

Sweetwater BOCES Programs

Please make a note of your child's registration and refer to it for course information, time and place. THERE WILL BE NO REMINDER LETTERS SENT. ABSOLUTELY NO REFUNDS will be given unless a class is cancelled. Complete the registration form and medical information and return it with your check to Sweetwater BOCES, P.O. Box 428, Section B 640, Rock Springs, WY 82902-0428. No phone registrations will be accepted. **Registration is not completed until payment or waiver is received, and medical information is completed.** Classes are open to Sweetwater County Residents and family members only. All programs have a limited enrollment and will be filled on a first-come, first-served basis. Please call 382-1607 or 875-4440 ext. 1607 if you have any questions

Name _____ Age _____ Male/Female _____
 Address _____ T-Shirt Size _____
 School attending this Fall _____ Grade as of May 1 _____
 Emergency Contacts: Parent or Legal Guardian _____ Phone _____
 Alternate Phone Number(s) _____ e-mail _____
 Other Emergency Contact (If parent cannot be reached): _____ Relationship _____
 Address _____ Phone _____ Receipt # _____
 Students Date of Birth: _____

Course Name	Date	Location	Time	Session	Fee
Total					
Due					

Permission and Release

This Permission and Release is made and given by the undersigned who certify to be the parent(s) or legal guardian(s) ("Parent"), on the date entered below, of the following minor child: (Name of Student) _____ ("Student"). In consideration of the acceptance and approval of Student's application for entry and participation in the Sweetwater Board of Cooperative Educational Services ("Sweetwater BOCES") Summer Program, and in further consideration of the Student's participation in the related events or activities, to be conducted and sponsored by Sweetwater BOCES during its program of the year of _____, the undersigned individually and as parent(s) or legal guardian(s) of the Student hereby:

1. Grants permission for Student to participate in the above named program and irrevocably releases, waives, holds harmless and discharges Sweetwater BOCES, its Board of Trustees, officers, employees, instructors, agents, servants and owners and lessees of premises from any and all liability to the Parent and/or Student, for any and all claims, causes or action, loss or damage, and any damages resulting therefrom, on account of any injury to person or property, including injury resulting in death, whether caused by the negligence or carelessness of Sweetwater BOCES or other sponsors or promoters of such program while the Student is participating in the program.
2. Acknowledges and fully understands that each Student may be engaging in activities that involve risk of serious accident or injury, including permanent disability and death, and severe social and economic loss and harm might result not only from participant's action, inaction, or negligence but also from the actions, inactions, or negligence of others, the rules and nature of the program, the condition of the premises, and any equipment used. Further, that there may be other risks not known or reasonable foreseeable at the time or before any incident causing injury.
3. Knowing the risk inherent in this program, nevertheless, Parent hereby assumes all the foregoing risks and Parent accepts personal responsibility for the damages following any injury, disability or death to the Student. Parent understands and agrees that this waiver, release and assumption of risks is binding upon heirs, next of kin, administrators, and assigns.

Please complete reverse side

4. Understands and agrees that Parent and Student will adhere to the provisions of Sweetwater BOCES Board Policy #VI-6-B which states the following: "Field trips sponsored by SBOCES require students to remain with the class the entire trip. Parents are welcome, with the approval of the instructors, to travel with the group and assist as chaperones. Students may not travel separately to a field trip location nor may they leave the group at the field trip location."

The undersigned has read or become familiarized with the above and understands that he or she has given up substantial rights by signing this waiver and release and signs it knowingly, voluntarily and without any coercion or duress.

Signed by Parent or Legal Guardian _____ Date _____

Medical Statement and Permission to Treat

To Whom It May Concern: _____ (Student) **is not on medication nor are there any medical conditions** (such as asthma, diabetes, or epilepsy) or allergies or allergic reactions to medication in his/her case that would require special attention in the event of an emergency or accident.

To Whom It May Concern: _____ (Student) **is on medication or has a medical condition** (such as asthma, diabetes, or epilepsy), allergies or allergic reaction to medication, food or other that would require special attention in the event of an emergency or accident. Please describe:

Parent or Legal Guardian _____ Date _____

In the event _____ ("Student") suffers an injury or illness which warrants immediate medical treatment during a Sweetwater BOCES' sponsored activity and while under Sweetwater BOCES' supervision and I am unavailable for consultation or to procure immediate medical treatment for such injury or illness, I hereby authorize and appoint as attorney-in-fact the BOCES supervisor to do as follows:

1. To arrange for the transportation of Student, whether by ambulance or otherwise, to a proper facility where emergency medical treatment would normally be administered, including, but not limited to an emergency room or a hospital, a doctor's office, or a medical clinic; and
2. To sign any releases as may be required in order to obtain any medical or surgical treatment as is required in the judgment of medical authorities at such facilities as identified above.
3. To release any information in the possession of Sweetwater BOCES, including this form to proper medical authorities.

I agree to be responsible for and to pay all cost and expenses of such treatment with billing to be directed to either my insurance provider as designated below or parent's residence.

Medical Insurance Company _____ ID # _____

Dated this _____ day of _____, 2_____

(Parent or Legal Guardian)