

TVCS Nature Camp Registration 2010



Teton Valley Community School

Where learning comes to life.

Camper Name _____

Age _____ Date of Birth _____ Group _____

Parent Name(s) _____

Mailing Address _____

City _____ State _____ Zip Code _____

E-mail _____

Daytime Phone _____ Cell Phone _____

Daytime Phone _____ Cell Phone _____

Week	# Days	M	W	F	Price
June 21-25		6/21	6/23	6/25	
June/July 28-2		6/28	6/30	7/2	
July 5-9		7/5	7/7	7/9	
July 12-16		7/12	7/14	7/16	
July 19-23		7/19	7/21	7/23	
July 26-30		7/26	7/28	7/30	
August 2-6		8/2	8/4	8/6	
August 9-13		8/9	8/11	8/13	
August 16-20		8/16	8/18	8/20	
					Sub Total \$
* If registering and paying in full by May 28 th					- 10%
					Total \$

Use one form per child. Payment must accompany form.

**PERMISSION FOR TRIP OUTSIDE OF SCHOOL GROUNDS
AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT FOR CHILD**

Name of Child: _____

Please Print

Parent or Guardian: _____

Please Print

The undersigned parent or guardian does hereby acknowledge their child's enrollment and participation in Teton Valley Community School.

Parent or Guardian hereby gives permission for their child, above-named, to participate in the Teton Valley Community School's field trips, and will hold the Teton Valley Community School harmless, and release the school from all actions, damages or claims which parent/guardian or child may have against the Teton Valley Community School for any and all personal injuries incurred by child while participating in field trips.

Parent/Guardian further gives consent, in the event all reasonable attempts by authorized school personnel to contact him/her having been unsuccessful, for:

1. The administration of any treatment deemed necessary by a licensed physician or dentist; and
2. The transfer of the minor child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

The following information may be needed by a hospital or practitioner not having access to the minor's medical history:

Allergies (especially to medications): _____

Medication(s) being taken: _____

Date of last tetanus shot: _____ (Please research your child's immunization record for this information.)

Other pertinent facts to which physician should be alerted:

Signature of Parent or Guardian

Date

**PERMISSION TO USE TVCS VAN and TRPTA PUBLIC TRANSPORTATION
RELEASE OF CLAIMS**

Name of Child(ren): _____
Please Print

Parent or Guardian: _____
Please Print

My child(ren) will be transported either by the TVCS owned and operated 15-passenger van OR public transportation owned and operated by TRPTA, 47 South Main Street, Driggs, ID, 83422, (208)354-2240.

I HEREBY RELEASE Teton Valley Community School, its owners, agents, officers, administrators, and employees from all actions, causes of action, damages, claims, or demands which I, my heirs, executors, administrators, or assigns may have against Teton Valley Community School, and other above-described parties, for any and all personal injuries known or unknown which releasor's child has or may incur by participating in the above-described activities, including any claim, demand, action or right of action, of whatever kind or nature, whether known or unknown, either in law or in equity arising from or on account of injury to releasor's child.

It is acknowledged that this **GENERAL RELEASE** contains the entire agreement between the parties hereto and the terms of this release *are contractual* and not a mere recital.

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

Parent/Guardian/Releasor's Signature

Date _____