

Gore Range Natural Science School Summer 2008 Youth Day Camp Registration Form



How to register... Send the registration materials and full payment to: **GRNSS, P.O. Box 9469, Avon, CO 81620** or Fax to **970-827-9730**. **Questions? Phone: 970-827-9725 x10**. Registration is on a first-come, first-serve basis, and spots will only be held with full payment. E-mail confirmation of registration will be sent within 5 business days of receiving completed registration forms. A final program packet will be sent within two weeks of registering. **Space is limited – enroll early!**

Items to send back to GRNSS: Completed Registration Form, including Student Pick-Up Information
 Completed Medical/Release Form (Please complete one for each participant)
 Full Tuition

1st Participant's Name _____ **Date of Birth** _____
Entering Grade _____ **in fall of 2008. School** _____

2nd Participant's Name _____ **Date of Birth** _____
Entering Grade _____ **in fall of 2008. School** _____

Primary Parent/Guardian Name _____ **Day Phone** _____

Mailing Address _____ **City** _____ **State** _____ **Zip** _____

Evening Phone _____ **Cell Phone** _____ **Fax** _____

****E-mail Required for registration confirmation** _____

Secondary Parent/Guardian Name _____ **Day Phone** _____

Evening Phone _____ **Cell Phone** _____

Grades 1 – 2	Listed alphabetically	Tuition:
<input type="checkbox"/>	Beavers & Builders (<i>Edwards, July 7-11</i>)	\$290
<input type="checkbox"/>	Camouflage (<i>Eagle, June 30-July 3, 4-day program</i>)	\$210*
<input type="checkbox"/>	Camouflage (<i>Edwards, June 30-July 3, 4-day program</i>)	\$235
<input type="checkbox"/>	Dinos, Volcanoes, Fossils (<i>Edwards, June 23-27</i>)	\$290
<input type="checkbox"/>	Dinos, Volcanoes, Fossils (<i>Eagle, July 14-18</i>)	\$260*
<input type="checkbox"/>	When Animals Adapt! (<i>Eagle, July 28-August 1</i>)	\$260*
<input type="checkbox"/>	Winged Wonders (<i>Edwards, July 21-25</i>)	\$290
<input type="checkbox"/>	Shutterbugs & Beetle Galleries (<i>Edwards, August 4-8</i>)	\$290
<input type="checkbox"/>	Winged Wonders (<i>Eagle, August 4-8</i>)	\$260*

Grades 3 – 4	Listed Alphabetically	Tuition:
<input type="checkbox"/>	Coyote, Coyote! (<i>Edwards, July 28-August 1</i>)	\$290
<input type="checkbox"/>	Going Out West (<i>Eagle, August 4-8</i>)	\$260*
<input type="checkbox"/>	Guardians in the Forest (<i>Edwards, July 7 - 11</i>)	\$290
<input type="checkbox"/>	Stories in Stone (<i>Edwards, June 23-27</i>)	\$290
<input type="checkbox"/>	Stories in Stone (<i>Eagle, July 14-18</i>)	\$260*
<input type="checkbox"/>	Surviving the Wild (includes overnight on Thursday) (<i>Edwards, July 21-25</i>)	\$310
<input type="checkbox"/>	Surviving the Wild (includes overnight on Thursday) (<i>Eagle, July 28-August 1</i>)	\$280*

*** Eagle resident price.**
Non-residents for Eagle programs use Edwards price.

Grades 5 – 6	Listed Chronologically	Tuition:
<input type="checkbox"/>	EcoExploers (<i>Uneva Peaks, July 11</i>)	\$50
<input type="checkbox"/>	EcoExploers (<i>Beaver Lakes, August 8</i>)	\$50

T-shirts - \$12
 Mark quantity you desire next to the size. Pick-up at first day of camp,
 but include cost in your total amount below.
 ___ **Sm** ___ **Med** ___ **Lg** ___ **XL**

Payment Info: Check Enclosed MasterCard Visa American Express
 CC# _____ Exp. Date _____
 Name on Card _____
 Signature: _____ **Amount Enclosed/to Charge: \$** _____



Gore Range Natural Science School Summer 2008 Youth Day Camp Registration Form

Registration Policy: Space is limited to 13 participants per course. Youth courses are led by at least two field instructors. Registration is on a first-come, first-serve basis, and spots will only be held with full payment.

Refund & Cancellation Policies: GRNSS will refund your full payment less a \$25 administration fee if you cancel at least 14 days prior to the course date. No refunds for cancellations within 14 days of the course date. GRNSS reserves the right to cancel a course. If we cancel a course, you will receive a full refund.

Disclosure & Statement of Understanding

My child and I have read and understand the terms of enrollment in GRNSS summer youth program and agree to them. My child and I give GRNSS permission for reasonable and proper use of any photograph taken of me or my child or any written statement made by me or my child during this program.

Signed (Parent or Guardian)

Date

Student Pick-Up Information

- Drop off is at 8:30 am, pick up is between 3:30 and 4:30. All students must be picked up by 4:30.
- Drop off and pick up locations:
 - Edwards Programs: Berry Creek Middle School (1000 Miller Ranch Road)
 - Eagle Programs: Brush Creek Pavilion Studio Building (0909 Capitol Street, Eagle)
- Fridays: please arrive at 3:00 p.m. for a presentation.

Please list those adults to whom your child may be released and picked up by.

