

**Unity of Fort Collins & Polestar Gardens Summer Camp**

**Unity of Fort Collins & Polestar Gardens Youth Summer Camp Registration Form**

**Child # 1**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
Gender \_\_\_\_\_ Pronouns \_\_\_\_\_  
School Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_  
Street Address \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Child's Home Phone \_\_\_\_\_  
Child lives with: \_\_\_\_\_  
Person responsible for payment \_\_\_\_\_

**Child # 2**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
Gender \_\_\_\_\_ Pronouns \_\_\_\_\_  
School Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_  
Street Address \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Child's Home Phone \_\_\_\_\_  
Child lives with: \_\_\_\_\_  
Person responsible for payment \_\_\_\_\_

**Child # 3**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
Gender \_\_\_\_\_ Pronouns \_\_\_\_\_  
School Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_  
Street Address \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Child's Home Phone \_\_\_\_\_  
Child lives with: \_\_\_\_\_  
Person responsible for payment \_\_\_\_\_

**Parent/Guardian - Contact Information**

***Parent/Guardian #1***

First \_\_\_\_\_ Last \_\_\_\_\_  
Street Address \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_

***Parent/Guardian #2***

First \_\_\_\_\_ Last \_\_\_\_\_  
Street Address \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Work phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_

**Emergency Contact Information – Alternate Pickup/Release**

***Emergency Contact #1***

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email \_\_\_\_\_ Relation to child \_\_\_\_\_

***Emergency Contact #2***

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email \_\_\_\_\_ Relation to child \_\_\_\_\_

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_

**Unity of Fort Collins & Polestar Gardens Summer Camp**

**Medical Release Information**

Insurance Information

Policy Number \_\_\_\_\_ Name of Health Insurance Provider \_\_\_\_\_

Primary Physician \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Please list any medical problems, including any requiring maintenance medication (i.e., Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required Treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes ___ No ___ Yes
_____	_____	No _____ Yes
_____	_____	No _____

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes \_\_\_ No \_\_\_ If yes, explain: \_\_\_\_\_

Is your child allergic to any type of food or medication?

Yes \_\_\_ No \_\_\_ If yes, explain: \_\_\_\_\_

Does your child require a special diet?

Yes \_\_\_ No \_\_\_ If yes, explain: \_\_\_\_\_

The purpose of the above-listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

**Deposit:**

\$50 deposit is due at the time of camp registration. **This deposit will be put towards camp tuition.**

**YOUTH SUMMER CAMP TUITION & PAYMENT:**

Balance less deposit paid for Camp tuition is due 2 weeks before the start of your camp either by credit card, cash, check or online payment. If a camper's tuition is not paid, they will not be able to attend camp.

10% discount for 2<sup>nd</sup> child and 15% discount for the 3<sup>rd</sup> child.

**Please select from the following payment options:**

\_\_\_\_ Week of 6/16/2025 - \$300 (Balance of tuition due 6/3/2025)

\_\_\_\_ Week of 6/23/2025 - \$300 (Balance of tuition due 6/9/2025)

\_\_\_\_ Weeks of 6/16 and 6/23/2025 - \$500 (Balance of tuition due (6/3/2025))

**Camp Tuition Total:** \_\_\_\_\_

The financially responsible party signing this form understands and agrees to follow the Tuition Payment and Fees Policy. If multiple parties are paying for tuition, a Tuition Agreement is required for all Financially Responsible Parties.

## Unity of Fort Collins & Polestar Gardens Summer Camp

### Terms of Agreement:

Adult participation is encouraged. Tuition will be adjusted to accommodate parent involvement in the program. A full refund of tuition is guaranteed if camp is cancelled two weeks prior to the first day.

### Photo Release

I hereby give permission for my child to be photographed during the **Unity of Fort Collins & Polestar Gardens Youth Summer Camp**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports and for promotional purposes including flyers, brochures, newspapers and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Unity of Fort Collins & Polestar Gardens, Inc.

Parent's/Guardian's Initials \_\_\_\_\_

Unity of Fort Collins and Polestar Gardens, Inc and their affiliates and co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e., EMT, First Responder, and/or Physician).

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

Coordinator Signature: \_\_\_\_\_

Director Signature: \_\_\_\_\_

## Unity of Fort Collins & Polestar Gardens Summer Camp

### Participation Consent Form

(REQUIRED)

I, the undersigned\*, hereby release discharge, indemnify, hold harmless and defend Unity of Fort Collins and Polestar Gardens Inc., their affiliates, officers, employees and service personnel from any and all liability (claims, demands, losses, causes of action, suits, judgments) of any kind that I or my family may have against Unity of Fort Collins and Polestar Gardens, Inc. due to death, personal injury or illness, loss or damage to property, or future causes that occur during the 2025 Unity of Fort Collins & Polestar Gardens Summer Camp. In the event of any medical emergency, I authorize and consent for members of the Polestar Gardens Community to act on behalf of my child/ren for medical care deemed necessary for the participant.

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Name of Participant

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Name of Parent

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Medical Insurance Company

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Policy Number

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Family Doctor

Phone Number

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\*Parent Signature

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Contact Phone Number

Date

Unity of Fort Collins  
1401 W. Vine Drive  
Fort Collins, CO 80521

Polestar Gardens, Inc  
850 South Overland Trail, #15  
Fort Collins, CO 80521