



2012 YOUTH/TEEN CAMP ANNUAL REGISTRATION CHECKLIST

Participant's Name: _____

Bring this checklist and completed documents with you when registering your youth/teen.

Information for Parents/Guardians to keep

- 2012 Youth/Teen Parent Handbook

Information that MUST BE RETURNED for participant to be considered "Registered"

- 2012 Youth/Teen Camp Application (Fill out once each year)
- 2012 Certificate of Immunization (New copy needed each year)
- 2012 Youth/Teen Camp Participation Agreement and Release
(Fill out once a year)
- 2012 Youth/Teen Camp Photography Consent (Fill out once a year)
- 2012 Youth/Teen Camp Sunscreen Form (Fill out once a year)
- 2012 Youth/Teen Camp Movie Rating Release (Fill out once a year)
- 2012 Youth/Teen Epi-Pen Instruction Form (From participant's Doctor Office)
- 2012 Youth/Teen Inhaler Instruction Form (From participant's Doctor Office)
- \$25.00 Administration Fee paid once a year and (non-refundable)

*Please return "ALL" attached forms,
EVEN if they do not apply.*

How did you hear about our program? _____

GVR METROPOLITAN DISTRICT
COMMUNITY PROGRAM



2012 YOUTH/TEEN CAMP APPLICATION

Application Date: _____

Youth/Teen Information

Name (First, Middle, Last): _____
Address: _____ City: _____ State: _____ Zip: _____
Birth Date ____/____/____ Current Age: _____ Sex: M F
T-Shirt size required: _____ Child Size: S M L Adult Size: S M L XL XXL
Other relatives enrolled in the Program (Name & Age): _____

Parent/Guardian Information

Name (First, Middle, Last): _____ CDL# _____
Address: _____ City: _____ State: _____ Zip: _____
Phones: Home: _____ Cell: _____ Work: _____ Ext. _____
Employer Name & Address: _____
Email: _____
Relationship to participant: _____

Parent/Guardian Information

Name (First, Middle, Last): _____ CDL# _____
Address: _____ City: _____ State: _____ Zip: _____
Phones: Home: _____ Cell: _____ Work: _____ Ext. _____
Employer Name & Address: _____
Email: _____
Relationship to participant: _____

Additional Contact

Name (First, Middle, Last): _____
Address: _____
Home Phone: _____ Cell: _____ Relationship: _____
Authorized Pick-up: Yes No Emergency Contact: Yes No

Youth/Teens with Disabilities

The GVR Metropolitan District strives to make its programs accessible to all youth/teens, including making reasonable accommodations for youth/teens with disabilities. If your youth/teen needs accommodation to participate in the youth/teen program, please indicate what accommodation is requested on the *2012 Camp Medical Information and Authorization* form. The GVR Metropolitan District will consider requests on a case-by-case basis.

Personal Information

I understand all information contained herein will be used for each camp my youth/teen attends during the 2012 calendar year. I also understand that it is my responsibility to keep all information on the *2012 Camp Application* form up-to-date and as correct as possible. This information includes current residence and mailing address, home, cell and work numbers, and emergency contact numbers. I will report any changes, in writing, promptly to the Administration Office (18650 East 45th Avenue, Denver, CO 80249).

Parent/Guardian Signature

Date

GVR METROPOLITAN DISTRICT
COMMUNITY PROGRAM



2012 YOUTH/TEEN CAMP PARTICIPATION AGREEMENT AND RELEASE

(THIS IS A WAIVER AND RELEASE OF LIABILITY, READ IT CAREFULLY)

PARTICIPANT'S FULL NAME: _____

I agree to allow the above-named minor ("Participant") to participate in the GVR Metropolitan District 2012 Community Program ("Program") according to the Program information and policies as provided to me and amended from time-to-time, and all subsequent policies that may be applied to the Program. I understand that although District personnel will endeavor to provide notice of any Program changes as timely as possible, Program activities may be changed at any time without notice. I understand that the Program will include physical activity components; including participation in outdoor activities such as swimming and hiking, and that the Participant may be exposed to varying temperatures, terrain, and conditions during such activities. I have read the Program outline and agree to dress and prepare the Participant appropriately for the expected conditions, including providing an appropriate lunch, sunscreen and other protection.

