



Dear Students and Families,

Welcome to cityWILD! We are a year-round program that teaches leadership skills through the outdoors, offers support to students and families, and helps students learn how to create change in their communities.

Who can participate? Students from 11 to 18 years old.

After-school Programs:

- cityWILD offers after-school programs Monday through Thursday at our office on 36th and Franklin (across the street from Wyatt Academy).
- **Monday, Tuesday, Wednesday and Thursday program begins at 4:15pm and ends at 6:15pm. There is no program on Fridays.**
- cityWILD will pick students up from school and drop them off at home if they attend a partnering school and live within 3 miles of our office. **(Please call to confirm.)**

Academic Support:

- cityWILD provides the opportunity for students to work on schoolwork with adult support.
- cityWILD communicates regularly with teachers to find out about grades and test scores.
- cityWILD assists students in applying for scholarships and college.

Weekend Adventures and Summer Expeditions and Day Trips:

- cityWILD takes students on day trips and overnight adventures on weekends to introduce them to the outdoors, (examples include rock climbing, rafting, and camping).
- cityWILD also takes students on a spring break trip and has extensive summer programs available.

Support Services

- cityWILD has a social worker on staff to provide support to students and their families.
- Support services include, but are not limited to: **crisis intervention, community referrals, family mediation.**

Details

- **All programs and trips are free.**
- cityWILD provides students with any gear needed to participate safely in activities.
- All trips and activities are led by professionally trained staff.
- Students who are interested in participating need to complete and return the attached paperwork.
- **cityWILD is located at 1620 E. 36th Avenue, across the street from Wyatt Academy.**

If you have any questions or concerns about the information provided in this packet, please feel free to contact us at any time.

Staff Member	Email	Phone	Habla español
Emilie Lederer- Program Coordinator	emilie@citywild.org	720-656-5363	
SJ Casillas- Program Assistant	sj@citywild.org	720-854-8652	✓
Laura Engelman- Support Services Coordinator	laura@citywild.org	720-475-0272	✓

REGISTRATION PACKET

Attached is the registration packet for your child to participate in our program. The cityWILD staff understands there are a lot of forms to complete. However, we ask that you take time to complete each form **completely** so your children can begin program as soon as possible.

We may have also included waivers from our partnering organizations so your child/children can be a part of all our activities.

If you have any questions or would like assistance completing this packet, please stop by the office or call **303-227-6862**.

Thank you for your patience. We look forward to getting to know you and your family.

CITYWILD POLICIES

Non-Discrimination Policy

Everyone is welcome at cityWILD. cityWILD is an inclusive organization regardless of race, gender or gender expression, culture, religion, sexual orientation, or economic status. Discriminatory remarks and behavior will not be tolerated. If this behavior is observed, it will be discussed. Staff may contact home and follow up might be necessary to create a plan so all students and families feel safe and included at cityWILD.

cityWILD's EXPEDITIONARY BEHAVIOR

Community Mindset

1. Treat others as they would like to be treated.
2. Think of the needs of your entire community.
3. Support the success of your whole community.

Sight and Sound

All students are expected to remain within 100% sight and/or sound of a staff at all times, no exceptions.

Leave No Trace (LNT)

1. Take care of your environment by making sure to pick up after yourself and use resources respectfully when in program and when on trips.
2. When in public, leave a positive impact and/or impression of yourself and cityWILD.

Personal Responsibility

1. Keep your area neat and organized.
2. Know where your things are at all times.

Please be aware that if students have difficulty meeting the expectations listed above, cityWILD staff will work with students and their families to find ways to better support their success in program. However, on occasion, students may be asked to take a break from program, weekend adventures, or summer expeditions before creating a plan that supports their success.

