



SUMMER 2019 KIDS CAMP / ecoX REGISTRATION FORM

In order to comply with state licensing requirements from the state of Colorado, please read carefully and provide complete information. Thank you!

CHILD'S NAME: _____ Date of Birth: ___/___/___ Age: _____ M or F

Permanent Mailing Address _____ City, State & Zip _____

Local Accommodations: _____

Email address: _____

Guardian Name(s): _____

Primary Emergency Contact # & relation to child: _____

Secondary Emergency Contact # and relation to child: _____

In case of serious illness or injury when neither emergency contact can be reached, will you allow your child to be transported to the Telluride Medical Center by a TSG employee YES NO

MEDICAL AND SOCIAL INFORMATION:

Medications: _____ Allergies: _____

Dietary Restrictions: _____

Physical limitations and/or special challenges: _____

Statement of Health: By initialing the following, I confirm that my child is healthy and disease free. Initials _____

I give do not give permission to Eco Adventures staff to transport my child in the Gondola, Towns of Telluride & Mountain Village buses, Telluride Ski & Golf vehicles and lifts or any approved personal vehicle. INITIAL _____

I agree disagree to let Eco Adventures staff apply sunscreen with SPF 30 or higher on my child INITIAL _____
✓ If disagree, please provide sunscreen in a container labeled with child's first and last name

I give do not give consent to TSG Ski & Golf the following in perpetuity: INITIAL _____
✓ permission to photograph with a company-owned camera the above mentioned child during his/her adventure with TSG
✓ ownership and use, without compensation, any image(s) collected and submitted by photographer to TSG
✓ exclusive, permanent right to the possession and use of photos for website and print use in publications related to TSG business
✓ writers, magazines, newspapers and other persons may download these photos from our website for their professional use only

ecoX participants (ages 9+) only!

I give do not give permission for my child, _____, to sign him/herself in when arriving.

I give do not give permission for my child, _____, to sign him/herself out at the end of the day.

My child may may not walk bike gondola to _____ at the end of the day INITIAL _____

IMMUNIZATION POLICY

In accordance with state regulations Telluride Eco Adventures is not required to obtain proof of immunization records on a short term basis. Eco Adventures Immunization policy recommends that all children are up to date on all of their vaccinations.

It is required that all parents disclose their child's immunization status by choosing one of the following options below.

COLORADO LAW REQUIRES THIS FORM TO BE COMPLETED AND PROVIDED TO THE SCHOOL/CHILD CARE FACILITY

Please sign if to your knowledge your child is **UP TO DATE** on all immunizations: _____ Date: _____

Please sign if to your knowledge your child is **NOT UP TO DATE** on all immunizations: _____ Date: _____

Please sign if you have attached your child's current immunization records: _____ Date: _____

If you are not comfortable with your child being present in our facility with a child whom is not up to date on all vaccinations, please sign below. You will be notified immediately if a child is going to enter our facility and is not up to date on all vaccinations.

Signature: _____ Phone Number: _____