

# End-of-Year Camp at YMCA of the Rockies at Snow Mountain Ranch!

March 1, 2017

Dear 7<sup>th</sup> Grade McAuliffe Families,

We're gearing up for our end-of-year camp at YMCA of the Rockies at Snow Mountain Ranch in Winter Park towards the end of May! Seventh grade students will attend the camp from Monday, May 22<sup>nd</sup> – Wednesday, May 24<sup>th</sup>. They'll enjoy camp activities such as hiking; climbing wall, archery, the tubing hill, free rec time, and a campfire during the evenings. YMCA counselors will lead all activities, with parent and staff chaperones assisting.

## **Camp Presentation Night – Tuesday, April 18<sup>th</sup>**

We'll share more detailed information about departure times, packing lists, and what to look forward to at camp during our **Camp Presentation night at McAuliffe on April 18<sup>th</sup> in the auditorium**. Please be sure to attend with your student. Please bring your signed forms and payment to our Camp Presentation Night.

- 6:00-6:45 pm for 6th grade families
- 7:00-7:45 pm for 7th grade families

## **Forms to fill out and return to McAuliffe with payment**

We need all families who intend to send their student on this camp trip to read and return their signed forms **by April 18<sup>th</sup>**. You can bring payment & paperwork with you to our Camp Presentation Night or return it to Mrs. Pittman in the office. This includes:

- Student Interest Form (*pink paper*)
- DPS Parent/Guardian Release and Agreement and Consent to Emergency Treatment (*green*)
- Durable Power of Attorney for Medical Care for Off Campus Trip (*purple*)
- YMCA of the Rockies Assumption of Risk/Liability of Wavier (*white*)

In addition to the above forms, if your student takes medications at school and has already submitted the corresponding Student Medication Request Release Agreement, that same form will transfer for use at the camp. If your student will need to take medication they do not normally also take at school, you will need to pick up a **Student Medication Request Release Agreement** from the office, sign it and have your doctor sign it, and then submit this to either the school nurse or to Mrs. Pittman in the office.

# YMCA of the Rockies at Snow Mountain Ranch

## - Student interest and chaperone form -

Student name: \_\_\_\_\_

Student grade: \_\_\_\_\_

Parent/Guardian: name: \_\_\_\_\_

email: \_\_\_\_\_

phone: \_\_\_\_\_

My student \_\_\_\_\_ will attend camp \_\_\_\_\_ will not attend camp

If student will attend camp, please attach payment and specify the following:

1. Student's "buddy" preferences (list up to 3 preferences):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. **Scholarship Donation:** To help students that may need a partial or full scholarship to attend camp, I am willing to add the following amount to my \$195 total cost.

- \$5 donation \_\_\_\_\_
- \$10 donation \_\_\_\_\_
- Other donation amount (please specify) \_\_\_\_\_

Denver Public Schools  
Parent/Guardian Release Agreement and  
Consent to Emergency Treatment

Dear Parent/Guardian:

Student travel experiences, both domestic and international, involve additional factors and risks over which Denver Public Schools, its directors, officers, agents, employees, teachers, and schools (collectively "DPS") have no control. Accordingly, this Parent/Guardian Release Agreement and Consent to Emergency Treatment ("Agreement") is essential in the acceptance process for a student to be able to participate in domestic and international overnight travel. Please sign and date below after carefully reading and completing the following information and conditions of participation, which constitute a formal parental release. Please return this Agreement to the sponsoring teacher at your child's school.

By signing the following, the student and parent(s)/guardian(s) expressly understand and agree that costs, expenses, and fees may not be refunded if the Off Campus Trip, as defined below, is canceled, altered, or terminated early based upon future circumstances or events, including without limitation, government advisories regarding travel, actual or threatened terrorist acts and other circumstances that may affect the health, safety, and welfare of participants.

