



FOR VOYAGER YOUTH PROGRAM STAFF USE ONLY

Date Received _____ Staff Initials _____

Enrollment Form _____

Contact Authorization _____

Health Status Form _____

Immunization Record _____

Permission Form _____

Behavior Contract _____

SOLA ENROLLMENT FORM

Date: _____ Child's Name: _____ Date of Birth: _____ Child's Age: _____ Child's Gender: Boy / Girl

Mailing Address: _____ Physical Address: _____

City: _____ Zip Code: _____ Home Phone: _____

Mother's Name: _____ Father's Name: _____

Employer: _____ Employer: _____

Work Phone: _____ Work Hours: _____ Work Phone: _____ Work Hours: _____

Email Address: _____ Cell Phone(s): _____

Person other than parent to be notified in an emergency situation when parents are not available:

Name: _____ Phone: _____

Address: _____
Street City State Zip

Name(s) of person(s) other than parent to whom the child may be released:

1. _____ Phone _____ 2. _____ Phone _____

3. _____ Phone _____ 4. _____ Phone _____

Persons unable to pick up child(ren) _____

My Child can self transport (walk or bike) home. Circle one: Yes No

Camp my child is enrolling in (Please circle the camps you in which you would like to enroll your child):

Camping Skills: 6/30-7/1., Ages 9-12

Rock Climbing: 6/28, Ages 11-15

Rock Climbing: 7/19, Ages 11-15

Camping Skills: 7/14-15, Ages 9-12

Rock Climbing: 7/6-7, Ages 11-15

Rock Climbing: 7/26-29, Ages 13-17

I have read the Parent Handbook and agree to the Voyager Youth Program Policies and Procedures.

 Parent or legal guardian signature

 Date

PLEASE ANSWER THE FOLLOWING QUESTIONS FOR VOYAGER YOUTH PROGRAM GRANT APPLICATION PURPOSES

I am currently... (circle response)

- 1) Married A single parent
- 2) Part-time employed Full-time employed Other
- 3) Ridgway employed Ouray employed Telluride employed Montrose employed Self-employed, work mainly outside Ouray County Other
- 4) Living in Ouray Living in Ridgway Living outside Ouray County

My spouse is currently... (circle response)

- 5) Part-time employed Full-time employed Other N/A
- 6) Ridgway employed Ouray employed Telluride employed Montrose employed Self-employed, work mainly outside Ouray County Other



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Allergies _____

Asthma _____

Medication _____

Other Conditions _____

Notes _____

**SOLA
STATEMENT OF HEALTH STATUS**

Child's Name: _____ Sex: _____ Date of birth: _____

Address: _____
Street City State Zip

Surgery/Accident/Illness/Chronic Heart Problems: _____

Describe any physical or medical condition requiring special attention: _____

Medication(s) prescribed: _____

Allergies: _____ and prescribed routine: _____

Vision: _____ Hearing: _____

Date of most recent examination of the child: _____ Name of Health Care Professional: _____

Address: _____
Street City State Zip Phone

Hospital preferred for emergency treatment: _____ Address: _____

Health Insurance Company: _____ Policy #: _____

Issues or concerns Voyager staff should be aware of: _____

I _____ give consent for my child's health care provider and child care provider to discuss my child's health concerns in order to best care for my child.

 Parent or legal guardian signature

 Date



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- | | |
|--|--|
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Immunization Records |
| <input type="checkbox"/> Participation in Activities | |
| <input type="checkbox"/> Apply Sunscreen & Bug Spray | <input type="checkbox"/> Media Release |
| <input type="checkbox"/> Emergency Medical Care | <input type="checkbox"/> Administer Medication |

PERMISSION AND AUTHORIZATION FORM

Check the "Y" box for each item you give permission.
 Check the "N" box for any item permission is **not** given.

Child's Name: _____

Transportation

Y	N
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I give my permission for authorized Voyager Staff to transport my child to and away from program headquarters (Ridgway or Ouray School). If necessary, I also give permission to Voyager Staff to transport my child in a personally owned vehicle.

Participation in Activities

Y	N
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I give my permission for my child to participate in program activities except for the following:

Apply Sunscreen & Bug Spray

Y	N
---	---

I give my permission to Voyager Youth Program staff to apply sunscreen and bug spray on my child as needed.

Emergency Medical Care

Y	N
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I hereby give my permission to program staff to call for medical or surgical care for my child should an emergency arise. It is understood that a conscientious effort will be made to locate me before emergency action will be taken, but if this is not possible, I will accept responsibility for the expenses of emergency treatment or care.

Administer Medication (if applicable- only necessary if your child takes medication)

Y	N
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I give my permission to program staff to administer physician prescribed medication to my child. I agree to provide the medication in its original pharmacy container with my child's name and medication name and dosage clearly marked.

Immunization Records

Y	N
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I confirm that my child's immunization records are kept on file with Ouray / Ridgway School (circle one) and subsequently give my permission for a copy to be released to Voyager Youth Program.

Media Release

Y	N
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I give my permission for my child to be photographed by program staff and/or local press as he/she is engaged in program activities for the purpose of program promotion and communication.

This Permission and Authorization form will be effective from the date signed below, up to one year. I understand that I may, at any time, revoke this Permission and Authorization form by submitting written notification to Voyager Youth Program staff.

 Parent or legal guardian signature

 Date

SOLA - BEHAVIOR CONTRACT

Students and parents should read the following information *together* and sign below:

YOUR RIGHTS & RESPONSIBILITIES

You have the *right* to:

- A safe SOLA experience and environment
- Your own thoughts and ideas
- Be treated fairly
- Be yourself

You are *responsible* for:

- Maintaining a safe SOLA experience and environment
- The consequence of your choices
- Respecting others
- Your own actions

CODE OF CONDUCT

As a participant in SOLA I will:

- Respect self, others and the environment
- Arrive prepared and willing to participate with a positive, can-do attitude
- Follow safety regulations
- Do all I can to make sure everyone (myself included) has a great experience

GENERAL RULES

- You must get permission at all times from your group leader to leave the room or group
- No rough play, foul language, or fighting will be tolerated.
- No throwing of any objects unless it is part of a game or activity
- Clean up after yourself

DISCIPLINE POLICY

While participating in outdoor activities, it is of the utmost importance to listen to staff and follow directions. Failure to do so can create an unsafe environment. If a youth is not listening or following directions, staff will first get the student's attention and ask the student to pay attention. Staff will re-direct a youth's attention or behavior 3 times. If the youth is still unable to listen or follow rules, the youth will not be allowed to participate in the activity for a period of time determined by staff. Continual inability to listen, follow directions, or maintain a safe environment will result in a youth being discharged from the program.

I understand that my conduct should be appropriate to the standards of SOLA at all times and that failure to follow these guidelines may result in my dismissal from the program. Staff will counsel students whenever possible to avoid dismissal.

I have read and understand the conditions of this agreement.

Parent Signature _____ Date _____

Student Signature _____ Date _____