

South Routt Recreation Association

PO BOX 103 • OAK CREEK, CO 80467
southrouttrecreationassn@gmail.com



Date Rec'd _____ by _____

Recreation Family Record

Please fill out only one Recreation Family Record per Family
for all Youth Programming.

Please fill out all information completely.

Primary Guardian's Name: _____ Home #: _____ Cell #: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address (if different): _____ Work #: _____

E-mail address: _____

Relationship to child: _____ Best way to reach you while child is at our program: _____

Secondary Guardian's Name: _____ Home #: _____ Cell #: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address (if different): _____ Work #: _____

E-mail address: _____

Relationship to child: _____ Best way to reach you while child is at our program: _____

Emergency Contact List

List persons, other than those above, who can either pick up and/or assume responsibility for your child(ren) in the event of an emergency if parents cannot be reached. At least one non-guardian contact person must be listed.

1. Name: _____ Cell #: _____ Work #: _____

Address: _____

2. Name: _____ Cell #: _____ Work #: _____

Address: _____

3. Name: _____ Cell #: _____ Work #: _____

Address: _____

Persons NOT authorized to pick up or drop off your child (attach legal documents): _____

Household Medical Information

Household Physician: _____ Office Phone: _____

Physical Address: _____ Hours: _____

Household Dentist: _____ Office Phone: _____

Physical Address: _____ Hours: _____

Health Insurance Company: _____ Policy #: _____

Authorization for Emergency Medical Care/Transport to Yampa Valley Medical Center

I hereby give permission to South Routt Recreation staff and authorized volunteers to secure emergency medical and/or surgical treatment for my child(ren) while in their care and use Yampa Valley Medical Center, 940 Central Park Dr, Steamboat Springs, CO (970) 879-1322 for hospital care. All expenses of such care will be accepted by the parent(s) or legal guardian, including fees for an ambulance if deemed necessary by staff. I realize attempts to reach me prior to any decisions will be made unless a life-threatening situation is at hand or circumstances do not allow.

Signed: _____ Print Name: _____ Effective Date: Apr 1, 2026
Parent/Guardian

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Participant Information

#1 Child's Name: _____ M F Grade (2025/2026): _____ DOB: _____

Child Attends (circle applicable): Soroco Elem Soroco MS Other (list): _____ Jersey size _____

Child's Physical Address: _____ (If Needed)

Does your child have any health concerns (medications, chronic conditions or disabilities) we should know about in order to facilitate safe and successful participation? Yes No

If yes, please describe: _____

Known allergies? Yes No If yes, to what? _____

Prescription medications? Yes No Frequency of use: _____

My child has my permission to leave the programs via (circle all that apply): _____ (initials) Ball Needed (Y/N)? _____
Guardian Pick-up Bicycle Walk Carpool Other _____

#2 Child's Name: _____ M F Grade (2025/2026): _____ DOB: _____

Child Attends (circle applicable): Soroco Elem Soroco MS Other (list): _____ Jersey size _____

Child's Physical Address: _____ (If Needed)

Does your child have any health concerns (medications, chronic conditions or disabilities) we should know about in order to facilitate safe and successful participation? Yes No

If yes, please describe: _____

Known allergies? Yes No If yes, to what? _____

Prescription medications? Yes No Frequency of use: _____

My child has my permission to leave the programs via (circle all that apply): _____ (initials) Ball Needed (Y/N)? _____
Guardian Pick-up Bicycle Walk Carpool Other _____

#3 Child's Name: _____ M F Grade (2025/2026): _____ DOB: _____

Child Attends (circle applicable): Soroco Elem Soroco MS Other (list): _____ Jersey size _____

Child's Physical Address: _____ (If Needed)

Does your child have any health concerns (medications, chronic conditions or disabilities) we should know about in order to facilitate safe and successful participation? Yes No

If yes, please describe: _____

Known allergies? Yes No If yes, to what? _____

Prescription medications? Yes No Frequency of use: _____

My child has my permission to leave the programs via (circle all that apply): _____ (initials) Ball Needed (Y/N)? _____
Guardian Pick-up Bicycle Walk Carpool Other _____

Fee: \$50 per participant – IF NEEDED, note jersey size(s) and Y/N for a ball above.

Paid via: Check _____ Cash _____ QR code:



or Online:

<https://buy.stripe.com/eVq28raAFaKc8dj4Ywf3a03>

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Required Waiver & Release

**This waiver applies to all children listed on previous “Participant Information” page.
 Please read and initial the following statements and sign the bottom.**

_____ (initial)	I understand that South Routt Recreation Association needs on file a copy of an up-to-date, current IMMUNIZATION RECORD for each child prior to their first day of participation in any youth programming. This record needs to be on the Certificate of Immunization supplied by the Department of Public Health & Environment. I warrant that the participant(s) do not have any communicable diseases, and that I will report any exposure of my child(ren) to any communicable diseases to a supervising employee of the program (including strep, measles, chicken pox, common cold and influenza. ***Current immunization records for each child must accompany this admission form, unless up-to-date records are on file with the South Routt Recreation.***
_____ (initial)	Cancellation Policy: 100% of fees will be collected at the time of registration. Cancellations made two weeks or more prior to the start of the program will be issued a refund less a \$25 registration fee. Cancellations made within two weeks of the start of the program will receive a 50% refund. Cancellations made after the program has begun will forfeit all registration fees.
_____ (initial)	I expressly understand and agree that neither the South Routt Recreation Association, a Colorado non-profit corporation, nor any of its officers, agents, volunteers, assistants, or employees shall be held responsible or made the subject of any claim seeking to assess damages or liability for or arising from personal injury or property damage or loss of any other sort to myself or the people in whose behalf this form is now signed as a result of actual or proposed participation in the above-named program and I hereby agree to indemnify and hold the South Routt Recreation Association, its officers, agents, volunteers, assistants, or employees harmless on account of any such claim.
_____ (initial)	**OPTIONAL** I hereby give permission to the South Routt Recreation Association to use my child(s) name and PHOTOGRAPHIC LIKENESS in all forms and media for advertising, trade, and any other lawful purposes, and forfeit all compensation for use. (By NOT authorizing this line, your child(ren) will NOT be allowed in pictures.

 Parent or Legal Guardian – Print

 Date

 Parent or Legal Guardian - Signature