



REGISTRATION AND MEDICAL INFORMATION FOR MINOR

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