REGISTRATION PACKET

Today's Date:			
Participating Student Information			
Student First Name:		Student Last Name:	
Address:			
City:	State:	ZIP:	Date of Birth:
Student Email:		Home Phone #:	Student Cell #:
Neighborhood: (e.g. Cole, Five Points)		Race/Ethnicity:	Gender:
Primary Language Spoken at Home:			
Parent/Guardian Information			
Parent/Guardian Name:		Parent/Guardian Name:	
Parent/Guardian Cell #:		Parent/Guardian Cell #:	
Parent/Guardian Work #:		Parent/Guardian Work #:	
Parent/Guardian Email:		Parent/Guardian Email:	
Emergency Contact Information			
(In the event of an emergency, if you cannot be reached, this person will be notified.)			
Name of Person (Other than parent or guardian):		Relationship of Person to Student:	
Emergency Contact Home Phone #:			
Emergency Contact Cell Phone #:		Primary Language:	
Participating Student(s) Program/School Information			
Students in 5 th -12 th grades are eligible to participate in cityWILD programs			
School:	Student School ID Number:		Student Grade:

Medical History and Permissions

This information will not be used to deny any student's participation. It is helpful information that will allow us to know how to best support the student in cityWILD's programs.

Student Name: _____

Does this student have any medical conditions or disabilities Yes No

If yes, please explain:

Does this student have any mental health or behavioral conditions Yes No

If yes, please explain:

Does this student have any allergies? Yes No

Please list all allergies (medications, foods, seasonal, etc.):

Does this student take any medications? Yes No

If yes, please list medication name(s) and purpose(s):

When was Student this student's last tetanus shot? Date: _____

Over The Counter Medication Permission

I give the cityWILD permission to dispense the medication checked below to my child listed above.

Please check all that apply:

- Tylenol (acetaminiphen) for headaches, cramps, and minor aches.
- Aspirin for headaches, cramps, and minor aches.
- Motrin/Advil (ibuprofen) for headaches, cramps, and minor aches.
- Pepto Tabs/DiGel/Roloids (antacids and antidiuretics) for stomach upset/indigestion.
- Betadine/Iodine/Rubbing Alcohol (antiseptic) to cleanse minor wounds.
- Neosporin ointment to help prevent infection in minor wounds.
- 1 % Cortisone cream for minor burns and itches.
- Calamine/Caladryl lotion for insect bites and minor itches.
- Ambesol ointment for toothache.
- Burn ointment/Lidocaine for minor burns.
- Bee Sting Swabs for bee stings or insect bites.
- Benadryl/Claritin for allergies.
- Nyquil/Other Cold Medicines for cold/flu symptoms.

I understand that if these medications are requested by my child on a regular basis or if cityWILD staff sees an indication of a more serious medical problem, I will be notified. This consent may be revoked in writing at any time by parent/guardian.

Signature-Parent/Legal Guardian

Date

CITYWILD AUTHORIZATION FOR TREATMENT OF MINOR

On this date, _____, I (*please print*) _____, being the parent, or legal guardian of (fill in student name)

(Student's Name)

(Birthdate)

give my consent for emergency medical treatment of this minor(s) in by cityWILD staff administering first aid, or by licensed clinic/hospital by a licensed physician should his or her condition so require it in my absence. I understand that in such a case reasonable attempts will first be made to contact me.

As long as the medical 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 impose no specific limitations or prohibitions regarding treatment other than those that follow (*if none, please write "none" on the line*):

It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment. It is understood that I will not hold cityWILD responsible for results of medical treatment or care.

This consent is good for 1 year from the date of signature and can be revoked in writing at any time by parent/guardian.

Signature-Parent/Legal Guardian

Date

Insurance Information:

Insurance Provider: _____

Policy Holder: _____ Policy #: _____ Group #: _____

Primary Doctor: _____

Doctor Phone Number: _____

ADDITIONAL PERMISSIONS AND CONSENTS**DROP IN PERMISSION**

I understand that cityWILD is a drop-in program and attendance is not mandatory. I give permission for my child listed in this packet to drop-in at cityWILD during program hours and on some non-program days when drop-in is allowed (some Fridays, summer, etc.). I understand the transportation will not be provided to or from program for students during non-program hours.

Parent/Guardian Signature: _____ Date: _____

OFF SITE TRIP PERMISSION

I understand that cityWILD off-site trips throughout the school year on weekends. These trips are either one-day or multi-day (with camping).

I also understand that cityWILD regularly facilitates weekday programs off-site, which means on any given program day Monday-Thursday, students may be participating in activities in the community. **cityWILD does have scheduled activity days during the week, but sometimes we take additional trips to complement the day's lesson.** These trips are a regular component of the program and locations may change day-to-day based on availability and weather. cityWILD does its best to inform families when we will be off-site; however we request that **if you will be picking your child up early from program or if your child will be arriving late, that you notify us ahead of time so we can make arrangements if a trip is planned for that day.** In the event of an emergency, the staff supervising your children will be accessible by phone if they are on a trip.

