Fort Lewis College
Mini Sports Camp Registration 2014

Return this form along with check to: Fort Lewis College
Student Life Center
1000 Rim Drive
Durango, CO 81301

FOR MORE INFORMATION CALL 247-7575 or 247-7096

*Please indicate if your child is staying full day, half day, or extended care.

***Full day $25, Half Day $15, Extended Care $5, Full Week $100***

You have the option of signing up now for all of our camp dates this summer, or you may decide to sign up for additional camp dates at a later time!

<table>
<thead>
<tr>
<th>June 2</th>
<th>June 3</th>
<th>June 4</th>
<th>June 5</th>
<th>June 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>__Full Day</td>
<td>__Full Day</td>
<td>__Full Day</td>
<td>__Full Day</td>
<td>__Full Day</td>
</tr>
<tr>
<td>_Ext. Care</td>
<td>_Ext. Care</td>
<td>_Ext. Care</td>
<td>_Ext. Care</td>
<td>_Ext. Care</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>June 9</th>
<th>June 10</th>
<th>June 11</th>
<th>June 12</th>
<th>June 13</th>
</tr>
</thead>
<tbody>
<tr>
<td>__Full Day</td>
<td>__Full Day</td>
<td>__Full Day</td>
<td>__Full Day</td>
<td>__Full Day</td>
</tr>
<tr>
<td>_Ext. Care</td>
<td>_Ext. Care</td>
<td>_Ext. Care</td>
<td>_Ext. Care</td>
<td>_Ext. Care</td>
</tr>
</tbody>
</table>

During a given session your child will have the opportunity to choose to participate in 3-6 different activities. There will be roughly 8 activity sessions each day.

*Pick up options:
__ Option 1: Campers can leave on their own at check out time
__ Option 2: designated persons must sign out Campers.

List names of people (including parents/guardians) who are permitted to pick up your children.

Camper’s Name _____________________________ Age ______ Birthday / / __ Grade ______

SEE OTHER SIDE FOR MEDICAL INFORMATION AND DISCLAIMER
Fort Lewis College
Mini Sports Camp
Medical Information and Disclaimer

Camper’s Name ______________________________________ Age________ Birthday __/__/__ Grade_______

Parent’s Name(s)_____________________________Work Phone # __________ Home Phone # ______

Address_____________________________________City______________ ______ Zip Code___________

Email (for confirmation and updates)______________________________________________________

TO PARENT OR GUARDIAN To serve your child in case of an ACCIDENT OR SUDDEN ILLNESS, it

is necessary that you furnish the following information.

Emergency Contact #1 ________________ Phone # _________ Emergency Contact #2 ________________ Phone # ______

Emergency Contact #3 ________________ Phone # _________

Please check health problems your child has now or had in the past

___Birth weight less than 5 lbs. ___Frequent Bronchitis or Ear Infections/Earaches
___Disabilities/Limitations Pneumonia ___Concussion/Head Injury Sleeping Problem ___Blood Disease
___Vision Problems ___Diabetes/Hypoglycemia Significant Injury Allergies ___Seizures
___Stomach Problems/Ulcer ___Emotional Problem Eating/Weight Problem Hearing Loss ___Heart Condition
___Asthma ___Developmental Delays Frequent Strep Throat Headaches ___Operations
___ ___ ___ Nervous/Attention Disorder Bone/Joint Disease ___Glasses
___ ___ ___ Other

If you have checked any of the above, please explain ____________________________________________________________

_______________________________________ _______________________________________________________________

__________________________________________________________

Do you have health insurance for your child?   ___Yes  ___No

Is your child currently under medical care?  ___Yes  ___No

If Yes, please describe condition __________________________________________________________

________________________________________________________________________

Does your child take medication? ___Yes ___No

If Yes, type __________________________________________________________________________

Immunizations received in the past year ____________________________ Date __________

Date of last medical exam_________________________ Doctor’s Name ___________________ Phone _________

Date of last vision exam ___________________________ Doctor’s Name ___________________ Phone _________

Date of last dental exam_________________________ Doctor’s Name ___________________ Phone _________

PLEASE READ BEFORE SIGNING YOUR NAME BELOW: In consideration of entry of said child, I do hereby release

and forever discharge Fort Lewis College, the Recreational Sports Department and all other sponsors and associates for any

claims of damages, demands, actions whatsoever in any manner arising or growing out of my participation in this activity. I

understand that participation in Mini Sports Camp activities present potentially dangerous hazards, which could cause serious

physical injury or death to said child or others. I attest and verify that I have full knowledge of the risks involved in this camp

and said child is physically fit and sufficiently trained to participate in this event.

I, the undersigned, do hereby authorize employees of Fort Lewis College to contact directly the persons named on this form,

and do authorize the named physicians/dentist such treatment as may be deemed necessary in an emergency, for the health of

said child. In the event physicians, other persons named on this form, or parents cannot be contacted, Fort Lewis College are

hereby authorized to take whatever action is deemed necessary in their judgment, for the health of said child. I will not hold

Fort Lewis College financially responsible for the emergency care and/or transportation for said child.

Parent Signature ________________________________________________ Date __________________