

CAMP INFORMATION

CAMP HOURS

Regular Hours: Monday through Friday: 9:30 a.m. - 3:30 p.m.

Drop off window starts at: 9:00 a.m. Camp starts promptly at 9:30 a.m.

Camp ends at 3:30 p.m. Please pickup your child then but no later than 4 p.m.

Final Showcase: That Friday 6:00 p.m. Performers should arrive at 5:30 p.m.

Please make sure that your child dresses comfortably. We suggest avoiding dresses and skirts, if possible.

PAYMENT

Early Bird Price: By May 15: \$300 ~ Normal Price: After May 15: \$350

We want everyone to participate that wants to! Sliding scale slots per camp are available for families with limited financial means. Contact us to discuss.

Cancellations are subject to a fee of \$150. No refunds will be given two weeks prior to camp start date,

Check or cash preferred. Please make checks payable to Camp CHAOSity LLC. Online fee-free payment may be arranged via Square Cash or PayPal Friends & Family.

FORMS

All fully completed forms are turned in at the time of payment. If you have questions about any of the forms, please contact us BEFORE payment.

CONTACT

(720) 504-5503 | campchaosity@gmail.com

Mail Completed Registration Forms and Payment to:

Camp CHAOSity LLC 4725 W 35th Ave. Denver, CO 80212

Or scan and email to: campchaosity@gmail.com

REGISTRATION

Location of Camp (example: Hearthstone) _____

Camper: Last Name: _____ First Name: _____

Date of Birth: _____ Age: _____ Grade (in Fall): _____

Gender: (Circle one): Male Female

Address: _____ City: _____

State: _____ ZIP: _____

Cell Phone Camper (if applicable): _____

Parent: Last Name: _____ First Name: _____

Parent Address (If different): _____

City: _____ St. _____ Zip: _____

Email: _____

Cell Phone (parent): _____

Parent: Last Name: _____ First Name: _____

Parent Address (If different): _____

City: _____ St. _____ Zip: _____

Email: _____

Cell Phone (parent): _____

MEDICAL BACKGROUND

This form is confidential and only seen by camp staff or medical personnel.

Please indicate whether this youth has experienced any of the following and explain what the medical staff may need to do about it. If you need more space for explanations, please use the back this sheet or attach a separate piece of paper.

Convulsions: _____ Diabetes: _____

Severe allergic reactions (please circle): Plants Drugs

Food Allergies: _____

Insects/Animal allergies: _____

Operations or serious injuries: _____

Chronic or re-occurring Illness: _____

Date of last tetanus shot: _____

Any specific activities to be restricted: _____

Any behavioral or medical information that would help us assist your child in a group and individual setting: _____

List all medications and dosage instructions: _____

Name of Health Insurance Company: _____ Policy #: _____

Note: All medicine must be bagged and identified with complete dispensing instructions. All medicines (including over-the-counter) must be turned in to the medical staff for the duration of the event or activity.

Has this youth been in counseling within the past 12 months? Yes No

Note: If currently under psychological care, we must have a signed letter from the primary care therapist indicating approval for this youth's attendance at this event.

MEDICAL AND TRANSPORTATION CONSENT AND RELEASE

This health history is accurate so far as I know and the person herein described has permission to engage in all prescribed camp activities except as noted above by me. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for and to order injection, anesthesia, e-ray examination, blood transfusion, laboratory procedures, setting for broken bones and/or surgery for my child as named below.

The undersigned (parent or parents, or court appointed guardian of the Child named above) hereby consent to the performance and rendition of all emergency medical treatment and services and all other medical treatment and services directed by, performed by, or rendered by any person licensed to practice medicine or directed by, performed by or rendered by other qualified medical personnel during such Child's attendance at and travel to and from any activities conducted or sponsored by or connected in any way with Camp CHAOSity LLC. Without limiting the generality of the foregoing, the terms medical treatment and services include the administration or performance of x-ray examination, injections, blood transfusions, laboratory procedures, anesthesia, setting of broken bones and surgical procedures.

The undersigned hereby indemnify and agree to hold Camp CHAOSity LLC and their agents and employees, free and harmless against any damages, losses, costs or expenses resulting from or arising out of any claims, demands or causes of action that may arise out of or result from any such medical treatment or services. If for any reason insurance is unavailable or my insurance carrier does not pay, I hereby assume full responsibility for financial obligation of treatment. This Consent and Release shall remain in full force and effect until revoked in writing by the undersigned.

24-hour phone where parent(s) may be reached: _____

Both parents must sign if both have custody of the Child:

Parent Signature: _____ Relationship: _____

Parent Signature: _____ Relationship: _____

CODE OF CONDUCT

Please read the agreement below with your camper and submit with registration. Both campers and parents need to sign the form.

- I agree to welcome the unknown – all ideas, thoughts and perspectives new to my world.
- I agree to listen deeply to teachers and fellow campers with every part of my being.
- I agree to be encouraging to other students while they are learning and to accept encouragement from others.
- I agree to refrain from using electronic devices during camp hours with the sole exception of communicating with parents.
- I understand and agree to abide by these agreements while I am a camper at Camp CHAOSity

Signature of Camper: _____

Printed Name of Student: _____ Date: _____

Signature of Camper: _____

Printed Name of Student: _____ Date: _____

I have read these with my child and will ensure that they understand and honor these agreements.

Parent Signature: _____

PHOTOGRAPHY AUTHORIZATION AND RELEASE

I hereby grant permission to Camp CHAOSity LLC and its staff to photograph/video/record my image, likeness, or depiction and/or that of my minor children. I hereby grant permission to edit, crop, or retouch such photographs/video/recording, and waive any right to inspect the final photographs/video/recording. I hereby consent to and permit photographs/video/recording of myself or those of my minor children to be used for any purpose, including educational and advertisement purposes, and in any medium, including print and electronic. I understand that the photographs/video/recording may be used with or without associating names thereto. I further waive any claim for compensation of any kind for the use or publication of photographs/video/recording of me and/or those of my minor children.

I hereby fully and forever discharge and release the camp from any claim for damages of any kind (including, but not limited to, invasion of privacy; defamation; false light or misappropriation of name, likeness or image) arising out of the use or publication of photographs/video/recording of me and/or those of my minor children (if applicable) by the camp, agree not to sue or otherwise initiate legal proceedings against the camp for such use or publication on my own behalf or on behalf of my minor children. All grants of permission and consent, and all covenants, agreements and understandings contained herein are irrevocable. I acknowledge and represent that I am over the age of 18, have read this entire document, that I understand its terms and provisions, and that I have signed it knowingly and voluntarily on behalf of myself and/or my minor children.

Signature: _____ Date: _____

Print Name: _____

Print Name of Minor Child: _____

Print Name of Minor Child: _____

Print Name of Minor Child: _____