

## Summer Camps @ DSA Information Form

Drop off or mail to  
 7111 Montview Blvd, Denver CO 80220 c/o **Summer Camps @ DSA**  
**no later than May 31**  
*after May 31 there is a \$10 additional late fee per child/per camp added*

STUDENTS FULL NAME			NAME OF PARENT of GUARDIAN	
STREET MAILING ADDRESS			EMPLOYER	
CITY	STATE	ZIP CODE	WORK PHONE and/or E-MAIL	
PREFERRED PHONE NUMBER			NAME OF PARENT of GUARDIAN	
PREFERRED E-MAIL			EMPLOYER	
Please describe any health problems or concerns that we should be aware of (i.e. allergies, asthma). If necessary, provide detailed instructions to deal with the problem in case of an emergency.			WORK PHONE and/or E-MAIL	
DATE OF BIRTH  / /	AGE	GRADE (for 2019-2020)	GENDER  M or F	SCHOOL FOR 2017-2018

EMERGENCY CONTACT	RELATIONSHIP TO STUDENT
PHONE NUMBER	ALTERNATE PHONE NUMBER

## PAYMENT INFORMATION

I agree to pay the full tuition for the camp (s) I have registered him/her for. I also understand that collection measures will be pursued to obtain any outstanding balance. I understand that I will not receive a refund for classes if I cancel, do not show up, or decide to leave after a certain period of time. I also understand that I will not be refunded for camps cancelled for a reason beyond DSA's control, such as inclement weather or problems at the camp site, and that camp will not be made up. I understand that my child may not attend a DSA camp for which he or she is not registered with all forms on file and payment received. If there are any extenuating circumstances regarding my registration/outstanding balance, I agree to promptly notify DSA in writing.

## WAIVER/RELEASE AND MEDICAL AUTHORIZATION

I, \_\_\_\_\_, (parent's name) as parent/ legal guardian of

\_\_\_\_\_, (child's name) hereby give my consent for participation in Summer Camps @ DSA

- I assume all risks and hazards incidental to participating, and do hereby waive, release, absolve, indemnify, and agree to hold harmless DSA their staff, volunteers, program venue location, and any sponsoring agency for any claim arising out of loss or injury that the participant might sustain while engaged in this program.
- I understand that insurance is not provided and that none of the sponsoring agencies / lessees / lessors are responsible for the medical condition of the participant listed in the space provided above. In the event that I cannot be reached in an emergency, I give permission to the physician selected by DSA to hospitalize and secure proper measures of treatment for the child named above. Medical bills will be the responsibility of the parent or guardian named above.
- If my child has an allergy or medical condition, I understand that I must provide any specific written details and/or medications to DSA prior to their first day of participation, and if I fail to do so, my child will not have access to them.
- I give DSA permission to use photographs or video footage taken of my child participating in class activities for any advertising, brochures, website, news releases, or any other media to promote or advertise future programs.
- Rules for students are the same for everyone without regard to race, color, national origin, gender, or disability. I understand that all students will be treated as individuals and respect will be shown for a range of abilities and behaviors.
- The student agrees to abide by the rules and regulations set by the Camp for the health, safety, and welfare of everyone.
- I, the undersigned parent/guardian, hereby authorize

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**Parent/Guardian's Signature Date**

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**Medical Insurance Policy Carrier**

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**Medical Number/ID**