

**Pajarito Environmental Education Center
Summer Outdoor Adventure Program Registration Form 2015**

Please mark the Session(s) for your child's registration.

- ☐ LEAP: June 8-12 | \$375*
- ☐ Nature Odyssey, VCNP: June 8-12 | \$325*
- ☐ Nature Odyssey, RGV: June 15-19 | \$325*
- ☐ Backpacking Adventure for Teens (BAT): June 22-26 | \$375*

*Financial Assistance Available

Child's Name: _____ ☐ Female
_____ ☐ Male

Date of Birth: _____ School: _____ Grade Level Fall '15: _____

Parents/Guardian Name(s): _____

Address: _____

Email Address(s): _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Photo Release: Photographs and/or videos may be made during the program. PEEC and Valles Caldera Trust have my permission to use images of my dependents for publicity purposes such as flyers, brochures, newspaper articles, video, or electronic publishing via the internet. ☐ Yes ☐ No

Refund Policy: Cancellations made by a parent before May 31st will receive a full refund minus a \$50 processing fee. No refunds will be made after May 31st. In the event that a child is dismissed during the program because of non-compliance with rules and/or endangering their own safety or that of others, there will be no tuition refund. In the event that an extraordinary natural or man-made condition requires the cancellation of all events during the program, a prorated tuition refund will be given based on the amount of money already expended for planning, activities, and administrative purposes.

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

Payment Method (check one): ☐ Cash ☐ Check ☐ Credit Card **Amount Paid: \$** _____

Submit Application: Mail the completed forms (registration form, medical release form, participant contract and acceptance of responsibly form) with a check to the following address: **Attn: Summer Outdoor Adventure Programs, P.O. Box 547, Los Alamos, NM 87544** or drop by PEEC at 3540 Orange Street (Tuesday - Friday 12:00 p.m. - 4:00 p.m., Saturdays 10:00 a.m. - 1:00 p.m.).

If you have any questions, please call the PEEC Office at **505-662-0460**.

Office use only

Amount Enclosed: \$ _____ Date: _____ Check # _____

Received by: _____ Notes: _____

Emergency Medical Authorization Form 2015

If my child, _____, is injured or becomes seriously ill during PEEC's 2015 Summer Outdoor Adventure Program, and I cannot be reached to authorize medical treatment, a PEEC representative is authorized to arrange for transportation to and treatment at a medical facility. I will be financially responsible for the transportation and medical care. Any person who acts in good faith to provide medical care for my child shall not be held liable for their actions. Basic medical supplies that might be used: Neosporin, alcohol pads, Benadryl spray, washing station, liquid tears, or electrolyte chews.

Child's HEALTH HISTORY

Please check ALL that apply

- | | | |
|---|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Contact lenses | <input type="checkbox"/> Bleeding disorder |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Ear/hearing problem | <input type="checkbox"/> Prosthetic |
| <input type="checkbox"/> Life-threatening allergic reaction | <input type="checkbox"/> Autoimmune disease | <input type="checkbox"/> Emotional or Behavioral disorder |
| <input type="checkbox"/> Muscular weakness | <input type="checkbox"/> Heart condition | <input type="checkbox"/> Migraine headaches |
| <input type="checkbox"/> Heat Exhaustion or Heat Stroke | <input type="checkbox"/> Latex Allergy | |
| <input type="checkbox"/> Other condition: _____ | | |

Please explain any medical concerns: _____

List food, insect or other environmental allergies: _____

Will your child be bringing any medications along during the program? ☐ Yes ☐ No

If YES, Name of medication: _____

How and by whom should the medication be administered? _____

What other medications does your child take? Dose? _____

Date of last tetanus immunization: _____

Does your child require antibiotic therapy prior to dental or other medical treatment? ☐ Yes ☐ No

Please explain any additional information, which may be needed by an emergency health care provider:

