



Komo Kulshan Outdoor School  
 P.O.Box 842, Concrete, WA 98237  
Registration Form

PARTICIPANT NAME \_\_\_\_\_

PLEASE CHECK ONE: teacher \_\_\_ student \_\_\_ chaperone \_\_\_ high school leader \_\_\_

PARENT/GUARDIAN NAME (if student under age 18) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

ZIP \_\_\_\_\_ SCHOOL \_\_\_\_\_

TEACHER \_\_\_\_\_

Are you capable of hiking 2 to 3-miles? YES \_\_\_ NO \_\_\_ If NO, specify below

Do you have any medical or health conditions? YES \_\_\_ NO \_\_\_ If YES, specify below  
 (i.e. asthma, epilepsy, diabetes, physical challenge, sting allergies, etc)

Do you have special dietary needs? YES \_\_\_ NO \_\_\_ If YES, specify below  
 (i.e. food allergies, lactose intolerance, vegetarian, etc)

Are you taking any medications or bringing any to KKOS? YES \_\_\_ NO \_\_\_ If YES, specify below

Do you have any allergies to drugs/meds? YES \_\_\_ NO \_\_\_ If YES, specify below

Date of most recent tetanus shot \_\_\_\_\_

Should there be any limits on your physical activity? YES \_\_\_ NO \_\_\_ If YES, specify below

Can KKOS use photos of you on promotional materials? YES \_\_\_ NO \_\_\_ If NO, specify below

(i.e. website, brochures, informational slideshow)

**Notes:**

Doctor's name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Covered by medical insurance? Yes \_\_\_ No \_\_\_ Company Name \_\_\_\_\_ Card # \_\_\_\_\_

**In addition to parent/guardian, please list two people (relatives, neighbors, friends) that may be called in case of an emergency:**

Name	Relationship	Phone Number
1.		
2.		

**If you are below the legal age of consent (18 years) the law requires that we have your parent's permission to give medical service should the need arise.** The undersigned, who is one of the parents having legal custody, or the legal guardian, of the student named above, hereby authorizes the adult chaperones or other personnel of Puget Sound Energy/CARE-KKOS to consent to any X-ray examination, anesthetic, medical or special supervision and on the advice of a physician or surgeon licensed under the provision of the Medical Practice Act. For minor illness or injuries, Puget Sound Energy/CARE-KKOS will attempt to contact me before my son/daughter leaves the medical office. For major illness or injuries, Puget Sound Energy/CARE-KKOS will attempt to contact me before institution of treatment, unless such treatment is so urgent it must be done before contact is made. If I cannot be reached this authorization is effective. I also agree to assume any financial responsibility for my child's care.

I hereby release and hold harmless Puget Sound Energy/CARE-KKOS and their agent or agents from any or all claims by reason of an accident, illness, injury, or other consequences arising directly or indirectly from my child's participation in Komo Kulshan Outdoor School. In case of accident or illness I will bear the cost of any evacuation procedures and medical care. I understand that I must provide my own health insurance.

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/GUARDIAN PHONE: DAY ( ) \_\_\_\_\_ EVENING ( ) \_\_\_\_\_