



**Camp Teen Fundango Registration Form**

**Circle/Highlight each Camp your kid(s) will attend:**

**June 18 – 20, 2018 and/or June 20 – 22, 2018 and/or August 10 – 12, 2018**

Drop off: 2 pm --- Pick up: 11 am

EDUCO Adventure Weekend for Adoptive, Foster, and Kinship Teens  
(for ages 10 – 17)

**-----Primary Caregiver Family Information-----  
(Confidential)**

Family Surname: \_\_\_\_\_

**Guardian 1 Name:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Ethnicity:** \_\_\_\_\_ **Spanish Speaking?:** \_\_\_\_\_

**Guardian 2 Name:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Ethnicity:** \_\_\_\_\_ **Spanish Speaking?:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **County:** \_\_\_\_\_

(Please list all youth who will participate)

#	Child's full name

**Emergency Information: (Other than listed Guardians)**

**Emergency Contact** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Doctor's Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Health Insurance Company** \_\_\_\_\_

**Please initial all sections below:**

\_\_\_\_\_ **Functions and Activities** - It is my understanding that participating in the programs, recreation and other activities of **Kids at Heart** at both the **Fort Collins and Loveland Boys and Girls Club** is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity-related accidents, physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

\_\_\_\_\_ **Release of Liability** - By signing this Permission/Waiver Form, I expressly warrant that the children under my parent/guardianship are capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the children or me participating in the activities, whether such risks are known or unknown to me at this time. I further release **Kids at Heart** and its leaders, employees, volunteers, and agents from any claim that my children may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against **Kids at Heart** or its leaders, employees, volunteers, or agents. I further agree to indemnify and hold harmless **Kids at Heart** and its leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my children during such activities.

\_\_\_\_\_ **First Aid and Emergency Medical Treatment** - I recognize that there may be occasions where the children under my parent/guardianship or I, if I am a participant, may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of **Kids at Heart** to seek and secure any needed medical attention or treatment for the children under my parent/guardianship or me, if I am a participant, including hospitalization, if in the agent's opinion such need arises. In doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment.

\_\_\_\_\_ I represent that I am the parent/guardian of the children attending **Kids at Heart** events, who are under 18 years of age. I have read the above Permission/Waiver Form and am fully familiar with the contents thereof.

\_\_\_\_\_ I give permission for the children under my parent/guardianship to participate in the activities of **Kids at Heart**, including any special events/activities described above. In consideration for allowing the participation of the children in the activities of **Kids at Heart**, I hereby consent to the Permission/Waiver Form, including the Release of Liability above, on behalf of all listed children, and agree that this Permission/Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

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**Publicity Agreement**

NOTE: NO PHOTOGRAPHS AND AUDIO/VISUAL RECORDINGS OF FOSTER CHILDREN WILL BE USED IN MARKETING, PUBLICATIONS, OR NEWSPAPER ARTICLES.

On occasion, **Kids at Heart** takes photographs or makes an audio or videotape recording of children and/or adults involved in **Kids at Heart** activities. Such photographs and audio/visual recordings may be used in **Kids at Heart** publications, news articles, or advertising materials to let others know about our organization.

I, (parent name) \_\_\_\_\_, allow Kids at Heart to take photographs, or make an audio videotape recording of my children to be used in publications or advertising materials to let others know about the Kids at Heart organization. I consent to the use of any such audio or visual record of the children named below or me, if I am participating, to be used, distributed, or displayed as Kids at Heart see fit. This consent includes but is not limited to photographs, videotape, and audio recordings.

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Signature of Legal Guardian / Parent / Foster Parent

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Date

**Please list the names of adoptive and biological children whose photographs may be used.**

\_\_\_\_\_  
Child 1 Name

\_\_\_\_\_  
Child 4 Name

\_\_\_\_\_  
Child 2 Name

\_\_\_\_\_  
Child 5 Name

\_\_\_\_\_  
Child 3 Name

\_\_\_\_\_  
Child 6 Name

**Please list the names of adoptive and biological children whose photographs may NOT be used.**

\_\_\_\_\_  
Child 1 Name

\_\_\_\_\_  
Child 4 Name

\_\_\_\_\_  
Child 2 Name

\_\_\_\_\_  
Child 5 Name

\_\_\_\_\_  
Child 3 Name

\_\_\_\_\_  
Child 6 Name

\_\_\_\_\_  
Signature of Legal Guardian / Parent / Foster Parent

\_\_\_\_\_  
Date

Everything below is for office use only.

\_\_\_\_\_  
Signature of Fundango Program Director

\_\_\_\_\_  
Date Received by Kids at Heart

<b>Family Paperwork Packet Completion</b>		
Primary Family Form		
Publicity Form		
All Individual Child Forms		
EDUCO Camper Information Form		
EDUCO Waiver		
EDUCO Medical Consent to Treat		
Registration Fee		
Medication Lists for each Child		