

**Ken Caryl Ranch Youth Programs
Emergency Consent and Release Form
August 2009 – August 2010**

Child's Name: _____
 Address: _____
 School: _____
 Parent's Name: _____
 Employer: _____
 Work Phone: _____
 Work Address: _____
 Cell Phone: _____

Birth date: _____
 Home Phone: _____
 Grade in Fall 09: _____
 Parent's Name: _____
 Employer: _____
 Work Phone: _____
 Work Address: _____
 Cell Phone: _____

**Please put a star next to the best way to reach you.*

Name(s) of person(s) other than parents to whom the child may be released: **Check box for none []**

Name: _____ Relationship: _____ Phone: _____
 Name: _____ Relationship: _____ Phone: _____

Persons other than parents to be notified in an emergency situation when parents are not available:

Name: _____ Name: _____
 Phone: _____ Phone: _____
 Address: _____ Address: _____

Name: _____ Name: _____
 Phone: _____ Phone: _____
 Address: _____ Address: _____

The undersigned, as the parent(s) and/or lawful guardian(s) of _____, a minor, hereby grant(s) permission for said minor child to participate in Ken-Caryl Ranch Youth Programs and related activities sponsored by the Ken-Caryl Ranch Metropolitan District (the "District"). I/We hereby verify that the named minor child is physically capable of such participation as determined by me/us and/or our family physician.

I/We hereby agree, on behalf of the undersigned and the minor child that we will abide by the rules and regulations of the District, its affiliated organizations and sponsors. Recognizing that certain unavoidable hazards and risks are an inherent part of any physical activity and the possibility of physical injury associated with Ken-Caryl Ranch Youth Programs and in consideration for the District accepting my/our child for its programs and activities (the "Programs"), I/we hereby release, discharge and/or otherwise agree to hold harmless and indemnify the District, its employees, agents and associated personnel, including the owners or leasers of fields and facilities utilized for the Programs, on behalf of my/our child, as well as said child's legal representatives, heirs and assigns, from any injury, death, loss or damage, whether to person or property, other than that resulting from the sole negligence of the District, as a result of my/our child's participation in the Programs and/or transportation to or from the same, which transportation I/we hereby authorize.

In the event my/our child is injured or becomes ill, please contact either parent or the emergency contact listed in the information section above. If contact with a parent, guardian or emergency contact cannot be made or is not possible, I/we hereby authorize the District personnel in charge to seek and consent to any first aid or medical treatment necessary to stabilize or treat my/our child until I/we can be contacted.

 Parent/Guardian signature

 Date

Continued on other side

HEALTH FORM

Past illnesses: CHECK those that the child has had and give approximate dates:

Chicken Pox _____ Rubeola _____ Rubella _____
Rheumatic Fever _____ Asthma _____ Hay Fever _____
Diabetes _____ Mumps _____ Epilepsy _____
Whooping Cough _____ Poliomyelitis _____ Other _____
Surgery/Accidents/Illnesses/Chronic or Handicapping Problems: _____

Describe any condition requiring special attention by staff: _____

PLEASE PROVIDE CURRENT IMMUNIZATIONS AND DATES ADMINISTERED ON THE COLORADO DEPARTMENT OF HEALTH CERTIFICATE OF IMMUNIZATION.

MEDICAL INFORMATION

Allergies:	
Medications:	Frequency:
If medications will be administered at the program please request a medicine permission form.	
Family Doctor:	Address/Phone:
Preferred Hospital:	Address/Phone:
Health Insurance Company:	Policy #:
Family Dentist:	Address/Phone:

Please initial all those that apply:

_____ I give permission to KCRMD to use my child's photograph or artwork in Ken Caryl Ranch publications.

_____ I give permission for my child to participate in field trips and excursions involving walking, KCRMD transportation and Jefferson County School District buses.

_____ I give permission for my child to be transported to and from school by walking or driving. (Walking applies only to Shaffer Elementary).

_____ I give permission for KCRMD to apply Rocky Mountain Sunscreen SPF 30 on my child's exposed skin. This sunscreen is waterproof, PABA free and peanut-oil free.
Special Instructions:

Parent/Guardian signature

Date