



City of Albuquerque Parks and Recreation Department
Please fill out registration form and submit to 1801 4th St. NW or 9401 Balloon Museum DR
Make sure to sign and date form
Payment types accepted: Cash or Check
For more information call 505.768.5328

Session (Please circle) :	Drop & Shop	December 21	\$10.00
	Drop & Shop	December 22	\$15.00
	Winter Camp (January 2, 3, & 4)		\$40.00

PART A: PARTICIPANT INFORMATION

Name _____
First Middle Initial Last

Address _____
Street Apt. # City State Zip

Phone Numbers _____
Home Cell Pager

E-Mail Address (for our email distribution list) _____

Participant Age _____ Participant Birth date _____ Male _____ Female _____
Month/Day/Year

PART B: PARENT / GUARDIAN CONTACT INFORMATION

Lives with: Mother _____ Father _____ Guardian _____ Other (specify) _____

Mother | Father | Guardian Name (Please print): _____
Please circle one

Phone numbers for above named person: _____
Home Cell Work

Mother | Father | Guardian Name (Please print): _____

OFFICIAL USE:

Session: Drop & Shop Session 1, Drop & Shop Session 2, Winter Camp

Amount _____

(\$) (CR) or (Ck) Check number _____

Taken by _____

Date of Payment _____



PART C: DISABILITY INFORMATION

(Essential Eligibility: Participant must be able to walk 2.0 miles.)

Please place a check next to each disability that applies to the participant.

_____ **NONE**

_____ Autism
_____ Cerebral Palsy
_____ Hearing Impaired
_____ Vision Impaired
_____ Frequent Nosebleeds
_____ Sinus Problems

_____ Attention Deficit Disorder
_____ Down's Syndrome
_____ Learning Disability
_____ Asthma
_____ Fainting
_____ Stomach/Digestive problems

_____ Behavior Disorder
_____ Head Injury
_____ Mild Mental Retardation
_____ Moderate Mental Retardation
_____ Headaches
_____ Other

If you checked "Other", please provide additional information: _____

Please provide additional information that may be important on any condition checked above: _____

PART D: ALLERGY & MEDICATION INFORMATION

Does participant have any known allergies? _____ YES _____ NO Does participant carry an "EpiPen"? _____ YES _____ NO

Please specify known allergies: _____

In case of a severe allergic reaction, can participant be given oral antihistamine (Diphenhydramine Hydrochloride [generic Benadryl])? _____ YES _____ NO

Is participant currently taking any prescription or over-the-counter medication? _____ YES _____ NO

If YES, please specify: _____

PART E: INFORMATION FOR MEDICATION TO BE TAKEN DURING ADVENTURE

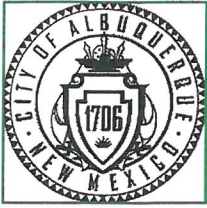
If your child needs to take prescribed or over-the-counter medication(s) while participating in adventures with the City of Albuquerque's Outdoor Recreation Section please list medications below. Your child must be able to administer his or her own medications. All medications must be contained in the original pharmacy packaging!

*****Please check here if your child has NO medications to be dispensed during adventure. _____*****

(1) Name of Medicine _____ Date of Prescription: _____

Dose Prescribed: _____ Time to Administer: _____

Reason for taking Medicine _____



PART F: HEALTH INSURANCE INFORMATION

Medical insurance that provides health care coverage for my minor child is shown on the attached health insurance card.

*******(Please attach a copy of the health insurance card of your minor child.)*******

PART G: EMERGENCY AND/OR MEDICAL CARE CONTACTS

List at least two people other than yourself that Outdoor Recreation may contact in the event there is any type of emergency or your minor child requests medical care or it is determined that your minor child is in need of medical care:

(1) Name: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

(2) Name: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

PART H: PERSONAL PHYSICIAN INFORMATION

Name: _____ Hospital Affiliation: _____

Office Phone: _____ Other Phone: _____

PART I: AUTHORIZED PERSON(S)

Please list at least one person authorized to pick up your child from the Outdoor Recreation Adventure at the scheduled time of return in case you cannot be present. A picture ID must be shown to the Adventure Leader.

