

PURGATORY



**PACK**

Purgatory Adventure Camp for Kids

## 2019 REGISTRATION FORM

Parent(s) Name(s): \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Day Time Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

**Best # to reach you during PACK (Circle ONE, this will be the # we carry with us):** Home Day Time Cell

Physical Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**CHILD 1: Name:** \_\_\_\_\_  
First Last

Date of Birth: \_\_\_\_\_ Age (min. age 5 years): \_\_\_\_\_  Female  Male

**CHILD 2: Name:** \_\_\_\_\_  
First Last

Date of Birth: \_\_\_\_\_ Age (min. age 5 years): \_\_\_\_\_  Female  Male

**CHILD 3: Name:** \_\_\_\_\_  
First Last

Date of Birth: \_\_\_\_\_ Age (min. age 5 years): \_\_\_\_\_  Female  Male

PLEASE FILL OUT COMPLETELY: If your child is injured or becomes sick who, *other than yourself*, may we contact?

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

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Do(es) your child(ren) have any **medical or physical conditions** we should be aware of?  **Yes**  **No**

If YES, please specify: \_\_\_\_\_

\_\_\_\_\_

(Required)  
**Primary Physician's Name** \_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_

(Required)  
**Dentist's Name** \_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Note: Colorado law dictates that we must obtain the below information in order to be able to reach a parent in case of an emergency or natural disaster. Please provide:

Parent #1 Employer: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent #2 Employer: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**IF ATTENDING 15 DAYS OR MORE, COLORADO STATE LAW REQUIRES PROOF OF IMMUNIZATION. PLEASE PRESENT A COPY WITH YOUR ENROLLMENT FORM. IF YOU DO NOT HAVE THIS DOCUMENTATION AT THE TIME OF ENROLLMENT, PLEASE ASK FOR AN EXEMPTION FORM.**