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## REGISTRATION AND MEDICAL INFORMATION FOR MINOR

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Today's Date: \_\_\_\_\_ Participant's Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Time Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**In Case of an Emergency:**

Emergency Contact Name: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

Day Time Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Preferred Hospital in case of Emergency: \_\_\_\_\_

**Medical Information:**

Does the participant currently have any medical, physical, or behavioral conditions?  Yes  No

If yes, please explain: \_\_\_\_\_

Does the participant have any allergies (food, insect stings, medications, etc.)?  Yes  No

If yes, please explain: \_\_\_\_\_

Does the participant take any medications on a regular basis?  Yes  No

If yes, please list: \_\_\_\_\_

Would you like to receive more information about Catamount Institute?  Yes  No

*I, (Parent/Guardian Printed Name) \_\_\_\_\_, have completed the above information truthfully to the best of my abilities, \_\_\_\_\_*

*Parent/Guardian Signature*

*Today's Date*

# Catamount Institute Liability Release Form

## Please Print

Full Name: \_\_\_\_\_

*If you are a legal parent/guardian signing for a minor, please put child's full name here:*

Child's Name: \_\_\_\_\_

## General Liability:

Although The Catamount Institute has done everything possible to ensure that our participants have a safe and enjoyable experience, we wish to inform you that there are inherent risks involved with participating in our programs and spending time within our facilities. During activities in natural areas, including high elevations, participants may encounter situations, including but not limited to storms, uneven trails and terrain, altitude sickness, fire hazards such as burns, or animal encounters that can cause accidental injury, illness, or in extreme cases, death. We do not want to reduce your enthusiasm for our programs, but we want you to be aware, in advance, of the possible risks.

## Acknowledgment of Risk:

I certify that I have read the above statement regarding the possible risks. Therefore, I assume full responsibility for myself and/or participating family members in the case of bodily injury, death, or loss of personal property and expenses thereof, as a result of our participation. I further certify that myself and/or participating family members are in good physical condition and able to undertake this program.

I agree to indemnify and hold harmless Catamount Institute, their agents, and employees from all claims, damages, losses, injuries and expenses arising out of, or resulting from, my and/or participating family members participation in any activity with the Catamount Institute that are a result of my/our negligence or accident. I further agree to release, acquit, and covenant not to sue Catamount Institute, their agents, employees or contractors for any and all actions, causes of action claims, or damages as well as damages in law, or remedies in equity of whatever kind resulting from my/our negligence.

In exchange for consideration received, I hereby give permission to the Catamount Institute to use my name and/or participating family member's name and photographic likenesses in all forms and media for advertising, trade, and any other lawful purposes.

I, of my own free will understand and acknowledge the risks and liability for myself and/or any participating family members on this date, and for all subsequent programs with the Catamount Institute.

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**The following information is optional and will be used for environmental education research purposes only.**

**Please complete it to the best of your abilities.**

Your Child's Ethnicity: \_\_\_\_\_

How many hours per week is your child in the outdoors? 0-7 8-14 15-21 22-28 29-35

How many hours per week does your child watch TV/play electronics? 0-7 8-14 15-21 22-28 29-35

How many days per week do you eat dinner as a family? 0 1 2 3 4 5 6 7

Is your child eligible for free or reduced school lunch? Yes No

Rate your child's interest in science? Low Moderate High Very High

Rate your child's academic performance in school? Low Moderate High Very High