



**ANNUNCIATION
HEIGHTS**

— C O L O R A D O —

Summer Camp Activities Form

Summers at Annunciation Heights are full to overflowing with activities that are both fun and challenging, unique and rewarding! Much of a summer camp experience is centered around trying new experiences, finding out new skills, and pushing past previous comfort zones.

As such, there are a number of activities that are offered each year at camp that do just that. Each activity is run with the highest degree of vigilance and focus on safety. Most activities will be on property, besides from planned day-hikes in Rocky Mountain National Park. Close supervision is maintained, and equipment is inspected weekly to ensure it is in operating condition. Staff are trained to exceed CO state standards. And procedures are in place to verify that each and every child not only has a thrilling but also a safe experience. Safety is our number one priority here at Annunciation Heights.

Nevertheless, in compliance with state regulations and in accordance with good practice, the following form must be completed to allow for activity participation or exclusion. Please fill out a form for each camper attending.

Camper Name: _____

Activity Exclusion:

Please mark any of the following activities that you do NOT want your child to partake in. Otherwise, please mark "No Exclusions."

- | | |
|--|---|
| <input type="checkbox"/> Climbing Wall | <input type="checkbox"/> Day-hike |
| <input type="checkbox"/> High Ropes Course | <input type="checkbox"/> Boating Activities on Lake |
| <input type="checkbox"/> Zip-line | <input type="checkbox"/> Archery |
| <input type="checkbox"/> No Exclusions | |

Trip/Excursion Authorization:

In signing this form, I DO hereby give permission for my camper to leave Annunciation Heights without a parent/ guardian on all Summer Camp day trips. All campers will be under direct care of camp staff during field trips. I give permission for the participant named above to be transported by Annunciation Heights staff in approved vehicles on and off premises for program activities and medical care.

Parent Name: _____

Parent Signature: _____