

GVR METROPOLITAN DISTRICT  
COMMUNITY PROGRAM



2016 YOUTH PROGRAM CHECKLIST ANNUAL REGISTRATION

Participant's Name: \_\_\_\_\_

Keep this checklist attached to completed documents when registering your youth.

Information that **MUST BE RETURNED** for participant to be considered "Registered"  
These forms are to be filled out per calendar year.

**Other Forms**

- 1.) 2016 Youth Program Application
- 2.) 2016 Youth Program Waiver and Release Form
- 3.) 2016 Youth Program Photography Consent Form
- 4.) 2016 Youth Program Sunscreen Form
- 5.) 2016 Youth Program Movie Rating Release Form
- 6.) 2016 Youth Program Field Trip Authorization and Release Form
- 7.) 2016 Youth Program Activity Participation Form

**Medical Forms**

- 8.) 2016 Certificate of Immunization
- 9.) 2016 Youth Program Medical Information Agreement Form
- 10.) 2016 Youth Program Medication Instruction and Authorization Form  
(To be filled out by a Dr.)
- 11.) 2016 Youth Program Nebulizer Treatment & Inhaler Medication Form  
(To be filled out by a Dr.)
- 12.) 2016 Youth Program Epi-Pen Instruction Form (To be filled out by a Dr.)
- \$25.00 Administration Fee paid once a year (Non-refundable)

How did you hear about our program? \_\_\_\_\_

*Please return "ALL" attached forms,  
If they do not apply, write N/A on them and sign*

**IF your child is on  
ANY form of  
medication (*OTC or  
doctor prescribed*)  
PLEASE inform staff  
when you register.**

*You will need to fill  
out the appropriate  
medication form at  
the time of  
registration.*

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2016 YOUTH PROGRAM APPLICATION

Application Date: \_\_\_\_\_

**Youth 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 XL Adult Size: S M L XL  
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 with Disabilities**

The GVR Metropolitan District strives to make its programs accessible to all youth including making reasonable accommodations for youth with disabilities. If your youth needs accommodation to participate in the youth program, please indicate what accommodation is requested on the *2016 Youth Program Medical Information and Agreement* 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 program my youth attends during the 2016 calendar year. I also understand that it is my responsibility to keep all information on the *2016 Youth Program 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 45<sup>th</sup> Avenue, Denver, CO 80249).

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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2016 YOUTH PROGRAM WAIVER AND RELEASE FORM

**(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 2016 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 Youth Program Application 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 2016 Youth Program Waiver and Release applies to all camps during the 2016 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. 45<sup>th</sup> 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  
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2016 YOUTH PROGRAM PHOTOGRAPHY CONSENT FORM

Participants Name: \_\_\_\_\_

Occasionally, GVR Metropolitan District Program staff may take photographs during the 2016 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**, Participant 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 attends during the 2016 calendar year. I also understand that it is my responsibility to keep the *2016 Youth Program Photography Consent* form up-to-date and as correct as possible. Please report any changes, in writing, promptly to the Administration Office (18650 E. 45<sup>th</sup> Avenue, Denver, CO 80249).

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Relationship to Participant

\_\_\_\_\_  
Cell or Employer Phone

\_\_\_\_\_  
Home Phone



GVR METROPOLITAN DISTRICT  
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2016 YOUTH PROGRAM 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

\_\_\_\_\_

Name (print)

GVR METROPOLITAN DISTRICT  
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2016 YOUTH PROGRAM MOVIE RATING RELEASE FORM

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., The Lego Movie, Cinderella Story, Daddy Day Care, 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 attends during the 2016 calendar year. I also understand that it is my responsibility to keep the *2016 Youth Program 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. 45<sup>th</sup> Avenue, Denver, CO 80249).

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Relationship to Participant

\_\_\_\_\_  
Cell or Employer Phone

\_\_\_\_\_  
Home Phone

GVR METROPOLITAN DISTRICT  
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2016 YOUTH PROGRAM FIELD TRIP AUTHORIZATION AND RELEASE FORM

I AGREE to allow \_\_\_\_\_ (“Participant”) to participate in the following scheduled field trips as part of the GVR Metropolitan District (“District”) 2016 programs according to the Program outline and rules provided to me.