WAIVER AND RELEASE FROM LIABILITY

In consideration of the Participant being permitted to register and/or participate in the Program, I, for myself, the above-named Participant, and the personal representatives, legal guardians, heirs, assigns, and next of kin of the Participant, do hereby:

1. RELEASE, WAIVE, AND HOLD HARMLESS THE DISTRICT, its officers, directors, employees, representatives, agents, operators, and/or officials, which persons are included within the term "District," from all liability for any and all damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the Participant, whether caused by the negligence of District or otherwise while the Participant is participating in the Program;
2. ASSUME FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to the negligence of District or otherwise while the Participant is participating in the Program.
3. EXPRESSLY AUTHORIZE the District to administer any prescription drug, prescribed to Participant by Participant's acting physician and provided to the District for this purpose, in the manner and at such intervals and for such duration as directed on the label of any such prescription drug. In conjunction with such prescription drug administration with such prescription drug administration authorization, I RELEASE, WAIVE, HOLD HARMLESS, AND DISCHARGE

AND COVENANT NOT TO SUE DISTRICT from all liability for any and all damage, and any claim or demands therefore on account of any injury to or death of the Participant, resulting from or related to such prescription drug administration.

4. EXPRESSLY AUTHORIZE the District to contact and/or release the Participant to the persons listed on the most current Registration Form if, for any reason, circumstances render me unable to pick up the Participant at the end of the daily Program activity. Such persons shall also be notified in case of any emergency involving the Participant should I not be able to be contacted by the District.
5. Should a medical emergency arise involving the Participant and I or the below listed persons are unable to be contacted, EXPRESSLY AUTHORIZE the District to contact and release the Participant to emergency medical care providers for the purpose of transporting the Participant to, and administering emergency medical care, if the circumstances so require in the reasonable determination of the District. In conjunction with such transportation release and medical treatment authorization, I expressly agree that I am solely responsible for any emergency medical care or transport costs and agree to RELEASE, WAIVE, HOLD HARMLESS, AND DISCHARGE AND COVENANT NOT TO SUE DISTRICT from all liability for any and all damage, and any claim or demands therefore on account of any injury to or death of the Participant, resulting from or related to such emergency medical transport or care.
6. AGREE that the foregoing waiver and release is intended to be as broad and inclusive as is permitted by the laws of the State of Colorado and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
7. AGREE that this waiver and release specifically embraces each and every event sanctioned, authorized, or promoted by District during the entire Program and applies to each and every event or activity participated in by the Participant, and has the same effect as if executed before or after each and every activity or event in which the Participant participates during the Program.
8. GUARANTEE that I am the parent or legal guardian of the Participant, and am acting in such capacity and have the legal authority to sign and be bound by all of the terms of this waiver and release on behalf of the Participant and myself.
9. AGREE that this 2012 Camp Participation Agreement and Release applies to all camps during the 2012 calendar year. I agree to keep all information on all forms up-to-date and shall promptly report any changes in writing to the Administration Office (18650 E. 45th Avenue, Denver, CO 80249).

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THIS WAIVER AND RELEASE, and further agrees that no oral representations, statements of inducement apart from the foregoing written agreement have been made.

Parent/Guardian Signature

Date

Name (print)

Relationship to Participant

Cell or Employer Phone

Home Phone

Parent/Guardian Signature

Date

Name (print)

Relationship to Participant

Cell or Employer Phone

Home Phone

GVR METROPOLITAN DISTRICT
COMMUNITY PROGRAM



2012 YOUTH/TEEN CAMP PHOTOGRAPHY CONSENT

Occasionally, GVR Metropolitan District Program staff may take photographs during the 2012 GVR Community Program, field trips, or special events, which may include images of Program participants, their families, and/or staff. These pictures may be used in the GVR Community Program newsletters, bulletin board, or in promotional materials for the GVR Community Program, including use on the District's website. The photographs will not, however, be circulated, sold or otherwise made available to the general public through a publication of general circulation or any other similar means.

