



Camp CALF!

Enrollment Card

Camper's Name _____ **Nickname** _____

Address _____

Home Phone _____ Sex M F Age _____ Date of Birth _____

Grade entering in Fall of this year _____ T-Shirt Size _____

Mother or Guardian's Name _____

Address if different from child's _____

Home Phone _____ Cell Phone _____ Email _____

Name of employment (mother/guardian) _____

Address of employment (mother/guardian) _____ Work # _____

Father or Guardian's Name _____

Address if different from child's _____

Home Phone _____ Cell Phone _____ Email _____

Name of employment (father/guardian) _____

Address of employment (father/guardian) _____ Work # _____

Special instructions for reaching parent or guardian _____

EMERGENCY CONTACTS

1. Name _____ Home Phone _____

Address _____

Work/Cell Phone _____ Relationship to child _____

2. Name _____ Home Phone _____

Address _____

Work/Cell Phone _____ Relationship to child _____



Camp CALF

CHILD PICK UP INFORMATION

Camper's Name _____

Persons authorized to pick up your child (Must show photo ID)

Name _____

Home Phone _____ Work Phone _____

Cell Phone _____ Relationship to Camper _____

Name _____

Home Phone _____ Work Phone _____

Cell Phone _____ Relationship to Camper _____

Name _____

Home Phone _____ Work Phone _____

Cell Phone _____ Relationship to Camper _____

Persons **NOT** Authorized

Note: To prevent a parent from picking up their child from camp requires a court order to be on file with CAMP CALF.

List any person(s) not authorized to pick up Camper:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____



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CHILD MEDICAL AND HEALTH INFORMATION

Camper's Name _____

Name, address and phone number of child's doctor _____

Name, address and phone of child's dentist _____

Hospital of Preference _____

Chronic Medial conditions _____

Food and Other Allergies

Will the camper need any medications during camp hours? (Explain) _____

If yes, please describe _____

Physical limitations _____ Describe if yes _____

Dietary limitations _____ Describe if yes _____

Vision _____ Hearing _____

Are there any activities that you prefer that your child **NOT** participate in?

If so please list: _____



Camp CALF!

Authorization for Emergency Medical Care

Camper's Name _____

Medical Emergencies

I hereby give my permission to Camp CALF Counselors and/or representatives to call a doctor or emergency **medical service and for the doctor**, hospital or medical service to provide emergency medical or surgical care for my child, _____ (Child's Name).

It is understood that the child care provider will make a conscientious effort to locate the parent/guardians and emergency contacts listed on the registration document before any action will be taken. If it is not possible to locate emergency contacts listed treatment will not be delayed. I/we will accept the expense of emergency transportation, medical or surgical treatment.

Parent/Guardian signatures

_____ Date _____

_____ Date _____

Authorization for Applying Sunscreen / Bug Spray

Sunscreen/Bug Spray

I hereby give my permission to a Camp CALF Counselor to apply (circle one or both) **sunscreen** and/or **bug spray** for my child, _____ (child's name), and I have supplied and labeled the products I would like my child to use.

I DO NOT give my permission to a Camp CALF Counselor to apply **sunscreen or bug spray** for my child

_____.

Parent/Guardian signatures

_____ Date _____

_____ Date _____



Camp CALF!

MINOR PARTICIPANT WAIVER , RELEASE, HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

Camper's Name _____

I/we, the undersigned parents/guardians of _____ (herein CAMPER), in consideration of permission granted to CAMPER by the Colorado Agricultural Leadership Foundation (CALF) to participate in its CAMP CALF program, hereby give our consent and permission for CAMPER to participate in any CAMP CALF activities. I / we understand that said participation is a voluntary activity and that, but for my/our execution of this Consent, Release and Indemnification Agreement, the CAMPER would not be allowed to participate.

I/we understand and agree that CALF, its servants, agents, officers, board members, employees, volunteer workers, and all others involved in CAMP CALF do not assume any liability for loss or damage to any personal property owned by CAMPER, by us, or any other party and we waive any claim against and release CALF, its agents, servants, volunteers and employees from or for any such loss or damage.

I/we also waive and release, to the full extent permitted by law, any claim against CALF, its servants, agents, officers, board members, employees, volunteer workers, and all others involved in CAMP CALF from any claim, cause of action or demand I / we may have arising out of, or in connection with, any personal or bodily injury, death or property damage which the CAMPER may sustain while participating in CAMPCALF and agree to indemnify, save and hold CALF, and those individuals identified above harmless from any claim, demand or cause of action of whatever nature or kind asserted by or on behalf of CAMPER for any personal or bodily injury, death or property damage sustained by the CAMPER while participating in any and all activities of CAMP CALF.

All agreements herein are severable, and should any provision be found unenforceable for any reason, all remaining provisions shall remain in full force and effect.

By our signatures hereon, we affirm that we have read and fully understand the terms, conditions, releases and waivers set forth. Dated _____ day of _____, 201__.

Parents/Guardian _____ (Print Name) _____ (Date) _____ (Signature)

Parents/Guardian _____ (Print Name) _____ (Date) _____ (Signature)

MEDIA RELEASE FORM

CALF requests your permission to feature your child in the following ways and without compensation.

____ I agree to allow CALF to take and use photos, video tape, and/or quotes in CALF publications, website and local media publications.

____ I do not agree to allow CALF to take and use photos, video tape, and/or quotes in CALF publications, website and local media publications.

Parents/Guardian _____ (Signature) _____ (Date)