

Summer Registration 2017 - USE ONE FORM PER CHILD

Student Name _____

Birth Date/Age _____

Circle the appropriate group for your child:

Coyote's (5yr- 8yr Grade) Wolves (9yr – 12yr)

Parent Name(s) _____

Mailing Address _____

City _____ State _____ Zip Code _____

E-mail _____

Daytime Phone _____ Cell Phone _____

Price includes the following: Shuttle service from Driggs and Alta; Swimming; Biking; Rock Wall; Euro-Bungee; Chair Lift Rides; Naturalist Nature Hikes; Crafts; Music; Frisbee Golf; and other group activities.

Season Pass holders \$60/ Day \$280/Week Ask about sibling discounts!

Non Pass holders \$75/ Day \$350/ Week

Season Pass has to be for the 2017-18 season

Weekly Themes

<i>June 19-23 Mountain Music</i>	<i>June 26-30 Flying Friends</i>
<i>July 3-7 Yummy Greens- Herbivores</i>	<i>July 10-14 Yummy Meats- Carnivores</i>
<i>July 17-21 What's in that Rock?</i>	<i>July 24-28 Fish Under Water</i>
<i>July 31- Aug 4 Being Green- Tree's</i>	<i>Aug 7-11 Outdoor Skills</i>
<i>Aug 14-18 Running Wild</i>	<i>Aug 21-25 Forever Canvas</i>
<i>Aug 28- Sept 1 Science Fever</i>	

For staff use: Completed Registration Packet includes **completed and signed** Medical History (pg.2) ___ Waiver ___ Immunization records ___

**Grand Targhee Resort
Medical History- Emergency Information Form**

Date: _____

Child's Name: *(Last, First, MI)* _____ Birthdate/Age _____

Parent/Guardian _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____

Second Parent's Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____

EMERGENCY INFORMATION

1. In case of emergency, what relative, neighbor, or friend can be called?

Name _____ **Relationship** _____ **Phone** _____

Address _____ City _____ State _____ Zip _____

Family

Physician _____ Phone _____

Address _____ City _____ State _____ Zip _____

HEALTH INFORMATION

Please **check** if your child has had or been diagnosed with the following and **date** of last occurrence:

- | | | |
|--|---|---|
| <input type="checkbox"/> ADD/ADHD* _____ | <input type="checkbox"/> Physical Disability* _____ | <input type="checkbox"/> Measles _____ |
| <input type="checkbox"/> Eating Disorders* _____ | <input type="checkbox"/> Respiratory illness* _____ | <input type="checkbox"/> Mumps _____ |
| <input type="checkbox"/> Headaches* _____ | <input type="checkbox"/> Ear Infections _____ | <input type="checkbox"/> German Measles _____ |
| <input type="checkbox"/> Asthma* _____ | <input type="checkbox"/> Strep Throat _____ | <input type="checkbox"/> Chicken Pox _____ |
| <input type="checkbox"/> Seizures* _____ | <input type="checkbox"/> Rheumatic fever _____ | <input type="checkbox"/> Glasses/contacts _____ |
| <input type="checkbox"/> Diabetes* _____ | <input type="checkbox"/> Mononucleosis _____ | <input type="checkbox"/> Dental problems* _____ |
| <input type="checkbox"/> Heart condition* _____ | <input type="checkbox"/> Hepatitis _____ | <input type="checkbox"/> Broken bones/sprains _____ |

*please provide more information:

Please describe any current physical, mental, or psychological conditions that require any medication, treatment, or special restrictions/considerations while at camp:

MEDICATIONS

******Summer Camp Counselors do not administer medication******

Please list medications currently being given to the child:

Medication
Name _____ Dose _____ Frequency _____ Reason _____
Medication
Name _____ Dose _____ Frequency _____ Reason _____

ALLERGIES

Please list allergies, reactions and treatment. If no allergies, please mark N/A.

Allergy _____ Reaction _____ Treatment _____
Allergy _____ Reaction _____ Treatment _____
Allergy _____ Reaction _____ Treatment _____

INSURANCE INFORMATION

Is the child covered by family medical/hospital insurance? Yes _____ No _____

If yes: Carrier _____ Policy or group # _____

Name of Policy Holder _____

Authorization

I give my permission by family medical/hospital insurance? Yes _____ No _____

I give my permission to have a staff member apply the ***insect repellent**: Yes _____ No _____

****please provide sunscreen and insect repellent for your child***

Persons Authorized to pick child up (Anyone picking up the child must be able to show a photo ID if requested):

Name: _____

Name: _____

Name: _____

Signature of Parent or Legal Guardian: _____

Date: _____

PLEASE INCLUDE A COMPLETE COPY OF YOUR CHILDS IMMUNIZATION RECORD & DATE OF LAST TETANUS SHOT

Summer Day Camp Details

Equipment List (Bring DAILY): LABEL EVERYTHING WITH CHILD'S NAME- We are not responsible for lost items

- Water Bottle (something you can seal closed)
- Day Pack (to carry lunch, water, clothes, snacks)
- Sunglasses (to protect against ultra-violet rays)
- Sunscreen
- Bug Repellent
- Comfortable Shoes (good broken-in sneakers or hiking boots, with socks, extra pair socks)
- Flip-Flops (to walk to the pool)
- Warm coat or windbreaker (for chairlift ride when applicable)
- Brimmed Hat (baseball cap or cowboy hat to provide sun protection)
- Swimsuit and Towel (we will swim daily, weather permitted)
- ****Layers for all kinds of weather****

We recommend that you prepare for the weather with layers, for example: long sleeve shirt, long pants, windbreaker, jacket or sweatshirt, and rain gear. High altitude/Mountain weather changes often and quickly. Please be prepared!!!!

Lunch/Snacks

Lunch will not be provided for camp participants. Please make sure that you pack a lunch that will fill your child as he/she will be very active all day. They will also need to have at least 2 snacks in their backpack; one for the morning and one for the afternoon.

Release Forms:

We must have the original signed *medical information/release form* **by your child's first day of camp!!** Please note that a parent or legal guardian must sign the release form. *The medical information/release form must be on file in order for your child to participate in activities.* You may download the registration packet at: www.grandtarghee.com and mail to:

GTR Summer Camp
C/O Carianne Jacobsen
3300 E Ski Hill Rd
Alta, Wy 83414

Transportation:

Pick up will be at Driggs Community Center at 8:30am and Alta Elementary at 8:45am. Drop off will be at these same stops; Alta Elementary at 4:45pm and Driggs Community Center at 5:00pm. A counselor will be meeting you and riding with your child (ren). You or your authorized person(s) will need to sign your child in and out daily with this counselor.

Safety:

Outdoor activities are a fundamental part of Grand Targhee Resort. Be assured that Summer Camp staff has First Aid and CPR training and will do their best to provide a safe, comfortable experience for the children. While accidents are infrequent, in the event of an injury we have emergency procedures in place.