

Gore Range Natural Science School Summer 2010 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 2010. School** _____

2nd Participant's Name _____ **Date of Birth** _____
Entering Grade _____ **in fall of 2010. School** _____

Primary Parent/Guardian Name _____

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

Primary Phone _____ **Fax** _____

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

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

Grades 1 – 2	Listed alphabetically	Tuition:
<input type="checkbox"/>	Beavers and Builders (<i>Edwards, July 5-9</i>)	\$290
<input type="checkbox"/>	Caves and Canyons (<i>Edwards, June 21- 25, 2 sections</i>)	\$290
<input type="checkbox"/>	Caves and Canyons (<i>Eagle, July 19-23</i>)	\$290/\$260*
<input type="checkbox"/>	Shutterbugs and Beetle Galleries (<i>Edwards, July 26- 30</i>)	\$290
<input type="checkbox"/>	When Animals Adapt (<i>Eagle, July 12-16</i>)	\$290/\$260*
<input type="checkbox"/>	When Animals Adapt (<i>Edwards, August 2-6</i>)	\$290
<input type="checkbox"/>	Winged Wonders (<i>Edwards, June 28- July 2</i>)	\$290
<input type="checkbox"/>	Winged Wonders (<i>Eagle, June 28- July 2</i>)	\$290/\$260*

Grades 3 – 4	Listed Alphabetically	Tuition:
<input type="checkbox"/>	Earthquakes, Layers and Landforms (<i>Edwards, June 21- 25</i>)	\$290
<input type="checkbox"/>	Earthquakes, Layers and Landforms (<i>Eagle, July 19-23</i>)	\$290/\$260
<input type="checkbox"/>	Going Out West (<i>Edwards, July 26-30</i>)	\$290
<input type="checkbox"/>	Guardians of the Forest (<i>Edwards, July 5-9</i>)	\$290/\$260*
<input type="checkbox"/>	Surviving the Wild (<i>Edwards, August 2-6</i>)	\$310
<input type="checkbox"/>	Surviving the Wild (<i>Eagle, July 12-16</i>)	\$310/\$280*
Grades 5 –6		
<input type="checkbox"/>	Adventure Seekers (<i>Edwards, July 12-15</i>)	\$290

T-shirts - \$10
 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**

*** Eagle resident price for Eagle Programs**

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



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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 at 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, Edwards)
 - Eagle Programs: Brush Creek Elementary (33 Eagle Ranch Road, 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.

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