



hesperus
C A M P

KIDS Day Camp
July 17th, 2026

FOR OFFICE USE ONLY

- ☐ Information
- ☐ Release Signature
- ☐ Conduct Signature
- ☐ References
- ☐ Child Protection Pol.

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ADULT REGISTRATION FORM

Please complete each page of this form and give it to your group leader.

Adults without a completed registration form will not be allowed to participate in camp.

ADULT INFORMATION

Adult's Name (first) _____ (last) _____
Birth Date (mm/dd/yyyy) _____ Age _____ Gender _____
Physical (NOT Mailing) Address _____
City _____ State _____ Zip Code _____
Mailing Address _____
City _____ State _____ Zip Code _____
Home Phone (_____) _____ Cell Phone (_____) _____
E-Mail _____
What Church/Group are you coming to camp with? _____

Spouse/Emergency Contact

Name (first) _____ (last) _____ Relationship _____
Physical Address (if not sponsor's address) _____
City _____ State _____ Zip Code _____
Home Phone (_____) _____ Cell Phone (_____) _____
Work Phone (_____) _____ E-Mail _____
Place of Employment _____ Employer Address _____

Additional Emergency Contact

Name (first) _____ (last) _____ Relationship _____
Physical Address _____ City _____ State _____ Zip Code _____
Home Phone (_____) _____ Cell Phone (_____) _____

HEALTH INFORMATION

Hesperus Camp operates under a Childcare License in the State of Colorado. To maintain that license, we must strictly adhere to several guiding laws pertaining to medical issues. Escalating regulations require us to operate in an increasingly restrictive manner, which we understand may cause unfortunate inconvenience and cost to you. As such we are striving to streamline the process and eliminate any confusion, with the goal of having an incredible camp experience. Please read and understand the following regulations and procedures. Please call us if you have questions or need clarification: (970) 385-4389.

These medical regulations fall into four primary categories, each of which affect our ability to serve an individual as a guest. Below are listed each category and an explanation of the laws pertaining to it.

HEALTH HISTORY

Each guest must furnish a health history which indicates communicable diseases and chronic illnesses or injuries the individual has had, any known drug reactions and allergies, medications being taken, and any prescribed dietary needs.

Please list all communicable diseases with which you have had contact in the last two weeks. (common cold, strep throat, pink eye, etc.) _____

Check if you have or had the following:

- | | | | | |
|---|-----------------------------------|--|------------------------------------|-------------------------------|
| ☐ Asthma | ☐ Diabetes | ☐ Heart Trouble | ☐ Seizures | ☐ ADHD |
| ☐ Mumps | ☐ Measles | ☐ Chicken Pox | ☐ Headaches | |
| ☐ Other (such as Health Concerns over 8000' elevation) _____ | | | | |
| ☐ Surgeries & Dates _____ | | | | |

Date of last tetanus shot _____

Allergies: Check if individual is allergic to: ☐ Insects ☐ Foods ☐ Drugs

Please describe _____

Dietary Needs:

We strive to offer standard menus that provide options for common personal dietary PREFERENCES. Regarding **medically prescribed dietary RESTRICTIONS**, or NEEDS, we can work to accommodate them in a specialized manner. Please let us know what NEEDS are present so that we can be prepared to meet them. Please remember that **the individual has responsibility to know, understand, and adhere to their restrictions.**

Medically Prescribed Dietary NEEDS: _____

MEDICATIONS

By law, a licensed physician must supervise our processes, train us, and then legally delegate to us the permission to provide any health service. In so doing, the physician is personally liable for our actions and their medical license is in jeopardy. The following regulations have no flexibility. Home remedies and homeopathic medications MAY NOT be administered at camp.

ALL MEDICATIONS, whether PRESCRIPTION or OVER THE COUNTER (OTC), whether topical or oral (including vitamins) must be checked in upon arrival at camp and can only be administered by certified staff. The only exceptions are rescue inhalers and Epi-Pens, which the individual must carry with them always. ANY medication you may potentially need, such as Benadryl, Pepto Bismol, Tylenol, etc., **it is your responsibility to bring. The camp will not provide any OTC medication. If a need arises for medication for which we have no authorization, utilization of Urgent Care or the Emergency Room will be our only option.** To comply, each medication must be in **ORIGINAL PHARMACY LABELED CONTAINER** (including OTC medications).