The student whose signature appears below desires to participate in the \_\_\_\_\_ ("Off Campus Trip"), which is sponsored by \_\_\_\_\_ (Name of Sponsor). In consideration of the Denver Public School District permitting the student to participate in the Off Campus Trip, the undersigned student and his/her parent(s)/guardian(s) acknowledge and agree as follows:

I/We, \_\_\_\_\_ and \_\_\_\_\_ (parents/legal guardians), being the parent(s) and/or legal guardian(s) of \_\_\_\_\_ ("the student"), give my/our consent for emergency medical and surgical treatment in a licensed hospital by a duly-licensed physician should the student's condition require it in my/our absence. I/We understand that in such a case, reasonable attempts would first be made to contact me/us, time and conditions permitting.

As long as the medical or surgical treatment considered necessary in the situation is in accordance with generally accepted standards of medical practice for the particular type of injury or illness involved, I (we) impose no specific prohibitions regarding treatment unless stated specifically here below (if none, so state).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned hereby release DPS from any legal claim arising from the administration of medication and the administration of emergency medical or surgical treatment.

The Off Campus Trip will take place away from Denver Public Schools property and may involve transportation provided by non-Denver Public Schools provided means, overnight stays in non-Denver Public Schools facilities, and activities beyond the scope of traditional school functions conducted on Denver Public Schools property. The undersigned expressly acknowledge and understand that statutory immunity still applies to these functions and activities:

The student's participation in the Off Campus Trip is entirely voluntary and that by undertaking to have the student participate in the Off Campus Trip, the undersigned parties expressly acknowledge that such participation potentially involves risks and obligations that are impossible to predict but which are beyond the

Initials \_\_\_\_\_

The undersigned parent(s)/guardian(s) expressly acknowledge that they have completed, executed, and have had notarized a Durable Power of Attorney for Medical Care for Off Campus Trip, which is incorporated into this Agreement by this reference.

The student's participation in the Off Campus Trip may be terminated for the student's failure to abide by the instructions of his/her teacher guide and/or Sponsor during the Off Campus Trip, or for failure to make timely payment of all fees and expenses. If the termination occurs during the Off Campus Trip, the undersigned parent(s)/guardian(s) agree to bear all costs associated with the student's return home. When it is necessary to return a student home, the sponsoring teacher, or staff member, will personally notify a parent(s)/guardian(s) or emergency contact.

The student may also be subject to disciplinary action pursuant to DPS policy for his/her failure to abide by any rules set forth by the teacher and chaperones during the Off Campus Trip. The undersigned student agrees that he/she will (1) follow all school rules and Denver Public School District policies; (2) follow all instructions given by his/her sponsoring teacher or chaperones; (3) conform to usual and customary standards of good citizenship, good decorum, and common courtesy; (4) not leave or separate from the group without appropriate authorization from a sponsoring teacher or supervisor; (5) not enter the lodging accommodations of any other student unless with permission of the occupant(s) and only if of the same sex; and (6) comply with all laws and ordinances, including but not limited to those pertaining to prohibiting the possession or use of drugs or alcohol. The undersigned student expressly acknowledges that possession or use of drugs, alcohol, or weapons of any kind is absolutely prohibited.

DPS reserves the right to alter or change the itinerary or to adjust the Off Campus Trip costs to reflect changes in exchange-rates, in fuel costs, or in extraordinary inflation overseas.

DPS also reserves the right to cancel the Off Campus Trip due to insufficient participation or to other circumstances. Where the Off Campus Trip is canceled, all monies may be refunded, with the exception of application fees, as specified by the sponsoring agency. As set forth above, if the trip is canceled based on outside circumstances or events, including, without limitation, government advisories regarding travel, actual or threatened terrorist acts, and other circumstances that could affect the health, safety, or welfare of participants based on DPS' sole discretion, then monies may or may not be refunded, depending on the policies of the trip organizing company, travel, accommodation and activities providers.

Any earnest money deposit does not imply, in any manner, acceptance of the student to the Off Campus Trip.

The undersigned, as the responsible parent(s)/guardian(s), agree to inform DPS of any history of mental/physical/emotional or behavioral issues of the student that could affect the general welfare of him/her and/or the Off Campus Trip group prior to the stated date of acceptance or denial to participate in the Off Campus Trip.

