



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 6th to 12th grade.

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, and Thursday program begins at 4:00pm and ends at 6:00pm.**
- **Wednesday cityWILD offers programs beginning at 3:20pm and ending at 6:00pm. We will pick up students who have early release times on Wednesday at the time their school is let out.**
- cityWILD will pick students up from school and drop them off at home if they attend a partnering school and live within Near Northeast Denver. **(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:

- cityWILD takes students on 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 up to 5 day trips throughout the summer.

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.

Kim Barrett, Program Coordinator

Office: 303-227-6862
Cell Phone: 720-656-5362
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PLEASE COMPLETE ONLY FOR STUDENTS
WHO PARTICIPATE IN cityWILD

REGISTRATION PACKET

Attached is the registration packet for your children 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

Selflessness

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 or sound of a staff or crew leader at all times, no exceptions.

Leave No Trace (LNT)

4. Pick up after yourself – No one should know you were there.
5. When in public, leave a good impression of yourself and cityWILD.

Personal Responsibility

6. Keep your area neat and organized.
7. 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.



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REGISTRATION PACKET

Participating Student(s) Information			
First Name (Student #1):		Last Name:	
First Name (Student #2):		Last Name:	
First Name (Student #3):		Last Name:	
Address:			
City:	State:	ZIP:	Date of Birth:
Student Email:		Home Phone #:	Student Cell #:
Neighborhood: (e.g. Cole, Five Points)		Ethnicity/Culture:	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:	
Emergency Contact Home Phone #:			
Emergency Contact Cell Phone #:		Primary Language:	
Participating Student(s) Program/School Information			
Students in 6 th -12 th grades are eligible to participate in cityWILD programs			
Name of School: (Student #1)		Student Grade:	
Name of School: (Student #2)		Student Grade:	
Name of School: (Student #3)		Student Grade:	



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Medical History

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.

Does Student #1 (_____) :

Name

Have any medical problems or disabilities Yes No

If yes, please explain:

Have any mental health or behavioral challenges Yes No

If yes, please explain:

Have any allergies? Yes No

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

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: _____

Does Student #2 (_____) :

Name

Have any medical problems or disabilities Yes No

If yes, please explain:

Have any mental health or behavioral challenges Yes No

If yes, please explain:

Have any allergies? Yes No

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

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: _____

Does Student #3 (_____) :

Name

Have any medical problems or disabilities Yes No

If yes, please explain:

Have any mental health or behavioral challenges Yes No

If yes, please explain:

Have any allergies? Yes No

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

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: _____



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WHO PARTICIPATE IN cityWILD

Drop In Permission

I give permission for my child/children listed in this packet to drop-in at cityWILD during non-programming hours (Fridays, summer, etc.). I understand the transportation will not be provided to or from program for students during drop-in hours.

Parent/Guardian Signature: _____ Date: _____

Optional 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 confidential. Your names will not be released with any personal information.

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: _____



TRANSPORTATION FORM

cityWILD provides transportation after school to the cityWILD office from our partnering schools, (Wyatt-Academy, Bruce Randolph, DSST, and Whittier). cityWILD also provides transportation home for students who do not have rides home AND live in nearby neighborhoods. 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/children (Please list names and check all options that apply):

- 1. _____
2. _____
3. _____

_____ has/have permission to walk from school to the cityWILD office at any time.

_____ has/have permission to walk home after program at 6:00pm.

_____ has/have permission to take the RTD bus or light rail home after program at 6:00pm.

_____ 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 6:00pm 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 transported in a personally owned staff vehicle.

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

Is there anyone who MAY NOT pick up your child: [] Yes [] No
If yes, please list names of individuals who may not pick up your child:

_____ 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.

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 #1 _____ Print Name _____

Signature of Participant #2 _____ Print Name _____

Signature of Participant #3 _____ Print Name _____

Address _____

Phone _____ Date _____

In consideration of the minor(s) listed above ("Minor(s)") 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 Mino(s)r, and which are in any way connected with such use or participation by Minor(s).

Signature of Parent or Guardian: _____

Print Name: _____ Date: _____



PLEASE COMPLETE ONLY FOR STUDENTS WHO PARTICIPATE IN cityWILD

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	Date of Birth	School <small>If your child's elementary school differs from their middle/high school, please list the names of both schools.</small>

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 WAIVERS AND CONSENTS

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. 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.

Photos: cityWILD often captures students' participation in programs and trips through photography. These pictures are primarily for the purposes of recording cityWILD history. However, occasionally these photographs are published in brochures and other contexts and shared with the public. These images become the exclusive rights of cityWILD.

Transportation: cityWILD regularly facilitates 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.

Student Name	Please check permission given for each child:
	<input type="checkbox"/> I give this child permission to participate in evaluation questionnaires to assess the effectiveness of the program. <input type="checkbox"/> I give this child permission to have pictures taken during cityWILD programs that may be published in brochures. <input type="checkbox"/> I give this child permission be transported by cityWILD, on trips during after school programs, on weekend adventures, on expeditions, and to be driven home after programing in cityWILD or personal staff vehicles.
	<input type="checkbox"/> I give this child permission to participate in evaluation questionnaires to assess the effectiveness of the program. <input type="checkbox"/> I give this child permission to have pictures taken during cityWILD programs that may be published in brochures. <input type="checkbox"/> I give this child permission be transported by cityWILD, on trips during after school programs, on weekend adventures, on expeditions, and to be driven home after programing in cityWILD or personal staff vehicles.
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Signature of parent or guardian

Date



PLEASE COMPLETE ONLY FOR STUDENTS WHO PARTICIPATE IN cityWILD

CITYWILD AUTHORIZATION FOR TREATMENT OF MINOR

On this date, _____, I (please print) _____, being the parent, or legal guardian of (please list all participating cityWILD students),

_____	_____
(Student's Name)	(Birthdate)
_____	_____
(Student's Name)	(Birthdate)
_____	_____
(Student's Name)	(Birthdate)

give my consent for emergency medical treatment of this/these minor(s) in a 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: _____



PLEASE COMPLETE ONLY FOR STUDENTS WHO PARTICIPATE IN cityWILD

Over The Counter Medication Permission Form

On this date, _____, I (please print) _____, being the parent, or legal guardian of (please list all participating cityWILD students),

Three rows of fields for student names and birthdates, each with a horizontal line above the text.

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

Please check all that apply:

- Checkboxes for Tylenol, Motrin/Advil, Pepto Tabs/DiGel/Roloids, Betadine/Iodine/Rubbing Alcohol, Neosporin ointment, 1% Cortisone cream, Calamine/Caladryl lotion, Ambesol ointment, Burn ointment/Lidocaine, Bee Sting Swabs, Benadryl/Claritin, and Nyquil/Other Cold Medicines.

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



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