MEDICATION 1: _____

Dosage: _____ Route: _____ Starting Date: _____ Ending Date: _____

To be given at the following time(s): _____

Special Instructions: _____

Purpose of medication: _____

MEDICATION 2: _____

Dosage: _____ Route: _____ Starting Date: _____ Ending Date: _____

To be given at the following time(s): _____

Special Instructions: _____

Purpose of medication: _____

MEDICATION 3: _____

Dosage: _____ Route: _____ Starting Date: _____ Ending Date: _____

To be given at the following time(s): _____

Special Instructions: _____

Purpose of medication: _____

MEDICATION 4: _____

Dosage: _____ Route: _____ Starting Date: _____ Ending Date: _____

To be given at the following time(s): _____

Special Instructions: _____

Purpose of medication: _____

MEDICATION 5: _____

Dosage: _____ Route: _____ Starting Date: _____ Ending Date: _____

To be given at the following time(s): _____

Special Instructions: _____

Purpose of medication: _____

GENERAL INFORMATION

Family Physician _____ Phone (_____) _____

Physician's Address _____

Insurance Provider _____ Phone (_____) _____

Policy Number _____ Group Number _____

Additional Information: Anything we need to be aware of about you to help us make your time at camp safe and enjoyable.
(Ex: sleepwalking, drug mood changes, etc.) _____

Perjury Statement

"Any applicant who knowingly or willfully makes a false statement of any material fact or thing in the application is guilty of perjury in the second degree as defined in Section 18-8-503, C.R.S., and, upon conviction thereof, shall be punished accordingly."

RELEASE AND WAIVER OF CLAIMS

If I should need emergency medical care or attention, Hesperus Baptist Camp (HBC) or any one of its agents or employees is hereby authorized to provide such emergency medical care, including without limitation, medical, dental, surgical care, or hospitalization, to me as is recommended or suggested by a health care professional.

If such emergency care is provided, I understand that my health insurance information will be given to the health care professional and that any expenses not covered by my insurance shall be my responsibility. I understand that HBC will not be obligated to pay either the health care professional or me for any medical expenses incurred.

There are instances when third party contractors are used to operate and supervise various events and activities (such as whitewater rafting). In those instances, where third party contractors are used, I agree to hold harmless the third-party contractor and HBC for the action of these third-party contractors with respect to injury, disability, death, or loss or damage to person or property. I further agree that HBC is also not liable for the actions or activities of participants or sponsors participating in events or activities operated by third party contractors.

I understand that the risk of injury from any recreational activity (including whitewater rafting and zip lines) is significant, including, but not limited to, the potential for permanent paralysis and death. While rules, equipment, and personal discipline may reduce this risk, the risk of severe injury does exist. I knowingly and freely assume all risks, both known and unknown, even if arising from negligence, and assume full responsibility for my participation and observing of such recreational activity.

Furthermore, in consideration of being allowed to attend HBC, I hereby waive any and all causes of action, rights, claims or suits which I may have against HBC, its agents or employees as a result of injury to me, including, but not limited to: (1) injuries arising from participation in or observation of recreational activities at HBC, and (2) injuries arising from the decision of HBC or its agents or employees to consent to the provision of emergency medical care to me.

I give authority and permission to HBC, its employees, or its agents to inspect my belongings while at HBC.

Adult Signature _____ Date _____

Adult Name (Printed) _____

PHOTO RELEASE AUTHORIZATION

I understand that my image may be included in a video or in photographs that may be made at HBC. I consent that my image may appear on videos, promotional resources, camp-endorsed web sites, etc.

Adult Signature _____ Date _____

ADULT CONDUCT AGREEMENT

I understand that I am voluntarily participating in guiding and supervising campers in the experience of an exciting camp and that my actions and attitude affect others around me. I understand that there are rules and policies in place to protect me and my fellow sponsors/campers, and I agree to follow those rules and policies. I understand that this will be an intense, tiring, and rewarding week as I seek to have a positive impact in the life of others. I commit to have a blast, be an encourager to others, lovingly engage all campers and leaders, and to make this the most memorable week of my life and of the campers I guide!