Name	Home Phone	Work Phone	Relationship

Parent or Guardian's name (print) _____

Parent or Guardian's Signature _____

GRNSS can ONLY release your child to people listed above.

Please return this form with your medical information/risk-release form and registration.

Gore Range Natural Science School
2008 Youth Medical Information & Risk Release

Parent or Guardian, please print the following information. Make sure both sides are completed & signed.

Program Name _____ Program Date(s) _____
Student's Name _____ Home Phone _____
Date of Birth _____ Social Security Number _____
Mailing Address _____ City _____ State _____ Zip _____
Parent/Guardian's Name(s) _____ Business Phone _____
Insurance Company Name _____
Phone _____ Policy Number _____
Family Physician _____ Phone _____
In case of emergency, what other relative, neighbor, or friend may be called?
Name _____ Relationship _____
Address _____ Phone _____

Although The Gore Range Natural Science School is academically oriented, some of the activities are quite strenuous if the participant is unfamiliar with such activities or is not in good physical condition. The ability to walk several miles without undue fatigue indicates reasonable physical fitness. Any previous knee or ankle problems, excessive weight, or allergies to food, medicine or insect bites are also of particular concern.

The following information is important and will help us avoid health or medical problems before they occur.

Age _____ Height _____ Weight _____

Does your student have any adverse reactions to medication? No Yes

If yes, please list: _____

Does your child have allergic reactions to bee stings? No Yes

Does your child have or has experienced in the past any of the following problems? If so, please specify type of problem.

Respiratory Problems: _____

Heart Condition: _____

High Blood Pressure: _____

Ankle or Knee Problems: _____

Other: _____

Date of last tetanus shot: _____

Is the student using any medication? No Yes

If so, what type and dosage? _____

What is the medication specifically for? _____

Do you have any dietary restrictions? _____

If the student has any emotional disorders or learning disabilities that may effect his/her participation in our program, please describe this condition in order that we may better serve you. Please list any fears or phobias the student may have that require special attention. Attach an additional page if you need more room. _____

The Gore Range Natural Science School staff is concerned about inappropriate use of both prescription and non-prescription medication by minors. If the student is not 21 years of age he/she is not permitted to use or share *any* medication without written permission from a parent, legal guardian, or physician or under specific authorization of a GRNSS staff person.

I give permission for my minor son/daughter to join this educational program and I authorize Gore Range Natural Science School staff to obtain or administer medical treatment for him/her in the event of an emergency.

Signed (Parent or Guardian) _____ Date _____

Release Agreement / Information of Risk

The activities of the Gore Range Natural Science School may involve strenuous physical exercise, exposure to changing weather conditions, and use of potentially dangerous equipment and tools. They also demand the total attention and responsibility of each participant, either as an individual or part of a cooperating group. In addition, these activities include the inherent risk of fatigue, mental stress, injury or death. Your permission, indicated below, acknowledges these risks, and also entrusts Gore Range Natural Science School to apply reasonable restrictions to free time pursuits that maximize safety and enhance our ability to respond to emergency.

The following is a list of *potential activities* which your son/daughter may be participating in as part of the Gore Range Natural Science School program: **backpacking, hiking, games & initiatives, outdoor cooking, conservation project, vehicle travel, night time activities, wilderness travel and survival skills, map & compass, scientific field research, and overnight camping.**

I attest that I have carefully read the information concerning potential risk. I further realize that I am voluntarily responsible for his/her participation and agree to ask for any necessary clarification concerning the Gore Range Natural Science School program and/or activities prior to signing this form.

I, _____ (name of parent or legal guardian), hereby acknowledge that my son/daughter, _____ (student name) has been given my full permission to participate in the Gore Range Natural Science School Program entitled _____

I voluntarily elect to assume all risks of loss, damage, injury, including death, which may be sustained by my son/daughter or any property of his/hers in the course of his/her participation in this program. In consideration of the opportunity afforded him/her to participate in the above mentioned program I hereby knowingly, freely and voluntarily release, and, moreover, covenant to indemnify and hold harmless Gore Range Natural Science School, its Executive Director, Board of Directors, staff and employees from any and all liability, claims, demands or causes of action whatsoever, including claims based on negligence, arising out of any loss to me or my son/daughter in the course of or related to, participation in this program or the use of equipment supplied to my son/daughter in connection with any program. My child and I give GRNSS permission for reasonable and proper use of any photograph taken of me or my child or any written or verbal statement made by me or my child during or pertaining to this program.

Signed (Parent or Guardian)

Date

Signed (Parent or Guardian)

Date

I have carefully reviewed the above list of activities, and I agree to participate in or undertake only those for which I have received permission. I further acknowledge the supervisory role of Gore Range Natural Science School staff in ensuring my safety despite my own perceived abilities or desire for autonomy.

Signed (Parent or Guardian)

Date

PRE-EXISTING CONDITIONS ONLY

If the student has a pre-existing condition that might be affected by participation in an active outdoor program at elevations exceeding 8,000 feet above sea level, please describe this condition and have a physician fill out and sign all sections below. *Fill this section out only if you believe that you may have such a pre-existing condition.*

Description of Condition: _____

Medication taken, dosage, and timing: _____

Other special instructions or precautions: _____

Physician's statement:

I _____ have examined _____
(Please print) (Student name)

and recommend that she/he can participate in Gore Range Natural Science School programs.

Signed (Physician)

Date