The undersigned certify that the student is in satisfactory health to participate fully in the Off Campus Trip. If some emergency necessitates attention beyond first-aid care which may be available, the understand expressly acknowledge that the parent(s)/legal guardian(s) will be contacted, if possible, and that additional medical attention, as needed, will be obtained at the undersigned parent(s)/legal guardian(s)' expense as set forth in this Agreement and in the Durable Power of Attorney for Medical Care for Off Campus Trip, which is incorporated into this Agreement herein. In case of emergency, the undersigned parent(s)/legal guardian(s) direct that they or \_\_\_\_\_ be contacted at \_\_\_\_\_ (Home Phone)  
\_\_\_\_\_(Work Phone)

Initials \_\_\_\_\_

McAuliffe International School

Durable Power of Attorney for Medical Care for Off Campus Trip

I/We, \_\_\_\_\_ and \_\_\_\_\_ (parents or legal guardians) are legal residents of

\_\_\_\_\_  
(address) (City) (State) (Zip code)

or (if in the U.S. Military) presently stationed at \_\_\_\_\_ appoint \_\_\_\_\_  
whose address is \_\_\_\_\_

\_\_\_\_\_  
(address) (City) (State) (Zip code)

as my/our Attorney-in-Fact and grant unto my/our Attorney-in-Fact the power and authority to authorize and/or consent to emergency medical and surgical treatment in a licensed hospital by a duly-licensed physician for the health and well-being of my/our child, \_\_\_\_\_ (child's full name), should my/our child's condition require it in my/our absence. I/We understand that in such a case, my/our Attorney-in-Fact will make reasonable attempts to contact me/us before authorizing and/or consenting to emergency medical and surgical treatment, time and conditions permitting.

As long as the medical or surgical treatment considered necessary in the situation by my/our Attorney-in-Fact is in accordance with generally accepted standards of medical practice for the particular type of injury or illness involved, I/we impose no specific prohibitions regarding treatment unless stated specifically here below (if none, so state).

\_\_\_\_\_

I/We authorize my/our Attorney-in-Fact to perform all necessary acts in the execution of the aforesaid authorization with the same validity as I/we could effect if personally present. Any act or thing lawfully done hereunder by my/our Attorney-in-Fact shall be binding upon me/us and my/our heirs, legal and personal representatives, and assigns. I/We hold my/our Attorney-in-Fact harmless against any and all claims for following this Durable Power of Attorney for Medical Care for Off Campus Trip ("Power of Attorney").

All business, care, or treatment authorized, consented to, or transacted hereunder for me/us for my/our account shall be authorized, consented to, or transacted in my/our name, and that all endorsements and instruments executed by my/our Attorney-in-Fact for the purpose of carrying out the foregoing powers, shall contain my/our name, followed by that of my/our Attorney-in-Fact with the designation "Attorney-in-Fact."

My/Our Attorney-in-Fact will incur no personal financial liability for acting in accordance with this Power of Attorney. The Attorney-in-Fact shall not be entitled to compensation for services performed under this Power of Attorney, but the Attorney-in-Fact shall be entitled to reimbursement for all reasonable expenses incurred as a result of carrying out the provisions set forth in this Power of Attorney.

This Power of Attorney is intended to be valid in any jurisdiction, whether domestic or international, in which it is presented. The provisions of this Power of Attorney are separable, so that the invalidity of one or more provisions shall not affect any others. A copy of this Power of Attorney shall be as valid as the original.

This Power of Attorney shall be effective as of: \_\_\_\_\_, 20\_\_\_\_, and shall become null and void at the conclusion of the Off Campus Trip, and in no event no later than \_\_\_\_\_, 20\_\_\_\_, unless sooner revoked or terminated by me/us.

**BOTH PARENTS AND/OR LEGAL GUARDIANS OF THE AFOREMENTIONED CHILD MUST SIGN, IF APPLICABLE.**

\_\_\_\_\_  
Signature of Parent and/or Legal Guardian

\_\_\_\_\_  
Signature of Parent and/or Legal Guardian

**YMCA OF THE ROCKIES  
ASSUMPTION OF RISK/WAIVER OF LIABILITY  
(ADULT ON BEHALF OF A MINOR CHILD)  
PLEASE READ BEFORE SIGNING**

There are risks involved in this activity and/or these activities. Your child need not participate. It is your child's choice whether your child participates in these activities and to what level. Our philosophy is "Challenge By Choice," which means your child selects the degree of challenge (if any) to which your child will be exposed. However, in order for your child to participate at any level in these activities you must sign this document, and your signature forever waives your right (and your child's right) to sue the YMCA of the Rockies (and its directors, staff, employees and other contracted parties) for any injury your child may suffer arising out of their participation in this activity or these activities.

