



VRD YOUTH SERVICES 2009-10 REGISTRATION FORM

Camp Vail, Pre-Kamp Vail and Kidzone require different registration forms. This form is good for all other Youth Services programs.

MAIL: Youth Services ✦ Vail Recreation District ✦ 395 East Lionshead Circle ✦ Vail, CO 81657
PHONE: (970) 479-2292 ✦ FAX: (970) 479-2835 ✦ EMAIL: youthservices@vailrec.com

PROGRAM NAME(S), DAY(S), AND DATE(S) TO RESERVE _____

CHILD'S NAME _____ M F DATE OF BIRTH _____ AGE _____ GRADE _____ SCHOOL _____

PERMANENT MAILING ADDRESS _____ CITY/STATE/ZIP _____

RESIDENCE: VAIL MINTURN EAGLE-VAIL AVON BVR CREEK EDWARDS: _____ OTHER EAGLE CTY: _____ NON-RES

PHYSICAL RESIDENCE ADDRESS _____ CITY/STATE/ZIP _____

MOTHER'S NAME _____

FATHER'S NAME _____

MOTHER'S PHONE (H) _____ (W) _____ (C) _____ (LOCAL) _____

FATHER'S PHONE (H) _____ (W) _____ (C) _____ (LOCAL) _____

MOTHER'S EMAIL _____

FATHER'S EMAIL _____

EMERGENCY CONTACT _____ PHONE (H) _____ (W) _____ (C) _____

Allergies, concerns or special challenges _____

Instructions for staff related to above _____

- Release of Children: My child may may not: walk bike ride bus to _____ at end of program. Initials _____
My child may be released to the following people: 1. _____ 2. _____ Initials _____
I understand that program start and end times are firm and that I will be charged \$1 for each minute past the program's end time. This fee is due immediately to the staff member who remains with my child. Initials _____
I will provide at least 48 hours notice of any reservation I must change. If Youth Services is able to fill my child's reserved space, I will receive a refund of the daily fee, less a \$5 processing charge. Initials _____
I have read the program's Policies and Procedures. I understand and agree to these terms and conditions. Initials _____

Agreement to Waive Legal Rights In consideration of being permitted to take part in the activity set forth herein, I expressly agree as follows: I hereby acknowledge the activity set forth herein contains dangers and risks and may result in injury to the participant. I hereby assume all risks of personal injury or death and property damage from any causes whatsoever arising while my child or I participate in such activity. I or my child am in good health and physically able to participate in said activity. I agree to waive and release Vail Park and Recreation District and/or the Town of Vail and/or Vail Resorts, Inc. and/or the U.S. Forest Service. and their officers, employees, agents, servants and all representatives and sponsors from any injury I or my child may sustain or any damage that may be caused to me or my child's property in connection with said activities, including injuries sustained or property damage caused by the use of equipment I may rent from the Vail Park and Recreation District and/or the Town of Vail. I give permission for my child to ride on Town of Vail buses, in any VRD vehicle, on Eagle County School District buses or in Vail Resorts, Inc. vehicles and lifts. I also authorize and consent to any emergency x-ray examination, medical diagnosis or treatment and hospital care to be rendered to me or my child under the general or special supervision and on the advice of any physician licensed to practice in the State of Colorado. Participants may be photographed and such photographs may be used to publicize events.

Parent/Guardian Signature _____ Print Name _____ Date _____

Office Use Only

VERIFY RESIDENCY: VRD EC STUDENT NR ID USED: VRD PROPERTY SCHOOL ID OTHER _____ STAFF INITIALS _____ DATE _____

PAYMENT \$ _____ CASH CHECK # _____ CREDIT CARD # _____ EXP _____ CARDHOLDER _____