



SNOWMASS CLUB

CAMP ELEVATION 2018 Registration Form

SNOWMASS CLUB REGISTRATION FORM

Child's Name _____

Member # _____

Home Address _____

Home Phone # _____ Age _____ Date of Birth _____

Gender: Male Female

Daytime Phone # _____ Cell # _____

Email Address _____

Parent / Guardian Name _____

Daytime Phone # _____ Cell # _____

Email Address _____

Person(s) to be notified in case of an emergency when parent / guardian cannot be reached:

_____ Phone # _____

_____ Phone # _____

Parent / Guardian Signature _____ Date _____

MEDICAL INFORMATION

Child's Name: _____ Date of Birth: ____/____/____

Medication Allergies (list)

Name: _____

Dates of Last Reactions: _____

Reaction and Management of Reaction: _____

Food Allergies (list)

Name: _____

Dates of Last Reactions: _____

Reaction and Management of Reaction: _____

Other Allergies (list) – Include insect stings, hay fever, asthma, animal dander, etc.

Name: _____

Dates of Last Reactions: _____

Reaction and Management of Reaction: _____

Date of Child's Last Tetanus Shot: ____/____/____

Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary)

MEDICAL INFORMATION (continued)

Use this space to provide any additional information about the participant’s behavior and physical, emotional, or mental health about which the camp should be aware. Special Supervision or Directions on Handling.

Hospital Preference: _____

Name of Family Physician: _____

Address: _____

Phone Number: _____

Name of Family Dentist / Orthodontist: _____

Address: _____

Phone Number: _____

EMERGENCY AUTHORIZATION

The Snowmass Club has my permission, in an emergency, to call 911, and/or send my child to a Hospital/Urgent Care Facility, and the Medical Personnel have my authorization to provide treatment that a physician deems necessary for the wellbeing of my child. The Snowmass Club will make every reasonable attempt to contact the Parent/Guardian/Emergency contacts. The Snowmass Club is also authorized, if requested by medical personnel in an emergency situation, to release any medical information that I have provided as part of the enrollment application for my child to participate in this camp and/or program. I also understand that all medical bills and charges that may be incurred are my responsibility.

Parent / Guardian Signature _____ Date _____

MEDICAL INFORMATION (continued)

Medications Being Taken – Parental Request to Administer Medication

Please list ALL medications (including over-the-counter or non-prescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging / bottle that identify the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration. Your child is responsible for taking his or her medication and camp staff cannot be responsible for administering it.

This person takes NO medications on a routine basis. This person takes medications as listed below.

Medication #1 _____ Dosage _____ Times taken _____

Reasons for taking: _____

Medication #2 _____ Dosage _____ Times taken _____

Reasons for taking: _____

Medication #3 _____ Dosage _____ Times taken _____

Reasons for taking: _____

NOTICE OF PRIVACY PRACTICES

All medical institutions, such as hospitals, doctors and health insurance companies are required to participate and follow the rules set forth in the **HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)**. Among its many requirements, the law requires health care providers to keep track of who accesses your medical information and provide you with that information upon request. While the Club is not a health care provider and thus does not fall under this mandate, we want to follow the spirit of the law and provide you with information on how your child’s summer camp form information is used at the Club and who will have access to your child’s information. Our goal is to take appropriate steps to attempt to safeguard any medical or other personal information that is provided to us.

INFORMATION COLLECTED ABOUT YOUR CHILD

In the ordinary course of registering your child for summer camp, you will be providing us with personal information such as:

- Your name, address, and phone number.
- Information relating to your child’s medical history.
- Information concerning your doctor, nurse or other medical providers.

In Our Office: Copies of your documents and your paperwork are secure during and after office hours. Access to our office is by means of a secure entrance. Discarded paperwork and documents are shredded on site.

The Club has a long standing policy of not sharing your information with any other organization. We may at times partner with another organization or company to promote a program or service, but at no time is your information shared with these organizations.

All files can be reviewed and seen by the following Club employees: Club Manager, Assistant Manager, Regional General Manager, Camp Director, and Assistant Camp Director.

At Club/camp programs, your child's information can be reviewed by the following staff and volunteers: Club Manager, Assistant Manager, and Regional General Manager, Camp Director, Assistant Camp Director, and camp counselors.

Upon such times as the Club's/camp's program goes off-site for a field trip or goes on excursions on trails, paths, lakes, outside fences, or other locations not necessarily directly on Club property, the Camp Director shall take the notebook containing each child's health information so to have immediately available in case of an emergency as access to the office is not close by. Such notebook shall be returned to the Club's office upon returning to the Club.

Emergencies

We may disclose your child's health information to notify or assist in notifying a family member or another person responsible for your child's care about their medical condition or in the event of an emergency. We may disclose your child's health information to emergency medical personnel in a case where we can't reach a family member and immediate medical care is necessary.

Public Health

As required by law, we may disclose your child's health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting to the Food and Drug Administration problems with products and reactions to medications, and reporting disease or infection exposure.

Judicial and Administrative Proceedings

We may disclose your child's health information in the course of any administrative or judicial proceedings.

Law Enforcement

We may disclose your child's health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena, or other law enforcement purposes.

Public Safety

It may be necessary to disclose your child's health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or to the general public.

NOTICE OF PRIVACY PRACTICES (continued)**Change of Ownership**

In the event that the Club is sold or merged with another organization, your child's information /record will become property of the new owner.

