

Name of Camper: _____

Eaton's Explorers Registration Form

Enrollment Date: _____ Birth Date: _____

Home Address: _____

Current Address: _____

Home Phone: _____

.....
Name of Parent: _____

Name of Parents Employer: _____

Employer Address: _____

Employer Phone: _____

.....
Authorized Pick up name: _____ Authorized Pick up phone: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

Emergency Contact Address: _____

Instructions for reaching
parents: _____

Liability Waiver

****IMORTANT-THIS IS A LEGAL DOCUMENT. PLEASE READ CAREFULLY****

LIABILITY WAIVER: On behalf of myself and any other person upon whose behalf this form is now signed, I expressly understand and agree that neither the Town of Eaton, Colorado a municipal corporation, nor any of its officers, agents, volunteers, assistants, or employees shall be held responsible nor subjected to any claim seeking to assess damages or establish liability for or arising from personal injury, property damage, or loss of any other sort as result of actual or proposed participation in the program for which I am now registering, and I account of any such personal injury or property damage or other loss as aforesaid.

PERMISSION TO USE PHOTOGRAPHS: On behalf of myself and any other person whose behalf this form is now signed, I hereby grant full and unrestricted permission to the Town of Eaton to use photographs in publications of the Town of Eaton Recreation Department and to release photographs to media outlets for publicity purposes. Upon my signature hereon, I acknowledge that I have read and understand this Liability Waiver and Permission to Use Photographs, and have freely and voluntarily signed this document on the date hereinafter set forth.

Signature _____

Date _____

Medical Information

Child's Physician: _____ Physician Phone: _____

Physician Address: _____

Child's Dentist: _____ Dentist Phone: _____

Dentist Address: _____

Name of Hospital: _____ Hospital Phone: _____

Hospital Address: _____

Does your child take any medication? Yes _____ No _____

If so what? _____

Has your child been diagnosed with a medical condition? _____

Special medical equipment required during camp? (wheelchair, crutches, oxygen, etc...): _____

Surgery/Accidents/Illnesses/Chronic Health

Problems: _____

Describe any physical or medical condition requiring special attention by staff: _____

Allergies: _____

Date of most recent medical examination of the child: _____