my designee cannot be reached, I hereby authorize the Director of Summer Programs to arrange for the transportation of my child to a licensed emergency medical care facility to receive prompt treatment. Furthermore, I authorize the medical personnel at the facility to provide such treatment to my child as is indicated by the nature and extent of his or her injury and that is in accordance with the protocols of standard medical practice. Finally, I accept financial responsibility for all costs associated with the conveyance of my child and for the treatment provided by the medical care facility to my child.

Signature Date

Photo Authorization for Camp Publications

If you wish to withdraw permission for Colorado Academy Summer Programs to use photographs of your child in various internal CA publications, please submit a written request to the camp office and include a photo of your child. *Thank you.*

2013 Registration Form

Week 1

June 10-14

Day Camp (ages 6-12) Rainbow Camp (age 5) 5-Day Week 3-Day Week

Optional Computer Please check one or both: Keyboarding Games

Apprentice counselor

Optional Specialty Programs: Part-day programs can be combined with Day Camp: Please list

Course Name _____ Time _____ Fee _____

Course Name _____ Time _____ Fee _____

Bus (Optional) Route # _____ Stop # _____ Rnd Trip AM Only PM Only

Extended Day Before Camp (7:00-8:45) After Camp (3:45-6:15)

Week 2

June 17-21

Day Camp (ages 6-12) Rainbow Camp (age 5) 5-Day Week 3-Day Week

Optional Computer Please check one or both: Keyboarding Games

Apprentice counselor

Optional Specialty Programs: Part-day programs can be combined with Day Camp: Please list

Course Name _____ Time _____ Fee _____

Course Name _____ Time _____ Fee _____

Bus (Optional) Route # _____ Stop # _____ Rnd Trip AM Only PM Only

Extended Day Before Camp (7:00-8:45) After Camp (3:45-6:15)

Week 3

June 24-28

Day Camp (ages 6-12) Rainbow Camp (age 5) 5-Day Week 3-Day Week

Optional Computer Please check one or both: Keyboarding Games

Apprentice counselor

Optional Specialty Programs: Part-day programs can be combined with Day Camp: Please list

Course Name _____ Time _____ Fee _____

Course Name _____ Time _____ Fee _____

Bus (Optional) Route # _____ Stop # _____ Rnd Trip AM Only PM Only

Extended Day Before Camp (7:00-8:45) After Camp (3:45-6:15)

Week 4

July 1-5 (Four Days)

Day Camp (ages 6-12) Rainbow Camp (age 5) 5-Day Week 3-Day Week

Optional Computer Please check one or both: Keyboarding Games

Apprentice counselor

Optional Specialty Programs: Part-day programs can be combined with Day Camp: Please list

Course Name _____ Time _____ Fee _____

Course Name _____ Time _____ Fee _____

Bus (Optional) Route # _____ Stop # _____ Rnd Trip AM Only PM Only

Extended Day Before Camp (7:00-8:45) After Camp (3:45-6:15)

Week 5
July 8-12

Day Camp (ages 6-12) Rainbow Camp (age 5) 5-Day Week 3-Day Week

Optional Computer Please check one or both: Keyboarding Games

Apprentice counselor

Optional Specialty Programs: Part-day programs can be combined with Day Camp: Please list

Course Name _____ Time _____ Fee _____

Course Name _____ Time _____ Fee _____

Bus (Optional) Route # _____ Stop # _____ Rnd Trip AM Only PM Only

Extended Day Before Camp (7:00-8:45) After Camp (3:45-6:15)

Week 6
July 15-19

Day Camp (ages 6-12) Rainbow Camp (age 5) 5-Day Week 3-Day Week

Optional Computer Please check one or both: Keyboarding Games

Apprentice counselor

Optional Specialty Programs: Part-day programs can be combined with Day Camp: Please list

Course Name _____ Time _____ Fee _____

Course Name _____ Time _____ Fee _____

Bus (Optional) Route # _____ Stop # _____ Rnd Trip AM Only PM Only

Extended Day Before Camp (7:00-8:45) After Camp (3:45-6:15)

Week 7
July 22-26

Day Camp (ages 6-12) Rainbow Camp (age 5) 5-Day Week 3-Day Week

Optional Computer Please check one or both: Keyboarding Games

Apprentice counselor

Optional Specialty Programs: Part-day programs can be combined with Day Camp: Please list

Course Name _____ Time _____ Fee _____

Course Name _____ Time _____ Fee _____

Bus (Optional) Route # _____ Stop # _____ Rnd Trip AM Only PM Only

Extended Day Before Camp (7:00-8:45) After Camp (3:45-6:15)

Week 8
July 29-August 2

Day Camp (ages 6-12) Rainbow Camp (age 5) 5-Day Week 3-Day Week

Optional Computer Please check one or both: Keyboarding Games

Apprentice counselor

Optional Specialty Programs: Part-day programs can be combined with Day Camp: Please list

Course Name _____ Time _____ Fee _____

Course Name _____ Time _____ Fee _____

Bus (Optional) Route # _____ Stop # _____ Rnd Trip AM Only PM Only

Extended Day Before Camp (7:00-8:45) After Camp (3:45-6:15)

Please note that the 40 percent non-refundable deposit for each weekly program must be received before enrollment in the program takes place.

Deposit (40% of fee per course) _____

Cancellations after June 1 are fully non-refundable.

Balance Due _____

CA Summer Programs reserves the right to deny attendance to children whose parents or guardians fail in their financial obligations for payment of program fees and whose accounts include overdue balances. If costs are incurred by the CA Summer Programs to seek collection of any amounts past due, the Parent or Guardian agrees to pay all costs of collections, including attorney fees.

Please Circle: Visa MasterCard Amex

Credit Card Number _____

Expiration Date _____

3 Digit Security Code _____

You can also pay by credit card using our on-line registration process at coloradoacademysummer.org