I give permission for my child to participate in off-site trips during the week and weekend/overnight adventures. I will not be asked for a separate permission signature for each trip, this permission slip grants permission for all trips when my child is in attendance at cityWILD.

Parent/Guardian Signature: _____ Date: _____

EVALUATION CONSENT

Evaluation: cityWILD relies on research and evaluation to assess the effectiveness of the program. To do this, we need to have students fill out questionnaires about their participation in the program, take part in focus groups, and provide other information about their program experiences. This includes multiple choice and anecdotal information. **Students remain anonymous.** Only the results of evaluation will be used, for internal uses as well as sharing with other organizations and media. Program participants will be given evaluations as a part of their program participation.

- I do not want my child to take part in anonymous surveys, evaluations, focus groups, etc.

PHOTO AND VIDEO PERMISSIONS

Photos and Videos: cityWILD often captures students' participation in programs and trips through photography and videos. These pictures and videos are primarily for the purposes of recording cityWILD history. However, occasionally these photographs are published in brochures, on social media, in the news, in our online newsletter, on fliers, and other contexts that are shared with the public. These images/videos become the exclusive property of cityWILD and all rights to the images/videos belong to cityWILD.

I give my child permission to have pictures and video taken during cityWILD programs, and I give permission to cityWILD to use these photos and videos for both internal and external promotional use of any kind. I understand that these images/videos become the property of cityWILD.

Parent/Guardian Signature: _____ Date: _____

TRANSPORTATION FORM

cityWILD provides transportation after school to the cityWILD office from our partnering schools, (Wyatt Academy, Bruce Randolph, DSST, Morey, East, and Whittier). cityWILD also provides transportation home for students who do not have rides home AND live within 3 miles of our program site. **Please call to confirm that you live within our driving boundaries.**

However, many times students prefer to walk to the cityWILD office (located on the corner of 36th and Franklin, across the street from Wyatt Academy,) and request to walk or take public transportation home following program. Please indicate below if your child has permission to walk to the office, walk home, or what kind of transportation they will use to get home.

My child (name) _____

_____ **has permission** to be transported in a cityWILD vehicle.

_____ **has permission** to be transported in a personally owned staff vehicle.

_____ **has permission** to walk from school to the cityWILD office at any time without calling parent first.

_____ **has permission** to walk home from the cityWILD office after program at 6:15pm.

_____ **has permission** to take the RTD bus or light rail home after program at 6:15pm.

_____ will be picked up by their parent/guardian from the cityWILD office after program at 6:00pm.

_____ will need a ride home from cityWILD staff after program at 6:15pm in a cityWILD vehicle.
This option is available to students who live within cityWILD’s driving boundaries. Please contact cityWILD at 303-227-6862 to confirm that you live within our driving boundaries.

_____ may be picked up by someone other than parent/legal guardian.
Names of those picking up your child if not parent/legal guardian:

_____ will need to be dropped off at an address other than their home address (but still within driving boundaries of cityWILD).

Address for dropping off student, if other than a home address:

Days to drop student(s) off at this alternate address:

- Monday
- Tuesday
- Wednesday
- Thursday
- Varies, check with student.

Is there anyone who is NOT allowed to pick up your student? If so, please list their names below:

I give permission for my child to be transported in any way that I have indicated above.

Parent/Guardian Signature:

Date

CITYWILD PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of cityWILD, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "CW"), I hereby agree to release, indemnify, and discharge CW, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that hiking, camping, backpacking, rappelling, mountaineering, fishing, rock climbing, whitewater river rafting, horseback riding, ropes courses, ice skating, snowboarding, snowshoeing, ice climbing, and other outdoor activities as well as being transported in a cityWILD or staff-owned vehicle entail known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: the hazards of walking on uneven terrain; slipping and falling; falling objects; exposure to temperature and weather extremes which could cause cold shock, hypothermia, hyperthermia (heat related illnesses), heat exhaustion, sunburn, dehydration; exhaustion; exposure to potentially dangerous wild animals, insect bites, and hazardous plant life; being impaled by a fishing hook and other equipment failure; the use of climbing ropes and equipment; rope burns; pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more severe life threatening hazards; being struck by rock fall or other objects dislodged or thrown from above; water hazards; accidental drowning; accidents or illness can occur in remote places without medical facilities and emergency treatment or other services rendered; vehicle accidents; hazardous road conditions; my own physical condition, and the physical exertion associated with this activity. Furthermore, CW employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless CW from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of CW 's equipment or facilities, **including any such claims which allege negligent acts or omissions of CW.**

