

Pueblo Youth Naturally

2011/2012 School Year Program Registration Form

Office Use Only
Payment _____
Date _____

Please print clearly.

Student name: _____

Student Cell Phone: _____

Student E-mail: _____

School (2011/2012 school year): _____ Grade: _____

Student Birth Date: _____ Age: _____ Sex: M F

Parent(s)/Official Guardian(s): _____

Address: _____ Zip: _____

Preferred Contact Phone: _____ Alternate phone: _____

Parent E-mail: _____

Emergency Contact (required):

Name: _____

Preferred Contact Phone: _____ Alternate phone: _____

Please indicate the sessions your child will attend (circle up to six sessions, one per month)

October 15	OR	October 22	Adventure in Denver	February 25 (one session only)	A Day Under the Pines
November 5	OR	November 12	Hiking & History	March 24 (one session only)	Fun & Games
January 14	OR	January 21	Adventure in Denver part 2	April 21 (one session only)	CSU-Pueblo Challenge Course

Health History

Does your child have any serious health challenges? Yes No If yes, please describe: _____

Does your child have any allergies? Yes No Describe: _____

Is your child currently taking any medications? Yes No
If yes, please list those medications your child will need to bring to PYN. _____

PYN provides sunscreen, insect repellent (DEET) and analgesics (Tylenol, Ibuprofen) available at camp. May the camp director/counselors administer these products to your child as needed? Yes No

Restrict the use of _____

FIRST AID AUTHORIZATION

In the event of accident or sudden illness of my child that constitutes an emergency and I cannot be reached immediately, I hereby authorize Pueblo Youth Naturally authorities to obtain the necessary medical or hospital care for my child. I hereby assume the financial obligation incurred for such care.

Please check: _____ I wish my child to have emergency medical care.
_____ I do not wish my child to have emergency medical care.

As the parent/official guardian, I agree to assume and be held responsible for all damages caused by my student and/or costs of transporting my student home if dismissed for rule violations.

I understand my child is not enrolled until all paperwork is completed and the fee is paid.

Parent/Official Guardian Signature: _____ **Date:** _____

Please complete other side →

PHOTOGRAPHY CONSENT FORM

RELEASE FOR MINOR CHILDREN (*Under 18*)

Yes, I hereby grant permission to Colorado State University Extension, its employees or representatives, to take and use photographs including digital & videotape, of my child.

(*child's name*) _____ . I understand that these photographs will not include my child's name but may be used in promotional or educational materials such as printed or electronic publications, presentations, web sites or shared with current PYN members.

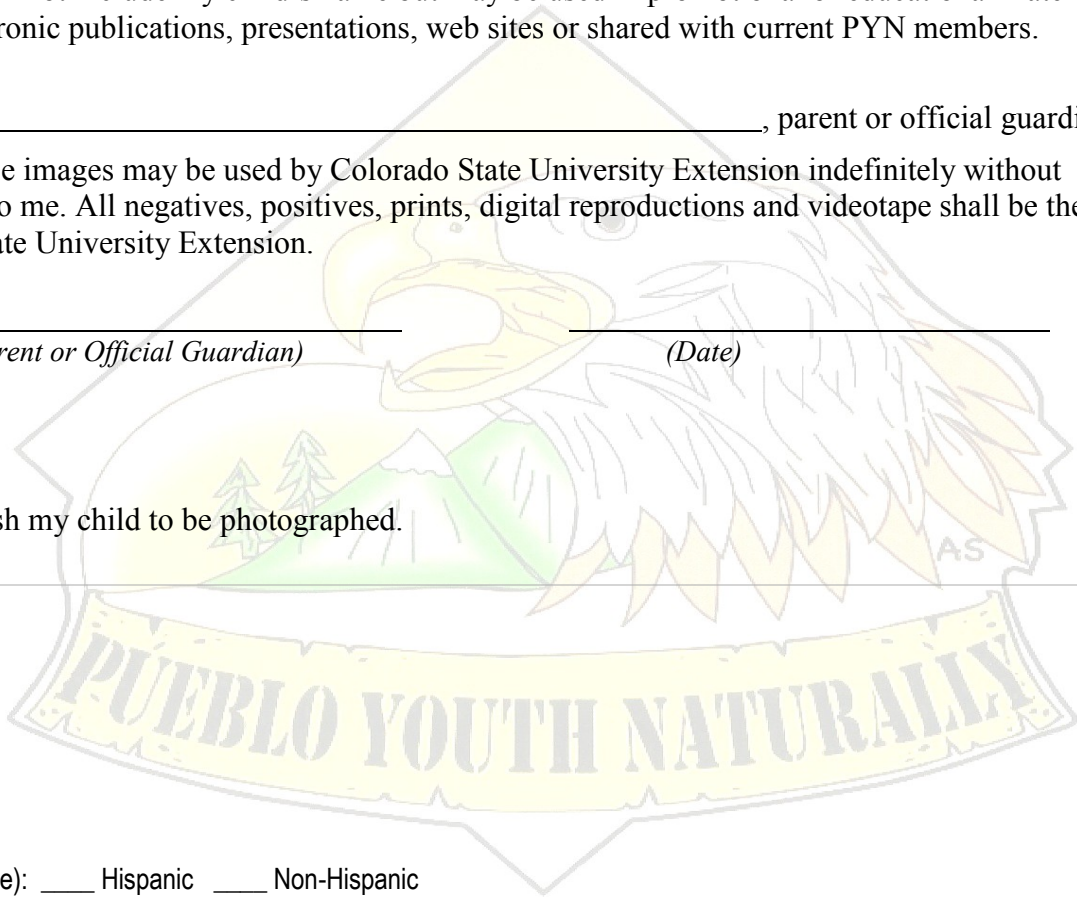
I, (*print name*) _____, parent or official guardian understand these images may be used by Colorado State University Extension indefinitely without compensation to me. All negatives, positives, prints, digital reproductions and videotape shall be the property of Colorado State University Extension.

(*Signature of Parent or Official Guardian*)

(*Date*)

OR

I do not wish my child to be photographed.



Optional

Ethnicity (check one): ___ Hispanic ___ Non-Hispanic

Race (check all that apply): ___ White ___ Black ___ Alaskan/Am. Indian ___ Asian ___ Hawaiian/Pacific Island

___ Other (please list) _____

PYN is sponsored by



If you need any special accommodation(s) to participate in this event, please contact Colorado State University Extension at 719-583-6566. Your request must be submitted at least five (5) business days in advance of the event. Colorado State University, U.S. Department of Agriculture and Pueblo County cooperating. Extension programs are available to all without discrimination.

Copies of this form available upon request.