

PONDEROSA CAMPER REGISTRATION FORM

To be completed and signed by parent/guardian for all persons 18 or under

NOTICE: Since this camp at Ponderosa is under 72 hours (three nights) it is NOT necessary to confirm a health screening or physical signed by a physician or nurse practitioner performed in the last 24 months prior to camp.

Date(s) of camp session _____ to _____

Camper's Name: _____ Birth Date: ____/____/____ Age: _____ Sex: _____

Address: _____ City: _____ State: _____ Zip: _____

If the camper may be walking or riding away from the campsite please sign here:

X _____

Father's/Guardian's Name: _____ **Place of Employment:** _____

Employment Address: _____ City: _____ State: _____ Zip: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work: (____) _____

Mother's/Guardian's Name: _____ **Place of Employment:** _____

Employment Address: _____ City: _____ State: _____ Zip: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work: (____) _____

Other person to contact in case of emergency:

Name: _____ Home Phone: (____) _____ Work: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Individual(s) authorized to take child from camp: _____

Name: _____ Home Phone: (____) _____ Work: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Individual(s) NOT authorized to take child from camp: Name: _____

Camp activities which you do not wish your child to participate in: _____

HEALTH HISTORY

Check if child has had: _____ ear infections _____ dietary restrictions _____ chicken pox _____ measles _____ heart trouble

_____ surgery (describe) _____ serious health problem (describe) _____

_____ communicable disease (describe) _____

Check if camper is allergic to: _____ insects _____ penicillin _____ foods _____ other drugs (describe) _____

Date of last tetanus shot: _____ Are all vaccinations current? Yes / No

List medications camper is currently taking, including vitamins. (Prescription medicines MUST have pharmacy label and name of doctor) _____

Family Physician: _____ Phone: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

AUTHORIZATION FOR MEDICAL CARE

In the event I cannot be reached in an emergency, I hereby give permission for the physician selected by the Ponderosa to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child named above. I/we will accept the expense of emergency medical or surgical treatment.

Parent or Guardian Signature: _____ **Date:** _____ **Relationship:** _____

INSURANCE INFORMATION

Please provide information concerning any insurance benefits for which your child is eligible.

Insurance Carrier: _____ Policy #: _____

Ponderosa provides a limited accident reimbursement program to registered guests participating in sponsored activities. Any applicable claims must be submitted to

*Ponderosa, 15235 Furrow Road, Larkspur, CO 80118-5703
(719) 481-2482.*