4. Should CW or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

6. In the event that I file a lawsuit against CW, I agree to do so solely in the state of Colorado, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against CW on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant: _____ Print Name _____

Address _____

Phone _____ Date _____

In consideration of the minor listed above ("Minor") being permitted by CW to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless CW from any and all claims which are brought by, or on behalf of Minor(s), and which are in any way connected with such use or participation by Minor(s).

Signature of Parent or Guardian: _____

Print Guardian Name: _____ Date: _____

CITYWILD CONSENT TO RELEASE STUDENT RECORDS

cityWILD monitors students' grades, test scores, and attendance in order to know how to best support students academically. We need parent or guardian permission to release student records. Please complete the following consent form and return.

For the purposes of evaluating the success of the program and to be able to more effectively serve my child, I authorize cityWILD to release education records from Denver Public Schools (DPS) regarding my child. These records may include academic, attendance and behavioral information. I authorize cityWILD to provide DPS with my child's student ID number, DOB, and program attendance data to assist in gathering this information. I understand that cityWILD will keep all information obtained confidential, sharing only internally as needed.

I, _____, * give permission to Denver Public Schools to release the following records: Grades/IEP/Testing History/504's, Attendance, Records, Social/Behavioral Records of the students listed below to cityWILD, 1620 E. 36th Ave, Denver, CO 80205.

Student Name	Student ID Number	Date of Birth	School

These records are to be released for the following reason(s):

To learn what kind of support individual students need to be more successful in school and to track whether participating in cityWILD programs improves students' school performance.

Parent/Guardian Signature/Self (If over 18)

Date

This release is good for 1 year from the date signed and can be revoked in writing at anytime by parent/guardian or individual, if over the age of 18.

*Note: If the person for whom records are requested is under 18 years of age, the release must be approved by the parent or guardian. If the person is 18 years of age, the release must be approved by that individual.

**CITYWILD CONSENT TO RELEASE INFORMATION FOR
MY OUTDOOR COLORADO AND GENERATION WILD**

cityWILD is taking part in a multi-year project with additional partners aimed at connecting youth to nature and the outdoors. This project is called Generation Wild (GenWild) and My Outdoor Colorado (MOC). This project is taking place in both the Cole and Westwood neighborhoods and is funded by Great Outdoors Colorado (GOCO).

For the purposes of evaluating the success of the Generation Wild/My Outdoor Colorado project cityWILD would like to be able to release specific information regarding your child's participation to our partners at Denver Parks and Recreation and other My Outdoor Colorado partners on an as-needed basis.

The information we would like to release to these partners includes but is not limited to program attendance records, name and school district identification numbers, quotes from your child about their experiences in our programs, photos and videos of your child's participation, and evaluation form data.

I, _____, * give permission to cityWILD to release information regarding my child's participation in My Outdoor Colorado and Generation Wild GOCO programs to program partners.

Parent/Guardian Signature/Self (If over 18)

Date

*Note: If the person for whom records are requested is under 18 years of age, the release must be approved by the parent or guardian. If the person is 18 years of age, the release must be approved by that individual.

Optional Family Demographic Information

The following questions are voluntary and will be used only for the purpose of informing our funders about who participates in cityWILD. Any identifying information will be kept completely confidential.

Family Income:

\$0-12,000 \$12,001-\$25,000 \$25,001-\$40,000 \$40,001-\$75,000 \$75,001-\$100,000 \$100,001+

Source of Income:

part-time employment full-time employment TANF Disability SSI Other: _____

Parent/Guardian Education:

Some High School HS Diploma GED Associate's Bachelor's Master's Doctorate
 Trade School Other: _____