MEDICAL INSURANCE INFORMATION

Medical Insurance Company: _____ Phone: _____

Insured Name: _____ Child's Date of Birth: _____

Group Policy #: _____ ID #: _____

Physician: _____ Phone: _____

Dentist or Orthodontist: _____ Phone: _____

Name of Parent/Guardian: _____

Parent/Guardian Signature: _____ Date: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

PEEC 2015 Summer Outdoor Adventure Program

Parent/Guardian Acceptance of Responsibility Form

My child, _____, is registered for the following programs:

- ☐ June 8-12, 2015 | Living Earth Adventure Program
- ☐ June 8-12, 2015 | Nature Odyssey: Valles Caldera
- ☐ June 15-19, 2015 | Nature Odyssey: Rio Grande Valley
- ☐ June 22-26, 2015 | Backpacking Adventure for Teens

I understand that the scheduled program is a rigorous outdoor program that may at times require sustained physical effort and a level of maturity that accepts personal responsibility for one's own safety and the safety of others. I concur that my child must comply with all rules of the program and directives of the PEEC staff. Failure to comply may result in immediate expulsion from the program, and without promise of a tuition refund. To insure my child's successful participation in the program, I will fully disclose any medical conditions and any need for special accommodations of which the PEEC staff should be aware and will provide detailed instructions regarding any medications needed for the duration of the program.

Because of the varied activities scheduled during the program, I am aware that the daily schedule will change from day to day and the events will take place in various locations that require traveling by public transportation to some places outside Los Alamos County. I understand that outdoor weather conditions may abruptly change and pose a safety threat in forms of rain, lightning or hail; that road and trail conditions may be primitive; that outdoor environments are habitat for plants, shrubs, trees, insects, reptiles, and mammals, some of which may cause allergic reactions, illness, injury, and the activities will involve contact with other participants and other persons who may or may not be associated with PEEC. I accept these conditions as acceptable risks for my child. My child will be appropriately dressed for the daily activities and will be prepared with protective gear in case of inclement weather. Should emergency conditions require medical care for my child, I am responsible for full payment of the resultant cost.

In addition, I understand that weather or unforeseen circumstance may cause a change in the published schedule of events. If extraordinary natural or man-made conditions require the cancellation of some or all events during the week, I understand that a prorated refund of the tuition fee will be provided.

I hereby release and discharge Pajarito Environmental Education Center (PEEC), its officers, employees, agents, teachers, and volunteers from all liability arising out of or in connection with the above described program of activities, including, for the purpose of this agreement, all claims that I, my heirs, or assignees may have against PEEC because of any death, personal injury, illness, or because of any loss or damage to property that occurs during the above program.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

PEEC 2015 Summer Outdoor Adventure Program Contract for Participating in Summer Programs

The summer outdoor adventure programs are designed to allow all kids to participate safely while having fun making new friends and discovering new and sometimes rugged natural environments. As a family, please sign below, and return the form with the other registration forms. Details of what to wear and bring will be sent in the parent program enrollment letter.

RULES

1. Leave no trace of your presence in the outdoors. Pick up your trash and do not harm or disturb habitats, animals, or plants.
2. Obey all directions from adults and teen counselors the first time they are given.
3. Follow all safety instructions and do not endanger the safety of yourself or others.
4. Each day dress for the outdoor environment and the day's activities. Outdoor weather can change rapidly. Be prepared by carrying the recommended gear in your backpack.
5. Remain within sight of your designated group at all times and use the buddy system. For example, if you need to leave the group to go to the bathroom, find a buddy to accompany you and inform an adult in advance.
6. Be safe, positive, and respectful to yourself and others.

CONSEQUENCES

The adults and counselors will make every effort to provide a safe and enjoyable experience for all the kids. If a child chooses not to follow the rules, they may be expelled for the rest of the day and/or week. If the child becomes overly disruptive, the parent/guardian will be called to come pick up the child immediately. No refunds will be given.

We have read these rules and consequences and give them our full individual and family support.

Signature of Child

Date

Signature of Parent/Guardian

Date