PLEASE PLACE A CHECKMARK IN FRONT OF ONE BOX:

- I give my consent to the GVR Metropolitan District for the general use of any photographs taken of the Participant named herein.
- I do not give my consent to the GVR Metropolitan District to use any photographs taken of the Participant named herein.

If consent is granted, the named Participant, _____ (Printed Name), may be photographed by GVR Community Program staff in the manner and on the terms described herein. I understand by giving my consent that the GVR Community Program will not circulate, sell, or distribute any photographs of the Participant or use the photographs in any manner inconsistent with this consent. I further understand that by giving my permission for the uses described herein, I will not be entitled to any further notification or compensation for use by the GVR Community Program of any photograph authorized herein, and that all photographs taken by GVR Community Program staff are the property of the GVR Metropolitan District.

If consent is not granted, the GVR Metropolitan District will not use any photograph(s) which depict the named Participant for any uses described herein. However, nothing herein shall be construed to require the GVR Community Program staff to exclude any Participant from photographs taken, so long as the GVR Metropolitan District does not use any such photographs for the purposes described herein. The GVR Metropolitan District is not responsible for any photographs taken by third parties other than GVR Community Program staff.

Parents or guardians joining the Participant at any field trip or special event with prior approval of the Community Program Manager, as described in the *Field Trip Authorization and Release* form, may also authorize the GVR Metropolitan District to use any photographs taken during such a special event or field trip which depict the parent or guardian for the purposes described herein.

PLEASE PLACE A CHECKMARK IN FRONT OF ONE BOX:

- I give my consent to the GVR Metropolitan District for the general use of any photographs taken of me as parent or guardian of the Participant.
- I do not give my consent to the GVR Metropolitan District of any photographs taken of me as parent or guardian of the Participant.

I understand this photography consent form will be used for each camp my youth/teen attends during the 2012 calendar year. I also understand that it is my responsibility to keep the *2012 Camp Photography Consent* form up-to-date and as correct as possible. Please report any changes, in writing, promptly to the Administration Office (18650 E. 45th Avenue, Denver, CO 80249).

Parent/Guardian Signature

Date

Name (print)

Relationship to Participant

Cell or Employer Phone

Home Phone

GVR METROPOLITAN DISTRICT
COMMUNITY PROGRAM



2012 YOUTH/TEEN CAMP SUNSCREEN FORM

Participant's Name: _____

Please check all that apply to the participant regarding the application of sunscreen during camp hours:

- The participant will apply sunscreen to themselves.
- Please have a staff member help with the applying of sunscreen.
- I will apply sunscreen to the participant before they get to camp.
- I will apply sunscreen to the participant before they get to camp, but please have a staff member help with reapplying, as needed.

Please send the participant with sunscreen and label the bottle with their first and last name. The District will not provide sunscreen.

Signature

Date

Print Name

GVR METROPOLITAN DISTRICT
COMMUNITY PROGRAM



2012 YOUTH/TEEN CAMP MOVIE RATING RELEASE

The GVR Metropolitan District occasionally provides an age-appropriate movie/video activity to Program participants, with the permission of parents. Please indicate below what types of movies/videos you give your permission to view.

I give the Participant, _____, permission to watch movies with the following ratings: (***circle all that apply***)

G – General (e.g., The Rescuers, The Sword in the Stone, etc.)

PG – Parental Guidance (e.g., Sky High, Cinderella Story, The Chronicles of Narnia, etc.)

None (If “None” is circled, an alternate activity will be provided.)

I understand this movie rating will be used for each camp my youth/teen attends during the 2011 calendar year. I also understand that it is my responsibility to keep the *2012 Camp Movie Rating Release* form up-to-date and as correct as possible. Please report any changes, in writing, promptly to the Administration Office (18650 E. 45th Avenue, Denver, CO 80249).

Parent/Guardian Signature

Date

Name (print)

Relationship to Participant

Cell or Employer Phone

Home Phone