Your Health Information Rights

- You have the right to request restrictions on certain uses and disclosures of your child's health information. Please be advised, however, that the Club is not required to agree to the restrictions that you requested.
- You have the right to have your child's health information received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery, upon your request.
- You have the right to inspect and copy your child's health information.
- You have the right to request that the Club amend your child's protected health information. Please be advised, however, that the Club is not required to agree to amend your child's protected health information. If you request to amend your child's health information has been denied, you will be provided with an explanation of our denial reason(s) and information about how you can disagree with the denial.
- You have a right to receive an accounting of disclosures of your child's health information made by the Club.
- You have a right to a paper copy of this Notice of Privacy Practices at any time upon request.

Changes to this Notice of Privacy Practices:

The Club reserves the right to amend this Notice of Privacy Practices at any time in the future, and will make the new provisions effective for all information that it maintains. Until such amendment is made, the Club is required by law to comply with this Notice.

The Club is required by law to maintain the privacy of your child’s health information and to provide you with notice of its legal duties and privacy practices with respect to your child’s health information. If you have questions about any part of this notice or if you want more information about your privacy rights, please contact us by calling this office at **970.923.5600**

Complaints

Complaints about your Privacy rights, or how the Club has handled your child’s health information should be directed to The Swinomass Club Management by calling **970.923.0926**

If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to:

DHHS, Office of Civil Rights
200 Independence Avenues, S.W.
Room 509F HHH Building
Washington, and DC 20201

For more information on HIPAA regulations, please visit the following websites for information.

- www.hhs.gov/ocr/hipaa
- www.hipaa.org

NOTICE OF PRIVACY PRACTICES (continued)

This notice is effective as of April 1, 2014.

I have read the Privacy Notice and understand my rights contained in this notice.

By way of signature, I provide the Snowmass Club with my authorization and consent to use and disclose my child’s protected health care information for the purposes of treatment and health care operations as described in the Privacy Notice.

Participant’s Full Name (print) _____

Parent/Guardian Full Name (print) _____

Parent/Guardian Signature _____

Date (mm/dd/yy) ____/____/____

AGREEMENT TO PARTICIPATE

The Snowmass Club summer camp activities take place outdoors on the grounds and indoors in the clubhouse. Nature and weather occur on their own schedule, sometimes unexpectedly.

It is necessary and appropriate in the outdoors and unfamiliar areas for each of us to take responsibility for ourselves and abide by the rules and supervision of the Snowmass Club and its recreation providers (i.e., Camp Director, camp counselors, lifeguard and swim instructor staff) who are providing due standard of care. We must be aware at all times where we are, the rules of participation, the natural conditions around us and what changes the weather might bring.

The undersigned, a participant in the summer camp program offered by the Snowmass Club and we the parent(s) or guardian(s) of the child, have read, understand, and agree to the following:

1. We acknowledge that participating in day camp requires a positive attitude; endurance; and physical activity through swimming, field games, projects, and arts & crafts.
2. We fully understand that summer temperature and occasional storms can be a factor in the summer day camp experience. I further realize that there are elements of physical risk such as heat exhaustion, heat stroke, dehydration, sunburn, and other summer-related conditions.
3. We understand that there are many unpredictable, changing conditions potentially affecting the summer day camp environment and experience.
4. We certify that to the best of our knowledge our child, the day camp participant, has no physical, mental or emotional condition which might be aggravated by these activities, which might in any way inconvenience or endanger staff or other participants or which might impair our child's ability to participate in and withstand all possible summer day camp activities. A medical information form has been completed and submitted for participation in camp.
5. We have read the behavior management policy and the parent information packet containing the rules and procedures for the Snowmass Club Summer Camp and will obey all rules, regulations, and directives of the Snowmass Club and the Camp Director, and will assist by informing and /or calling to the attention of the Camp Director any situation which might result in injury.

Parent/Guardian Signature _____ Date _____

RELEASE AND HOLD HARMLESS STATEMENT

Participation in any Snowmass Club activities and use of any recreational facilities involves a risk of accidental injury despite all safety precautions. I as parent or guardian of the participant named herein, assume all risks and hazards incidental to the activities, and release from responsibility and agree to indemnify and hold harmless The Snowmass Club, Toll Brothers, Inc., its officers, directors, independent contractors, and all employees for any illness or injury to me, my children or family members occurring during his/her/our participation in any camp activities, trips, or use of any recreational facilities conducted by The Snowmass Club.

We/I have read the Agreement to Participate, Emergency Authorization, and Release and Hold Harmless statements and understand their terms and accept their conditions. In the event that this Agreement is executed by one parent, I acknowledge that I am also acting as the agent of the other parent with authority to so enroll my child at The Snowmass Club Day Camp and to execute this agreement upon the representations herein made in accepting this enrollment.

In consideration for being accepted as a participant in the summer day camp program, I (we) parent(s) [or legal guardian(s)] hereby consent to him/her participating in above designated program and have signed the above participant agreement on behalf of said minor. I (we) understand the above agreement and have discussed this with my child.

DATE: ____/____/____

SIGNATURE: _____

RELATIONSHIP: _____

Swimming Release:

My child has permission to swim during the camp program. Yes No

The Child's swimming abilities are:

Beginner Intermediate Advanced Other _____

Arrival & Departure:

Means of arrival for child (walk, bike, driven, etc.) _____

Means of departure for child (walk, bike, driven, etc.) _____

Pickup Authorization: No child will be permitted to leave camp with persons other than those listed below.

Parent/Guardian (1) _____ Parent/Guardian (2) _____

Alternate (1) _____ Alternate (2) _____

Video / Photo Authorization: Yes No

I give permission for The Snowmass Club to include my child in program photographs and videos. I understand that these become the property of The Snowmass Club and Toll Brothers, Inc. to be used for promotional purposes and I authorize such use without compensation.

I give my permission for _____ to participate in all scheduled camp activities. Signing below verifies that you understand the camp procedures and have filled out the above forms to the best of your ability and knowledge.

Parent / Guardian Signature _____ Date _____