

### KEEP\* ADULT REGISTRATION FORM

*\*KEEP (Kern Environmental Education Program)*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Dates at KEEP: \_\_\_\_\_  
 Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ School: \_\_\_\_\_  
 City/Zip: \_\_\_\_\_ Work Phone # 1: \_\_\_\_\_ Teacher: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_ Work Phone #2: \_\_\_\_\_  
 Work Address: \_\_\_\_\_ Cell Phone # 1: \_\_\_\_\_  
 City/Zip: \_\_\_\_\_ Cell Phone #2: \_\_\_\_\_

**NOTE:** Registration constitutes permission for you to participate in all activities undertaken by the class at KEEP under the direction of the Kern County Superintendent of Schools.

#### HEALTH INFORMATION:

1. Are you taking medication? If so, please store in the KEEP office when you arrive.
2. Do you have a specialized health care condition? If so, contact Assistant Superintendent Desiree VonFlue (661-636-4629) and notify your child's teacher immediately for the following: 1) Any medications requiring injections (i.e. Epipen or Glucagon), 2) Diabetes, 3) Severe bee sting reaction, 4) Severe food or nut allergy, 5) Mobility limitations, 6) Severe asthma (i.e. requiring nebulizer or activity restrictions), 7) Seizures, 8) Respiratory Restrictions (i.e. limiting activity), 9) Recent hospitalization or 10) Other serious health conditions.
3. Health condition that would limit outdoor activity:
  - a. Recent surgery or illness? . . . . .  Yes  No Comments: \_\_\_\_\_
  - b. Recent broken bones, sprains, etc.? . . . . .  Yes  No Comments: \_\_\_\_\_
  - c. Asthma, heart condition, other physical limitations? . . . . .  Yes  No Comments: \_\_\_\_\_
  - d. Exposure to a communicable disease the past 3 weeks? . .  Yes  No Comments: \_\_\_\_\_
4. Other factors that may affect your care? . . . . .  Yes  No Comments: \_\_\_\_\_
5. Allergy Information:
 

Vegetarian. . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments: _____
Food Allergies. . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments: _____
Medication Allergies . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments: _____
Insect Allergies . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments: _____
Other Allergies . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments: _____
6. Have you had your tetanus series or booster? . . . . .  Yes  No If yes, what date? \_\_\_\_\_
7. Are you covered by:
 

Medi-Cal? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	Card number _____	<small>(attach copy of card)</small>
Medical Insurance? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	Company Name _____	
		Policy Number _____	<small>(attach copy of card)</small>
8. If you cannot be located in case of an emergency, who should be called?
 

Name: _____	Home Phone: (____) _____
Address: _____	Cell Phone: (____) _____

**AUTHORIZATION FOR MEDICAL TREATMENT.** I hereby authorize KEEP to provide medical and/or surgical care, through the facilities of an appropriate medical facility for myself in any emergency which may occur while I am in attendance at KEEP and I further authorize release of such medical information pertaining to me as the treating physician or medical facility may require. **This statement must be signed to be accepted at KEEP.**

\_\_\_\_\_  
Signature

**AUTHORIZATION FOR TETANUS SHOT OR BOOSTER.** I hereby give my permission for KEEP to authorize tetanus shot or booster if deemed advisable by a physician at the appropriate medical facility.

\_\_\_\_\_  
Signature

I hereby give permission for myself to be photographed or videotaped by employees of KEEP and Kern County Superintendent of Schools for educational and promotional use on the KEEP website, television, on brochures or other printed materials.

\_\_\_\_\_  
Signature

## KEEP COUNSELOR BEHAVIOR CONTRACT

KEEP is depending on you as a counselor. Please read, initial each statement, and sign at the bottom of this contract. Turn this contract in with your registration form. Please note that your parent or guardian's signature is also required if you are under 18 years old.

### As a counselor at KEEP I understand that:

- \_\_\_\_\_ I will be assigned to specific responsibilities for 7-13 elementary students.
- \_\_\_\_\_ I will be looked up to by these students which will require me to be an excellent role model at all times.
- \_\_\_\_\_ I will be expected to follow all KEEP rules along with the students and I will support those rules.
- \_\_\_\_\_ If a student is misbehaving or breaking a rule, I will be expected to take the student to his/her teacher or a staff member.
- \_\_\_\_\_ The KEEP staff and classroom teachers will be available 24 hours per day to assist and support me with any situation I may encounter.

### As a counselor at KEEP I agree that:

- \_\_\_\_\_ I will **not** use inappropriate language during my KEEP week.
- \_\_\_\_\_ I will **not** hit, touch, or raise my voice to any person for any reason.
- \_\_\_\_\_ I will **not** use alcohol, tobacco products, or any illegal drugs during my KEEP week.
- \_\_\_\_\_ I will **not** discuss sexual or religious issues of any kind with the students, nor will I tolerate uncomplimentary remarks regarding one's religious, gender, or ethnic group.
- \_\_\_\_\_ I will treat all students with kindness, respect and dignity.

I have read the above counselor contract and understand my responsibilities as a KEEP counselor. I understand that if I do not fulfill my KEEP responsibilities as stated above, I will be sent home.

\_\_\_\_\_

Please sign your full name

\_\_\_\_\_

date

I understand that if my child does not fulfill his/her KEEP responsibilities as outlined above, the KEEP staff and classroom teachers must dismiss him/her immediately and that I will be notified and expected to transport my child home immediately.

\_\_\_\_\_

Parent/Guardian signature  
*(if counselor under 18 years)*

\_\_\_\_\_

date