**ALL YOUTH PROGRAM CAMP FIELD TRIPS AND EVENTS SCHEDULED**

**I AGREE that the Participant may be transported by the District to and from the above scheduled field trips in vehicles owned and/or operated by the District.**

I have completed the 2016 Youth Program Field Trip Authorization and Release form and agree that the terms and conditions of the waiver and release of liability shall apply equally to any activities the Participant may be involved in during any of the field trips. I understand that I must pay all Program fees.

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

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Relationship to Participant

Note: Parents and guardians may join the Participant at any field trip with prior approval of the Community Program Manager on a “space available” basis. Parents/guardians must pay their own admission and provide their own transportation on any field trip. The District will not be responsible for any loss, damage, or liability associated with a parent’s voluntary participation in any District field trip or activity.

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2016 YOUTH PROGRAM ACTIVITY PARTICIPATION FORM

Participant's Name: \_\_\_\_\_

I DO NOT want the above-named participant to participate in the following activities (please check all that apply):

- Cooking
- Arts & Crafts
- Science
- Games & Fitness
- Reflections
- Reading
- Swimming
- Today's Field Trip
- Other (please specify): \_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Name (Print)

**A copy of your  
child's  
immunization  
record is  
needed at the  
time of  
registration!**

(We can make a copy in the office if need be.)

GVR METROPOLITAN DISTRICT  
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2016 YOUTH PROGRAM MEDICAL INFORMATION AGREEMENT FORM

Participant's Name: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Medical Problems: \_\_\_\_\_

Please add any and all medical conditions / problems that your child may have, however they may require a Doctor's signature and medical instruction and authorization.

**NOTE:** All participants with ADHD, ADD, mental disability, or similar medical conditions are required to provide a current and effective Individual Educational Plan (I.E.P.). At the time of registration.

Overall General Health: \_\_\_\_\_

Please list all known drug reactions and allergies (Food, Medicines, etc.): \_\_\_\_\_

\_\_\_\_\_

Current medications being taken: \_\_\_\_\_

\_\_\_\_\_

Do you give your consent to Program staff administering these medications? **Yes** **No** (circle one). If yes is circled, you must provide medications to the District in their original container including printed doctor's instructions. If only certain medications are consented to, please indicate which ones: \_\_\_\_\_

Special Dietary restrictions/requirements: \_\_\_\_\_

Special accommodations for youth with disability: \_\_\_\_\_

A **CERTIFICATE OF IMMUNIZATION** (OR EXEMPTION CERTIFICATE), INCLUDING MONTH AND YEAR OF EACH IMMUNIZATION, MUST BE PROVIDED TO THE DISTRICT WITH THIS FORM AT OR BEFORE THE START OF THE PROGRAM.

**MEDICAL AUTHORIZATION**

I/WE HEREBY GIVE THE GVR METROPOLITAN DISTRICT YOUTH PROGRAM STAFF PERMISSION TO OBTAIN EMERGENCY MEDICAL OR SURGICAL CARE FOR THE CHILD NAMED ABOVE SHOULD THE NEED ARISE.

I/WE UNDERSTAND THAT A CONSCIENTIOUS EFFORT WILL BE MADE TO LOCATE ME/US BEFORE EMERGENCY ACTION WILL BE TAKEN; BUT, IF THIS IS NOT POSSIBLE, THE EXPENSES OF EMERGENCY MEDICAL TREATMENT OR CARE WILL BE MY/OUR SOLE RESPONSIBILITY. THE GVR METROPOLITAN DISTRICT WILL NOT BE RESPONSIBLE FOR THE COST OF EMERGENCY MEDICAL TRANSPORT, TREATMENT, OR CARE.

IN CASES WHEN (911) EMERGENCY CREWS RESPOND, I/WE GIVE TO THOSE RESPONDING, PERMISSION TO USE THEIR SKILL AND TRAINING TO DO WHATEVER IS NECESSARY TO TRY TO SAVE THE LIFE OF MY/OUR CHILD. I/WE AGREE TO BE RESPONSIBLE FOR THIS EXPENSE INCLUDING TRANSPORTATION TO THE HOSPITAL BY AMBULANCE IF THIS SHOULD BE NECESSARY. I UNDERSTAND THAT THE GVR METROPOLITAN DISTRICT WILL NOT BE RESPONSIBLE FOR THE COST OF EMERGENCY MEDICAL TRANSPORT, TREATMENT, OR CARE.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
PARENT/GUARDIAN