

# Summer Explorers Registration 2008 - USE ONE FORM PER CHILD

Student Name \_\_\_\_\_ Birth Date/Age \_\_\_\_\_ Age Group \_\_\_\_\_

Parent Name(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ E-mail \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

# Programs \_\_\_\_\_ Amount Enclosed \$: \_\_\_\_\_ (TOTAL AMT. DUE before program start date)

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Check # \_\_\_\_\_ Date \_\_\_\_\_

**Make check payable to Grand Targhee Resort. Mail to: 3300 E Ski Hill Rd, Alta, WY 83414**

## Payment RECEIVED:

*BEFORE June 1* 1-day/wk - \$49    3-day/wk - \$119    5-day/wk - \$175    Additional days - \$49/ea

*AFTER June 1* 1-day/wk - \$55    3-day/wk - \$130    5-day/wk - \$190    Additional days - \$55/ea

REMINDER: \$5 FEE for EACH DATE OR DAY THAT IS CHANGED AFTER REGISTRATION

WEEKLY PROGRAMS	# DAYS	INDICATE DAYS REQUESTED (PLEASE CIRCLE BELOW)							Price
		M	T	W	TH	F	SA	SUN	
Nature Art (3-9yrs)		<b>JUNE 9</b>	10	11	12	13	14	15	
Wild Style (10-12yrs)									
Its Easy Being Green (3-9yrs)		16	17	18	19	20	21	22	
Its Easy Being Green (10-12)									
Mad Scientists (3-9yrs)		23	24	25	26	27	28	29	
Ropes Adventure (10-12yrs)									
Native & Pioneer Days (3-9yrs)		30	<b>JULY 1</b>	2	3	<b>NO CAMP</b>	5	6	
Outdoor Expertise (10-12yrs)									
Creepy Crawlers (3-9yrs)		7	8	9	10	11	12	13	
Backpacking 101 (10-12yrs)									
Fabulous Flora (3-9yrs)		14	15	16	17	<b>NO CAMP</b>	<b>NO CAMP</b>		
Explore the Tetons (10-12yrs)									
Forest Friends (3-9yrs)		21	22	23	24	25	26	27	
Wrangler Week (10-12yrs)									
Things That Fly (3-9yrs)		28	29	30	31	<b>AUG 1</b>	2	3	
Ultimate Adventure (10-12yrs)									
Lights, Camera, Action! (3-9yrs)		4	5	6	7	<b>NO CAMP</b>	<b>NO CAMP</b>		
Targhee Allstars (10-12yrs)									
Rock Hounds/Fossils (3-9yrs)		11	12	13	14	15	<b>LAST DAY OF CAMP</b>		
Ropes Adventure (10-12yrs)									

Will your child need transportation? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please circle which stop: Driggs Alta

**Space on the bus is limited. Please register early to assure your child a spot.**

Once the bus capacity has been filled, you are responsible for your child's transportation to and from Grand Targhee.

Detailed brochure with program descriptions available at [www.grandtarghee.com](http://www.grandtarghee.com)

**TOTAL PRICE**                      \$ \_\_\_\_\_

**Grand Targhee Resort  
SUMMER EXPLORERS  
Medical History- Emergency Information Form**

Date: \_\_\_\_\_

**Child's Name:** *(Last, First, MI)* \_\_\_\_\_ Birthdate/Age \_\_\_\_\_

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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**Second Parent's Name** (if different from the above) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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**EMERGENCY INFORMATION**

1. In case of emergency, what relative, neighbor, or friend can be called?

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Phone** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Family Physician** \_\_\_\_\_ **Phone** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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**HEALTH INFORMATION**

Please **check** if your child has had or been diagnosed with the following and **date** of last occurrence:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ADD/ADHD* _____         | <input type="checkbox"/> Physical Disability* _____ | <input type="checkbox"/> Measles _____              |
| <input type="checkbox"/> Eating Disorders* _____ | <input type="checkbox"/> Respiratory illness* _____ | <input type="checkbox"/> Mumps _____                |
| <input type="checkbox"/> Headaches* _____        | <input type="checkbox"/> Ear Infections _____       | <input type="checkbox"/> German Measles _____       |
| <input type="checkbox"/> Asthma* _____           | <input type="checkbox"/> Strep Throat _____         | <input type="checkbox"/> Chicken Pox _____          |
| <input type="checkbox"/> Seizures* _____         | <input type="checkbox"/> Rheumatic fever _____      | <input type="checkbox"/> Glasses/contacts _____     |
| <input type="checkbox"/> Diabetes* _____         | <input type="checkbox"/> Mononucleosis _____        | <input type="checkbox"/> Dental problems* _____     |
| <input type="checkbox"/> Heart condition* _____  | <input type="checkbox"/> Hepatitis _____            | <input type="checkbox"/> Broken bones/sprains _____ |

\*please provide more information: \_\_\_\_\_

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Please describe any current physical, mental, or psychological conditions that require any medication, treatment, or special restrictions/considerations while at camp: \_\_\_\_\_

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**MEDICATIONS****\*\*\*\*Summer Explorers does not administer medication during camp\*\*\*\***

Please list medications currently being given to the child:

Medication name \_\_\_\_\_ Dose \_\_\_\_\_ Frequency \_\_\_\_\_ Reason \_\_\_\_\_

Medication name \_\_\_\_\_ Dose \_\_\_\_\_ Frequency \_\_\_\_\_ Reason \_\_\_\_\_

**ALLERGIES**

Please list allergies, reactions and treatment. If no allergies, please mark N/A.