**ACKNOWLEDGEMENT OF RISK**

I acknowledge that there are risks and hazards in any of the activities in which my minor child has chosen to participate. These risks include, but are not limited to: physical injury, trauma, emotional injury, death, and property damage. These hazards include but are not limited to: Falling from a height of up to 50 ft (climbing wall and high challenge course only); equipment failure; interference from other activities in the vicinity; high altitude (above 8,000 feet); and rigorous physical activity and exhaustion. Risks for Tubing include but are not limited to: falling out of the tube; traveling at various rates of speed; collisions with other tubes, tubers, or spectators; collisions with man-made objects such as fencing, collisions with natural objects, collisions with associated equipment, variations in terrain and steepness of terrain, varying surface conditions, slippery walking surfaces, and the use of the tubing lifts.

The activity or activities in which my minor child has chosen to participate may include physical challenges, which, if aggravated by high altitude conditions, may place unusual demands on my minor child's bodily systems. I acknowledge that this is not an exhaustive list of the risks or hazards my minor child may encounter, and that my minor child may encounter unforeseen situations.

**PROTECTIVE HEADGEAR**

I acknowledge that protective headgear (helmets) are available and it is my choice that my child wear that headgear while tubing. \_\_\_\_\_ *(INITIAL REQUIRED)*

**CERTIFICATION OF FITNESS**

I certify that my minor child is completely healthy (both physically and emotionally) and capable of participating in the activity or activities. However, I understand that it is solely my responsibility to determine whether there is any

medical reason that my minor child should not participate in the selected activity.

**WAIVER OF LIABILITY**

IN ORDER THAT MY MINOR CHILD MAY PARTICIPATE IN THE ACTIVITY OR ACTIVITIES LISTED ABOVE, I FOREVER WAIVE MY RIGHT (AND MY CHILD'S RIGHT) TO SUE THE YMCA OF THE ROCKIES (INCLUDING ITS DIRECTORS, STAFF, EMPLOYEES AND OTHER CONTRACTED PARTIES) FOR ANY INJURY MY MINOR CHILD MAY SUFFER ARISING OUT OF MY MINOR CHILD'S PARTICIPATION IN THESE ACTIVITIES. I UNDERSTAND THAT BY SIGNING THIS DOCUMENT ALL LIABILITY OF THE YMCA (INCLUDING ITS DIRECTORS, STAFF, EMPLOYEES, AND OTHER CONTRACTED PARTIES) TO MYSELF AND MY MINOR CHILD FOR ANY INJURIES MY MINOR CHILD MAY SUFFER ARISING OUT OF MY MINOR CHILD'S PARTICIPATION IN THE ACTIVITY OR ACTIVITIES LISTED ABOVE WILL BE FOREVER EXTINGUISHED.

I, THE UNDERSIGNED, HAVE READ, UNDERSTAND AND ACCEPT THE TERMS OF THIS ACKNOWLEDGEMENT OF RISK/WAIVER OF LIABILITY FORM. I FURTHER ACKNOWLEDGE THAT NO ORAL REPRESENTATIONS CONCERNING THIS DOCUMENT HAVE BEEN MADE TO ME AS AN INDUCEMENT TO SIGNING THIS DOCUMENT.

**NAME OF PARTICIPANT (PLEASE PRINT):**

\_\_\_\_\_

AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_

WORK PHONE:(\_\_\_\_) \_\_\_\_\_

**IN THE CASE OF EMERGENCY PLEASE CONTACT:**

NAME: \_\_\_\_\_

PHONE:(\_\_\_\_) \_\_\_\_\_

**SIGNATURE OF PARENT OR GUARDIAN:**

\_\_\_\_\_ DATE \_\_\_\_\_

Please, if you have any questions contact: Program Director at (970) 887-2152 ext.4130