CABOCES CTE Center at Ellicottville
Principal
Neel Sheehan

Thank you,

Center at Ellicottville.

applicable school personnel or Neel Sheehan, Principal at the CABOCES CTE Center at Ellicottville. If you have any questions about this program, please contact the Principal.

If you have additional questions, please contact the Principal or Neel Sheehan, Principal at the CABOCES CTE Center at Ellicottville.

applicable school personnel or Neel Sheehan, Principal at the CABOCES CTE Center at Ellicottville. If you have any questions about this program, please contact the Principal.

Staff members.

Education. From all liability you directly result to the actions of CABOCES has not been provided. I release CABOCES, its staff members and board of

hold CABOCES harmless full disclosure of any risks of participation or disability condition.

Good health.

although some of those activities can be physically demanding, they are

access to accommodations to that within the capability of any student who is reasonably

designed to be within the capability of any student who is reasonably

Although a few of these activities can be physically demanding, they are

Access to accommodations to that within the capability of any student who is reasonably

Although some of these activities can be physically demanding, they are

Access to accommodations to that within the capability of any student who is reasonably

Although some of these activities can be physically demanding, they are

Access to accommodations to that within the capability of any student who is reasonably
Relationship to student:

Secondary phone number:

Primary phone number:

Name:

Person to be notified:

If you are not available in an emergency, please indicate an additional contact:

Secondary phone number:

Primary phone number:

Name:

Please let us know the best way to contact you if needed (please print):

Parent(s)/Guardian(s):

If yes, please list the insurance provider:

☐ NO  ☐ YES

Is this student covered by medical insurance?

☐ NO  ☐ YES

Student’s Home Address:

☐ F  ☐ M

Student’s Date of Birth:

Student’s Name:

Student Information (please print):

Medical Questions:

If yes, please state what he or she is taking and the condition being treated:

☐ NO  ☐ YES

3. Is your child currently taking any medications?

☐ Recent surgery

☐ Asthma

☐ Allergies (medication, food, bee stings, etc.)

☐ Diabetes

☐ Recent injury

☐ Chronic or Recurring Illness

medications for any of these conditions please list in question # 3:

2. Does your child have any of the following conditions? If taking

☐ NO  ☐ YES

If yes, please identify and explain:

☐ NO  ☐ YES

Does your child have any current or past medical conditions that could affect their ability to participate in the adventure course activities?