

**Pueblo Youth Naturally**  
2009/2010 - School Year Program  
Registration Form

**Please print clearly.**

**Student name:** \_\_\_\_\_

Student Cell Phone: \_\_\_\_\_

Student E-mail: \_\_\_\_\_

**Parent(s)/Guardian(s):** \_\_\_\_\_

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

Preferred Contact Phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Parent E-mail: \_\_\_\_\_

Student Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F

School (2009/2010 school year): \_\_\_\_\_ Grade: \_\_\_\_\_

**Emergency information**

If we are unable to reach parent/guardian in an emergency, whom should we contact?

1. Name: _____	2. (Optional) Name: _____
Relationship to student: _____	Relationship to student: _____
Preferred Contact Phone: _____	Preferred Contact Phone: _____
Alternate phone: _____	Alternate phone: _____

**Health History**

Does your child have any serious health challenges? Yes No If so, please describe: \_\_\_\_\_

Does your child have any allergies? Yes No Describe: \_\_\_\_\_

Does your child have any dietary restrictions? 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.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Ethnicity (check one): \_\_\_ Hispanic \_\_\_ Non-Hispanic

Race (check all that apply): \_\_\_ White \_\_\_ Black \_\_\_ Alaskan/Am. Indian \_\_\_ Asian \_\_\_ Hawaiian/Pacific Island  
\_\_\_ Other (please list) \_\_\_\_\_

## 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 Guardian*)

\_\_\_\_\_  
(*Date*)

OR

I do not wish my child to be photographed.

### Student and Parent Contract

By signing this document, I agree to abide by the rules and regulations of the Pueblo Youth Naturally (PYN) program as stated in the PYN handbook. As a student, I further agree to participate fully in the program activities. *As a parent, 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.*

\_\_\_\_\_  
(**Student signature**)

\_\_\_\_\_  
(**Date**)

\_\_\_\_\_  
(**Parent Signature**)

\_\_\_\_\_  
(**Date**)

**For office use only:** Cash/Check \_\_\_\_\_ Date paid \_\_\_\_\_  
Forms: \_\_\_ Liability \_\_\_ Photo \_\_\_ Parent/student contract \_\_\_ Session \_\_\_ N \_\_\_ R