

**PAULDEN PLUNGE REGISTRATION & CONSENT**

*(Registration Can Also Be Completed at PauldenFoundation.org)*

By my signature I hereby give consent for my child to participate in the Paulden Plunge program. I give permission for my child to be transported from Paulden to Chino Valley via Yavapai Regional Transit and for admission to the Chino Valley Aquatic Center. I acknowledge children under age 8 must be accompanied by an adult or older approved sibling and that adult must pay full bus fare and admission to the pool if swimming. I understand that participation may be limited due to program response and agree to make advance reservations if required. I understand that an account for the purpose of reservations must be set up online and that a separate email address is required per child and that an email address and account can be established by Paulden Foundation by request. Please use child's name for the account. (Also, please join Paulden Plunge Facebook Group.)

**Please check the "I agree" boxes below and initial beside them.**

I give permission to use my child's image or voice in any video recordings or digital images taken or made on behalf of the Paulden Plunge Program to be used on social media or other forms of news/advertisement regarding the program. I understand that I may revoke this authorization at any time by notifying Paulden Foundation in writing.  **I agree.**  **Initials**

Paulden Foundation, its agents, volunteers and employees are not responsible for any injuries that could occur during the course of this program. Parents assume all risks associated with physical injuries that could occur.  **I agree.**  **Initials**

**Name of the event:** Paulden Plunge **Ages:** 0 through 17 years old.

**Schedule:** Bus Departing Paulden 12:00 pm, Returning 4:40 pm (Schedule is subject to change)

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Special Instructions (medical/allergies): \_\_\_\_\_

**Preferred Pickup:** Paulden Food Bank, 195 E. Aspen \_\_\_\_\_  
Paulden Community Center, 24050 N. Marblehead \_\_\_\_\_  
Paulden Community School, 24850 N. Naples \_\_\_\_\_

I give permission for my child to participate in the Paulden Plunge program.

Please check any other summer programs you are interested in and would like more information about.

Summer Lunch:  Yes  No Summer Backpack:  Yes  No

Library Activities:  Yes  No Other Activities:  Yes  No

Date \_\_\_\_\_ Signature \_\_\_\_\_

Form may be emailed to pauldenplunge@pauldenfoundation.org or mailed Paulden Foundation, PO Box 970, Paulden, AZ 86334. If you have questions, please email them to this address as well.