

Yearly Update

Child's Name _____ Today's Date _____

LRSH Parent Release and Insurance

I, _____ give my permission to LRSH to call and authorize any certified physician or medical staff to provide medical or surgical care for my child should any emergency arise. It is understood that a conscious effort will be made to locate us. We will accept all expenses incurred.

Insurance Company _____

Group Number _____ Policy Number _____
(You may also provide a photocopy of your insurance card.)

Parent/Guardian Signature _____ Date _____
Parent/Guardian Signature _____ Date _____

Parent Contract

I, _____ understand, and agree to comply with the rules and regulations of LRSH, specified in the Parent Handbook (available upon request, or given at enrollment). I am aware of any scheduled holiday or in-service school closures. I understand that I will be required to notify the school two weeks in advance of permanent withdrawal or specific days dropped. Bills for each child will be distributed at the first day of the month. Payments will be made directly to LRSH, Inc. and are due no later than the 5th day of each month. Failure to pay by this time will result in a \$10/day late fee and possible termination.

Parent/Guardian Signature _____ Date _____
Parent/Guardian Signature _____ Date _____

Program Consent

I grant my child _____ permission to participate in all LRSH activities, including but not limited to, swimming, hiking, walking and other outdoor activities and functions. I grant permission for my child to ride the Breckenridge Free Ride, Summit Stage and Breckenridge gondola, as well as to be transported in a private vehicle with his/her car seat, if needed. I am signing in agreement with the above statements and have knowledge that my child may be subject to potential inherent risks, injury, serious injury or fatal injury and I expressly agree to assume such risks on behalf of the child and myself.

Parent/Guardian Signature _____ Date _____
Parent/Guardian Signature _____ Date _____

