

Gore Range Natural Science School
Summer 2010 Earthkeepers 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. Electronic 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 registration. **Space is limited – enroll early!**

- Items to send back to GRNSS:
- Completed Registration Form
 - Full Tuition
 - Completed Medical/Release Form (attached) – Youth & Adult

Earthkeepers

Programs for a Parent/ Grandparent with a 4 to 7 year-old. Maximum of 20 participants.
 All programs are on Fridays, 9am-12pm at Maloit Park, off Route 24, South of Minturn.

- Trees, Please!- July 9
- Night Stalkers- July 16
- Buzz, Buzz, Buzz – July 23
- Stream Fling – July 30

Tuition Two family members: \$35 each program, \$120 for all four sessions
 Each additional person: \$10 each program, \$40 for all four sessions

Youth Participant's Name _____ Date of Birth _____

Youth Participant's Name _____ Date of Birth _____

Adult Participant's Name _____

Mailing Address _____ City _____ State _____ Zip _____

Primary Parent/Guardian Name _____

Mailing Address _____ City _____ State _____ Zip _____

Day Phone _____ Fax _____

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

Secondary Parent/Guardian Name _____

Day Phone _____ Cell Phone _____

Payment Info: Check Enclosed MasterCard Visa American Express

CC# _____ Exp. Date _____

Print Name on Card _____ Signature: _____

AMOUNT ENCLOSED OR TO CHARGE: \$ _____

Registration Policy: Space is limited to 20 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 more than 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

Gore Range Natural Science School
2010 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

Youth 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, videotape, film or audiotape 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 (*Parent or Guardian*)

Date

2010 Adult Medical Information & Risk Release

Please print the following information. Make sure both sides are completed & signed.

Program Name _____ Program Date(s) _____
Participant's Name _____ Date of Birth _____
Social Security Number _____
Mailing Address _____
Work Phone _____ Home 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 _____
Do you have any adverse reactions to medication? No Yes

If yes, please list: _____

Do you have allergic reactions to bee stings No Yes

Do you have or have you experienced in the past any of the following problems? If so, please specify:

Respiratory Problems: _____

Heart Condition: _____

High Blood Pressure: _____

Ankle or Knee Problems: _____

Other: _____

Date of last tetanus shot: _____

Are you using any medication? No Yes

If so, what type and dosage? _____

What is the medication specifically for? _____

Do you have any dietary restrictions? _____

If you have any emotional disorders or learning disabilities that may effect your participation in our program, please describe this condition in order that we may better serve you. We are also interested in knowing if you have any fears or phobias that may require special attention. Please attach an additional page if you need more room. ____

Gore Range Natural Science School staff need to know as much information about your medications as possible. This will assist the staff deliver proper care in case of an emergency. I have filled out the above information to the best of my ability and authorize Gore Range Natural Science School staff to obtain or administer medical treatment for me in the event of an emergency.

Signed _____ Date _____

(Participant)

Adult 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 emergencies

The following is a list of *potential activities* which you may participate in as part of the Gore Range Natural Science School program: backpacking, hiking, games and initiatives, outdoor cooking, conservation project, vehicle travel, night time activities, wilderness travel and survival skills, map and 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 my 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, _____ (*participant name*), hereby acknowledge the risks associated with the Gore Range Natural Science School Program entitled _____ and voluntarily wish to participate in it.

I voluntarily elect to assume all risks of loss, damage, injury, including death, that may be sustained by me or any property of mine in the course of participation in this program. In consideration of the opportunity afforded me 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 in the course of or related to, participation in this program or the use of equipment supplied to me in connection with any program.

I give GRNSS permission for reasonable and proper use of any photograph, videotape, film or audiotape taken of me and any written or verbal statement made by me during or pertaining to this program.

I have carefully reviewed the above list of activities, and I agree to participate in or undertake only those for which I have the ability. 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 _____ Date _____
(Participant)

Pre-existing Conditions ONLY

If you have 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) (Participant name)

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

Signed _____ Date _____
(Physician)