



**Rocky Mountain Flycasters Chapter of
Trout Unlimited
NoCO YOUTH RIVER CONSERVATION & FLY
FISHING DAY CAMP
July 15-17 and 22-24, 2010
Fort Collins. Colorado**

Parental/Guardian Consent Form

I _____ am the parent/legal guardian of:

Student's Name (please print)

Grade during 2010-'11 School Year

I hereby consent to his/her participation in the NoCO Youth Conservation and Fly Fishing Day Camp, July 15-17 and 22-24, 2010, sponsored by Rocky Mountain Flycasters Trout Unlimited Chapter. In determining whether to allow him/her to participate, I recognize that Rocky Mountain Flycasters, Colorado Trout Unlimited and Trout Unlimited cannot be responsible for him/her in the event of Injury while participating in the Day Camp. I also realize that participation can involve the risk of serious physical injury or death and agree, on his/her behalf, to assume these risks.

I agree to release and indemnify Rocky Mountain Flycasters Chapter, Colorado Trout Unlimited and Trout Unlimited; their officers, trustees, directors, volunteers, employees and agents from and against any and all claims, demands and judgments arising from injuries, damages or theft in connection with his/her participation.

I agree that Rocky Mountain Flycasters Trout Unlimited Chapter may use his/her name, and photographs including his/her image, in outreach materials promoting this and future NoCO Youth Conservation and Fly Fishing Day Camps.

Date:

Signature of Parent or Legal Guardian

MEDICATION/ALLERGIES

Student's Name

Primary Physician

Name/Phone Number

List Medications: _____

Directions for Use: _____

List any allergies (food or otherwise) _____

I agree that any prescribed medication for concentration and/or behavior used during my son/daughter's regular school year will be continued for Camp, and brought to the attention of Staff.

Date:

Signature of parent or legal guardian

EMERGENCY TELEPHONE NUMBER: _____