1. _____
First MI Last

Relationship _____ Phone Number _____

2. _____
First MI Last

Relationship _____ Phone Number _____

PART J: AUTHORIZATION TO PHOTOGRAPH, QUOTE AND USE NAME OF PARTICIPANT FOR PUBLICITY PURPOSES:

I hereby authorize ODR and the City of Albuquerque to take photographs, to collect quotations related to the Monster Adventures outing and to use my name and/or the name of my minor child participant for publicity purposes. **Please circle yes or no below.**

YES

NO

INITIAL _____



PART K: AUTHORIZATION FOR FIRST AID AND MEDICAL TREATMENT

I recognize that medical or dental care may be necessary for my minor child participant. I authorize the City of Albuquerque, ODR and the outing leader(s) to render first aid or emergency care, within the scope of the certification of the outing leader(s). In addition, I authorize ODR to call for medical or dental care for my minor child participant if, in the opinion of ODR, medical or dental care is needed. I agree to pay for all expenses and costs associated with such care and related transportation. In addition, I hereby authorize and consent for any x-ray examination, anesthetic, medical, dental or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and/or emergency staff and/or dentist currently licensed by the state in which treatment is given and the staff of any acute general hospital holding a current license to operate a hospital from the State of New Mexico Department of Public Health or the equivalent agency in another state. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power to render care which the physician, in the exercise of his or her best judgment, may deem advisable. It is understood, medical condition allowing, that effort shall be made to consult the undersigned prior to rendering the treatment to the patient, but that any of the above treatment will not be withheld if the undersigned is incapacitated or cannot be reached. I further agree that ODR shall not be responsible for payment of medical services for my minor child and acknowledge and agree that any City insurance that may exist does not cover the medical costs of my minor child.

INITIAL _____

PART L: EXPRESS ASSUMPTION OF RISK, RELEASE, INDEMNIFICATION AND COVENANT NOT TO SUE AGREEMENT

In consideration for the services of the City of Albuquerque Parks and Recreation Department, Outdoor Recreation Section, Monster Adventures Program, its outing leaders, officers, agents, and volunteers (collectively referred to herein as "ODR"), I, on behalf of myself and/or as the parent or legal guardian of the minor child participating in the ODR activity, and our heirs, agree as follows:

I understand and am aware that backpacking, biking, caving, hiking, rappelling, rock climbing, snowboarding, snow skiing and related activities including, among others, use of ODR equipment such as carabiners, climbing equipment, caving equipment, rescue knives, rappelling equipment, tents, camp stoves, campfires (Referred to herein as "Activity"), and transportation to and from such Activity, are hazardous activities involving inherent and other risks of injury to any and all parts of the body. I further understand that injuries in the Activity are a common and ordinary occurrence, and I have made a voluntary choice for myself and/or my minor child participant to accept and assume all risks of injury or death that might be associated with or result from this activity.

To the fullest extent allowed by law, I agree to release from liability, and to indemnify and hold harmless ODR from any and all liability on account of, or in any way resulting from, personal injuries, death or property damage, even if caused by negligence, in any way connected with this Activity. I further agree not to make a claim or sue for injuries or damages relating to this activity, even if caused by negligence. I understand and agree that this Agreement is intended to be as broad and inclusive as is permitted by law, and if any portion is held invalid, the balance shall continue in full legal force and effect. I agree that no oral representations, statements or inducements apart from this Agreement have been made.

INITIAL _____



PART M: ACKNOWLEDGEMENT OF INFORMATION:

I hereby acknowledge that all the information I have provided on pages 1-5 of this Agreement is true, correct and complete. I agree to update any page of this Agreement as necessary. I hereby acknowledge that I have fully read, understood and accepted each of the above provisions and have voluntarily signed this agreement.

INITIAL _____

PART N: SIGNATURE INFORMATION

NAME OF PARTICIPANT: _____

SIGNATURE OF PARTICIPANT'S PARENT/LEGAL GUARDIAN

Date: ____/____/____

PRINTED NAME OF PERSON SIGNING ABOVE