



## 2017 Mountain Adventures Registration

Please complete the following for each child:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

Physical Address \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Contact Phone \_\_\_\_\_

Parents Employer Name, Address and Phone Number \_\_\_\_\_

### Child Drop-Off/Pick-Up

In the morning my child will:

- Be checked in by a parent/guardian

At the end of the day my child should be dropped off:

- At the 4-Way Stop in Crested Butte
- At the Whetstone Building in Mt Crested Butte

My child:

- May walk home alone from their drop-off location
- Will be picked-up from their drop-off location by a parent or one of the following people: \_\_\_\_\_

\_\_\_\_\_

## Medical History

List any medical issue Mountain Adventures should be aware of:

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List any know drug or food reactions or allergies: \_\_\_\_\_

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Does your child carry an Epi-Pen?    YES                    NO

Does your child carry an inhaler?    YES                    NO

List any medications, prescriptive and non-prescriptive, the child currently takes. If camp staff will be required to administer medication to your child, please complete a copy of the *Authorization for Administering Medication* form.

Name of medication	Dosage & Frequency	Prescribing Physician
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Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

### Authorization for Emergency Medical Care

I hereby give my permission to camp officials to contact a doctor or emergency medical services on behalf of my child and for a doctor, hospital or medical service to provide emergency medical or surgical care for my child.

Should an emergency arise, it is understood that camp officials will make a conscientious effort to locate the emergency contacts listed below before any action is taken. If it is not possible to locate the contacts, I will accept the expense of emergency medical or surgical treatment.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

Printed name of parent or guardian \_\_\_\_\_

**Emergency Contact(s)**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_

**Hospital of choice is: Gunnison Valley Health 711 N. Taylor St. Gunnison CO. 81230  
(970) 641-1456**

**Transportation Permission**

I hereby give permission for my child to ride in Mountain Adventures vehicles and busses operated by Mountain Express. I understand that Mountain Adventures staff will make a good faith effort to ensure that my child is properly belted throughout the trip. I also understand that seatbelts are not available on Mountain Express busses, which are driven by CDL certified drivers.

I am aware that misbehavior while in vehicles will not be tolerated and is grounds for dismissal from Mountain Adventures without refund.

Initialed \_\_\_\_\_ on this date \_\_\_\_\_ Name of Child \_\_\_\_\_

**Sunscreen Permission**

Please apply sunscreen to your child in the morning and include a labeled bottle for reapplication. If, for some reason, this sunscreen is unavailable I give permission to apply sunscreen provided by Mountain Adventures to my child.

Initialed \_\_\_\_\_ on this date \_\_\_\_\_ Name of Child \_\_\_\_\_

**Media Release**

During the Mountain Adventures program, we will be taking photographs and/or video of participants to use for promotional purposes. Your child may appear in one or more of these photographs or videos. By indicating below, you grant Crested Butte Mountain Resort the right of publicity to own and use without compensation any image(s) of your child participating in Mountain Adventures.

Please select from the following:

- I do grant permission for media release to Crested Butte Mountain Resort.
- I do not grant permission for media release to Crested Butte Mountain Resort.

Initialed \_\_\_\_\_ on this date \_\_\_\_\_ Name of Child \_\_\_\_\_