Allergy \_\_\_\_\_ Reaction \_\_\_\_\_ Treatment \_\_\_\_\_

Allergy \_\_\_\_\_ Reaction \_\_\_\_\_ Treatment \_\_\_\_\_

Allergy \_\_\_\_\_ Reaction \_\_\_\_\_ Treatment \_\_\_\_\_

**INSURANCE INFORMATION**

Is the child covered by family medical/hospital insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes: Carrier \_\_\_\_\_ Policy or group # \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_

**Authorization**I give my permission for my child to have a staff member apply **sunscreen**: Yes \_\_\_\_\_ No \_\_\_\_\_I give my permission for my child to have a staff member apply **insect repellent**: Yes \_\_\_\_\_ No \_\_\_\_\_

\*please provide sunscreen and insect repellent for your child

**Persons Authorized to pick child up** (Anyone picking up the child must have written authorization and be able to show a photo ID if requested):

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

**Signature of Parent or Legal Guardian:** \_\_\_\_\_**Date:** \_\_\_\_\_**\*PLEASE INCLUDE A COMPLETE COPY OF YOUR CHILDS IMMUNIZATION RECORD & DATE OF LAST TETANUS SHOT\***

# Summer Explorer Day Camp Details

## Equipment List (Bring DAILY)

- Quart Water Bottle (something you can seal closed)
- Day Pack (to carry lunch, water, clothes)
- Sunglasses (to protect against ultra-violet rays)
- Sunscreen
- Bug Repellent
- Comfortable Shoes (good broken-in sneakers, with socks, extra pair socks)
- Warm coat or windbreaker (for chairlift ride when applicable)
- Brimmed Hat (baseball cap or cowboy hat to provide sun protection)
- Swimsuit and Towel (we will swim daily, weather permitted)
- **\*\*Layers for all kinds of weather\*\***
- Lunch
- **2 Snacks** (one for morning, one for afternoon)

We recommend that you dress in layers, for example: tee-shirt, long sleeve shirt, windbreaker, pile jacket or sweatshirt, and rain gear. Please bring a ski hat or something warm to cover your head DAILY. Mountain weather changes quickly. Your head is an efficient air conditioner, losing 75% of body heat under certain conditions.

## Lunch/Snacks

Every student needs a daily brown bag lunch with something to drink. We encourage students to pack a fruit, vegetable, and/or protein snack for munching throughout the day.

## Release Forms:

We must have the signed *medical information/release form* **before** the morning of your first day. Please note that a parent or legal guardian must sign the release form. *The medical information/release form must be on file in order for your child to participate in activities.* You may download the registration packet at:

[www.grandtarghee.com](http://www.grandtarghee.com) and mail or fax it to:

Summer Explorers  
3300 E Ski Hill Rd  
Alta, Wy 83414  
Fax:(307)353-8148

## Transportation:

Drop-Off: **8:30 Driggs**, exact location TBA  
**8:45** in front of **Alta** Church  
**9:15** Arrive at **GTR**

Pick-up: **3:30 GTR**  
**3:45 Alta**  
**4:00 Driggs**

If using the bus: *Please be prompt.* This avoids making the bus, the kids, the employees, and you wait for a late parent. We have implemented a \$1.00 a minute late fee to avoid tardiness. Due to limited space, only children registered to ride the bus that day will be able to board.

## Safety:

Outdoor activities are a fundamental part of Grand Targhee Resort. Be assured that Summer Explorers staff has first aid and CPR training and will do the most to provide a safe, comfortable experience for the children. While accidents are infrequent, in the event of an injury we have emergency procedures in place.



# GRAND TARGHEE RESORT RELEASE OF LIABILITY AND INDEMNITY AGREEMENT

In consideration for the below named child's participation in the

**Summer Explorers Program** at Grand Targhee Resort,

I understand, acknowledge and agree as follows:

1. I, the undersigned, being at least 18 years of age, hereby represent that I am the parent or legal guardian of the child named below (hereinafter "Child") and that I have the right to make decisions regarding the care, control and custody of the Child. As the parent or legal guardian signing this agreement for the Child, I acknowledge and agree that by signing this agreement on behalf of the Child, I and the Child agree to be bound by its terms.
2. I understand that the Child's participation in the Summer Explorers Program and the related activities, which include, but are not limited to, swimming, hiking, climbing wall, ropes course, chairlift rides, various games, and participating in any activities at Grand Targhee Resort (hereinafter "GTR") can be dangerous. **I further understand that there are inherent and other risks and dangers associated with these activities, which may be known and unknown, and which include, but are not limited to, transport to and from the resort by use of GTR transportation; interaction with other children also participating in the above activities; waterplay; wearing and using waterplay equipment/devices; variations in terrain; slick or uneven walking and climbing surfaces; changing weather conditions; lightning; high altitude; rocks; streams; lift, mechanical and equipment failure; and taking field trips by walking or offsite by use of GTR transportation. I recognize that falls occur and injuries can happen and I understand that accidents, injury, illness, incapacity or death can arise in conjunction with the Child participating in the above activities.** In consideration for the Child's participation in any activities at GTR, I hereby freely and expressly agree to accept and assume any and all risks in connection with such activities.
3. **I further agree to forever release, discharge, waive, save and hold harmless, indemnify, and defend Grand Targhee Resort, LLC, its owners, subsidiaries and/or affiliates, its officers, directors, shareholders, employees, agents, the U.S. Forest Service and all other applicable landowners, sponsors and insurance carriers (hereinafter "Releasees") from and against any and all claims, demands, causes of action, liabilities, actions, and any and all medical expenses or other related expenses, including damage to property, asserted by others, by me, by the Child or on the Child's behalf, brought under any theory of legal liability, INCLUDING ORDINARY NEGLIGENCE, arising directly or indirectly out of the Child's participation in the above activities, the Child's use of any facilities at GTR or GTR transportation, or the Child's presence on GTR premises. The above release includes, but is not limited to, any and all damages occasioned in the event of an incident, illness, or other incapacity, death, or damage to property, however caused. I further agree to indemnify and defend Releasees for any and all claims brought by the Child; and I agree to indemnify and defend Releasees for any and all claims brought by a third party arising in connection with the Child.** I accept responsibility for all of the Child's medical expenses incurred in connection with any of the above activities. If I want financial protection against personal injuries, I understand and agree that I must obtain life, liability and health insurance to protect the Child, my family members and myself. I understand and agree that this release is applicable to each and every day that the Child participates in any activities at GTR.
4. I warrant that the Child is in good physical condition and know of no medical or health reasons why the Child should not participate in the above activities. I understand that it is my responsibility to fully inform GTR of any special needs the Child may have. I authorize Releasees and/or their personnel to call for medical care for the Child or to transport the Child or arrange for the Child's transportation to a medical clinic or other medical facility if, in the opinion of Releasees and/or their personnel, medical attention is needed for the Child. I agree that upon such transport, Releasees shall have no responsibility for the Child and I agree to indemnify and defend Releasees from any costs incurred and any claims originating therefrom.
5. I understand that this agreement shall be binding upon my and the Child's heirs, executors, administrators, and assigns and shall be governed by Wyoming law. This agreement shall be binding to the fullest extent permitted by law and if any part of this agreement is determined to be unenforceable, all other parts shall be given full force and effect. I agree that any claims that I or the Child may bring against Releasees shall be submitted to the jurisdiction of the state court in Wyoming, Teton County, and that no claims against Releasees shall be brought in any other jurisdiction or venue.
6. I further state that I am legally competent and agree to abide by the terms and conditions set forth herein. I understand that the terms of this document are contractual and not a mere recital. I am aware that I am releasing certain legal rights that I or the Child otherwise may have and I have signed this document as my own free act.

CHILD'S NAME (Please Print) \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

PARENT/GUARDIAN NAME (Please Print) \_\_\_\_\_

SIGNATURE (PARENT/GUARDIAN) \_\_\_\_\_ DATE \_\_\_\_\_

EMERGENCY CONTACT (Name, Cell #, etc.) \_\_\_\_\_

**SUMMER EXPLORERS NAME AND LIKENESS RELEASE**

Students Name: \_\_\_\_\_

I, the undersigned, being at least 18 years of age, hereby represent that I am the parent or legal guardian of the child named above (hereinafter “Child”) and that I have the right to make decisions regarding the Child. As the parent or legal guardian signing this agreement for the Child, I acknowledge and agree that by signing this agreement on behalf of the Child, I and the Child agree to be bound by its terms.

I hereby grant exclusive permission to Grand Targhee Resort, LLC, its owners, subsidiaries and/or affiliates, and their respective agents, clients, and assigns agents, clients and assigns (hereinafter “Assignees”), to sell, copyright, exhibit, broadcast, distribute or otherwise use the Child’s name and likeness (photographic or video) for the purpose of publicity, public relations, editorial, or other advertising and commercial purposes without restriction as to frequency or duration. I hereby assign exclusive rights to any photographs or video taken of the Child during the Summer Explorers Day Camp to Assignees.

I am legally competent and agree to abide by the terms and conditions set forth herein. I understand that the terms of this document are contractual and not a mere recital. I am aware that I am assigning certain legal rights that I or the Child otherwise may have and I have signed this document as my own free act.

PARENT/GUARDIAN NAME (Please Print) \_\_\_\_\_

SIGNATURE (PARENT/GUARDIAN) \_\_\_\_\_ DATE \_\_\_\_\_