Adult Signature _____ Date _____



Adult Sponsor/Leaders Reference Form

Hesperus Policy and Colorado Law require all Adult Sponsors/Leaders at camp to provide three personal references. Please provide us with references from three individuals **not related to you**. Please have them complete their information **and remarks** on this form, or simply attach their information and remarks to this form. These references must accompany your Sponsor Registration Form at registration, or you will not be allowed to participate in camp.

This Adult Reference is for: _____

Reference #1

Name: _____

Date of Reference: _____ Relationship: _____

Comments of Reference (**must be completed**): _____

Reference #2

Name: _____

Date of Reference: _____ Relationship: _____

Comments of Reference (**must be completed**): _____

Reference #3

Name: _____

Date of Reference: _____ Relationship: _____

Comments of Reference (**must be completed**): _____



Child Protection Policies

Discipline Guidelines & Abuse Reporting

Under Colorado Statutes, Hesperus Camp is responsible for the safety and welfare of all our campers/guests. Under our Residential Camp Childcare License all sponsors/leaders of our groups share in that responsibility as an extension of our camp staff. As such it is mandatory that the following policies be understood and agreed to.

GENERAL CONDUCT

- Possession or use of beverage alcohol in any form is prohibited. Possession or use of any drugs, other than by prescription or obtainable "over the counter" is prohibited. Possession or use of any lethal weapon is prohibited on camp. **Unless you are staying in a locked private room, all medications are required to be turned in to the first aid staff at registration.**
- Leaders will respond to campers with respect, consideration, and equal treatment, regardless of sex, race, religion, sexual orientation, culture, or socio-economic status. Leaders will portray a positive role model for campers by maintaining an attitude of respect, patience, and maturity. They will avoid even the appearance of favoritism.
- One-to-one conversations with campers will be done in an open or public or other place where private conversations are possible but occur in full view of others.
- Leaders are prohibited from dating, becoming romantically involved with, or having sexual contact with a camper.

CAMPER DISCIPLINE

Discipline shall be constructive or educational in nature and may include such measures as diversion, separation from problem situations, talking with the camper about the situation or praise for appropriate behavior.

1. Campers shall not be subjected to physical harm, fear, or humiliation.
2. Campers shall not be punched, shaken, bitten, roughly managed, pinched or subjected to any physical punishment.
3. Separation, when used as discipline, shall be brief and appropriate to the camper's age and circumstances and the camper shall be within hearing range of an adult in a safe, lighted, well-ventilated place (not a locked room or closet).
4. No camper shall be punished for toileting accidents.
5. Verbal abuse or derogatory remarks about the camper, their family, race, religion, or cultural background are not allowed.
6. Meals may not be denied to the camper as a disciplinary measure.
7. Authority to punish shall not be delegated to another camper.
8. If a camper needs to be sent home the Executive Director of Hesperus Baptist Camp must be involved.

CHILD ABUSE REPORTING

Under the "Child Protection Act of 1987" (C.R.S. 19-3-301) in the Colorado Children's Code, childcare center workers are required to report suspected child abuse or neglect. The law at 19-3-304 states that if a child care worker has "reasonable cause to know or suspect that a child has been subjected to abuse or neglect or who has observed the child being subjected to circumstances or conditions which would reasonably result in abuse or neglect shall immediately report or cause a report to be made of such fact to the county department or local law enforcement agency."

"Abuse" or "child abuse or neglect" means an act or omission in one of the following categories which threatens the health or welfare of a child: skin bruising, bleeding, tissue swelling, or death; any case in which a child is subjected to sexual assault or molestation, sexual exploitation, or prostitution; any case in which a child is in need of services because the child's parents, legal guardian, or custodian fails to take the same actions to provide adequate food, clothing, shelter, medical care, or supervision that a prudent parent would take.

If at any time a staff member suspects child abuse, it is the responsibility of that staff member to report or to cause a report to be made of this suspicion to the **La Plata County Department of Human Services at 970-382-6150** or the **Sheriff's Office at 970-385-2900**. It is not staff's role to investigate suspected abuse--only to report it. Persons who make a good faith report are immune from civil and criminal liability. Additionally, the law provides for the protection of the identity of the reporting party.

A childcare worker who fails to report suspected child abuse or neglect commits a class 3 misdemeanor and will be punished as provided in section 19-3-304(4)(a)(b), C.R.S. The staff person could also be liable for damages "proximately caused thereby."

I have read and understand the above requirements concerning my responsibility regarding child protection.

Printed Name

Signature

Date