

2024 BFGCC Summer Youth Program  
Participant Information

SYP 2024

Today's Date \_\_\_\_\_

Participant Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ 2023-2024 Grade \_\_\_\_\_

Address \_\_\_\_\_

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

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Has the child completed a Colorado hunter education course before? \_\_\_\_\_

T- Shirt size of Participant (please circle one): Youth: XS S M L XL Adult: S M L XL

T-shirt size of Parents (please circle one or more): S M L XL XXL

Is your child able to swim without a life jacket? (circle one) Yes No

**Medical Information**

Is your child under treatment for any illness or condition? (circle one) Yes No

Describe: \_\_\_\_\_

Does your child have a condition requiring regular medication? (circle one) Yes No

Describe: \_\_\_\_\_

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

Describe: \_\_\_\_\_

Has your child been directed to carry an epi kit? (circle one) Yes No Is it with child now? Yes No

Does your child have any restrictions? Please Describe: \_\_\_\_\_

Does your child have any fears or phobias? (circle one) Yes No

Describe: \_\_\_\_\_

Has your child been directed to carry an inhaler (asthma)? (circle one) Yes No

Are there anything else we should know before your child participates in this program? \_\_\_\_\_

\_\_\_\_\_

### Parental Authorizations

**Emergency Treatment:** In case of emergency, I understand every effort will be made to contact one of the emergency contacts listed below. If it is not possible to locate any of the emergency contacts, I hereby give my permission to the staff to call a doctor or medical service and for the doctor, hospital, or medical service to provide emergency medical or surgical care for my child.

In case of emergency, notify: \_\_\_\_\_ Phone \_\_\_\_\_

Other person to contact: \_\_\_\_\_ Phone \_\_\_\_\_

Name of doctor: \_\_\_\_\_ Phone \_\_\_\_\_

Health/ Accident Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Signature of Parent(s)/ Guardian(s) \_\_\_\_\_ Date: \_\_\_\_\_

**Participation:** I hereby give permission for my child to participate in all activities, including activities away from the Community Center premises if the opportunity arises. I understand under no circumstances are the organizers or participating agencies held liable for any accidents, injuries or loss that may occur.

Signature of Parent(s)/ Guardian(s) \_\_\_\_\_ Date: \_\_\_\_\_

**Pictures:** Permission is hereby given for staff to use any pictures in which my child appears for publicity.

Signature of Parent(s)/ Guardian(s) \_\_\_\_\_ Date: \_\_\_\_\_

**DEET:** Permission is hereby given for staff to use insect repellent with deet in order to help prevent West Nile Virus.

Signature of Parent(s)/ Guardian(s) \_\_\_\_\_ Date: \_\_\_\_\_