



## Registration Form (2 day)

**Student's Name** (First, Last) \_\_\_\_\_ **Student ID #** \_\_\_\_\_

Date of Birth \_\_\_\_\_ School \_\_\_\_\_ Teacher \_\_\_\_\_

Student's Address \_\_\_\_\_ Zip Code \_\_\_\_\_

**Parent/Legal Guardian Name** \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Second Parent/Legal Guardian Name** \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### EMERGENCY PROCEDURES

Any child who appears to be ill or has had an accident will be closely monitored by Balarat staff member present. In consultation with parents and the classroom teacher, the Balarat staff person overseeing the situation will make the final decision as to appropriate action. If the child has to be returned home, the following steps will be taken:

1. The Balarat staff person and classroom teacher will contact the parent/guardian regarding the illness or injury.
2. The Balarat staff person will make the necessary transportation arrangements for the child.
3. The parent or legal guardian must make necessary arrangements at home to receive the child.

If the parent or legal guardian cannot be notified and immediate medical care is indicated, special emergency care and/or evacuation will be arranged through the Balarat staff, and/or emergency medical services. Please note that the Denver Public Schools does not assume financial responsibility for any medical costs that may be incurred.

To my knowledge, this student is in satisfactory health to fully participate in this activity. If he/she has diabetes, epilepsy, allergies, asthma, heart disease, or any other physical condition that requires daily medications or special attention, I have given directions.

I give permission for my child to participate in the program at Balarat from (Date) \_\_\_\_\_ to (Date) \_\_\_\_\_.  
By signing this registration form I certify that the information provided is accurate.

**The Balarat fee corresponds to your child's lunch eligibility status.** Your child's lunch eligibility status will be held in confidence by the Balarat staff and will be used solely for certifying payment criteria for meals at Balarat.

**Please check the appropriate amount to cover your student's food costs & materials fee:**

\_\_\_ \$16.75 (full pay)      \_\_\_ \$13.75 (reduced)      \_\_\_ \$13.00 (free lunch)

Please pay in cash or write a check to **your student's school** for the amount you owe.

**Signature of Parent or Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name** \_\_\_\_\_ **Relationship to Child** \_\_\_\_\_

**\*\* Continue on the back of this page \*\***

### Special Dietary Needs

Our kitchen is able to accommodate nut free, pork free, and vegetarian diets. For all other special dietary needs, including food allergies, students will need to bring their own food, packed and labeled in a small cooler or bag. The food should be easily prepared - as in "just add hot water", precooked, or microwave. There will not be access to a stove-top or oven. If you have questions about food, please call the Balarat office at (720)424-2940, or ask your student's classroom teacher.

Balarat will not discount tuition based on individual dietary restrictions.

### Allergies

Does your child have any allergies (circle one)    **No**    **Yes**

If **Yes**, what is the **allergen**? \_\_\_\_\_

Please describe the symptoms/severity of the allergic reaction:

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### Medications

Is your child currently taking any medication (Including prescription and over-the-counter) (circle one)    **No**    **Yes**

If **Yes**, please attach a **DPS Student Medication Request Release Agreement** for *each medication that needs to be taken at Balarat*. These forms are available from your school nurse or teacher.

Any medicine given while at Balarat must be in a prescription bottle, or original packaging, and must be accompanied by the district's form(s) mentioned above in bold. These forms require a written order from the student's physician and a written request from the parent or guardian to administer the medication. **Do not** pack/send prescription or OTC medication in your student's bags. All meds need to be turned in to your school nurse prior to the trip.

### Physical Disabilities

Our buildings are accessible to people with disabilities, however some of the backcountry trails may be difficult to navigate. We can provide safe transport via 4WD vehicles driven by a Balarat instructor. We welcome and encourage all students to attend Balarat, but request to be informed in advance of any students with special needs. This will help our instructors plan a safe and valuable experience for each student.

## -----Parent Permission for Media (Photos & Video) -----

Permission for photographs and interviews of students under 18 years of age can be granted to the media ONLY with parent approval. These photographs, written interview quotes and verbal interview statements will appear in information about DPS programs and people. I understand that the DPS shall not be liable for royalties, commissions, or payments of any nature to me or my child in connection with such filming, photographing, and/or interviewing. DPS assumes no liability of any nature in connection with such filming and/or interviewing.

I hereby do \_\_\_\_\_ do not \_\_\_\_\_ give my permission to DPS to allow my child to be filmed/photographed and interviewed by media.

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

**\*\* Please read and sign the front of this page \*\***