

Stake Youth Pioneer Trek

June 6-9th, 2018

Surprise Arizona Stake

REGISTRATION FORM

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This form (*both sides*) must be completed, signed in both places, and returned to ward coordinator by **January 28, 2018**. Each participant (*adult and youth*) must complete a form. Ward leaders must turn forms in to the Stake by **February 4, 2018**.

Participant Name _____ Sex ____ Age ____ Grade ____

Birthdate _____ Height _____ Weight _____

Address _____

Ward _____ Stake _____

Parents' Info (if minor)

Name _____ Email Address _____

Phone _____ Work _____ Cell _____

Can we text your cell phone for better Trek communication? Yes No

Contact Info (for adult participants)

Email Address _____ Phone _____ Cell / Home _____

If cell provided, can we text you for better Trek communication? Yes No

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CONTRACT and RELEASE

1. I understand this Stake Youth Pioneer Trek will be held in a primitive wilderness setting. I also understand although we will be "roughing it", so to speak, that the Stake will provide food, restroom facilities and safe drinking water.
2. I am voluntarily a participant in this Stake Youth Pioneer Trek and I will accept full responsibility for my actions under all conditions. I also agree to aid other members of the group in behaving responsibly.

I understand and appreciate that there are inherent risks involved in this Stake-sponsored Trek which are beyond the control of the Stake staff and Ward leaders, and I agree to personally assume such risks. Also, the Stake staff and Ward leaders cannot be held responsible for any injuries or expenses, costs and/or claims in connection with any injuries sustained which were not directly caused by their failure to take due care. I hereby also agree to release Surprise Arizona Stake and its staff and Ward leaders from any and all claims for liability arising from my participation in the Pioneer Trek.

I agree to abide by LDS standards. This means high standards of behavior, honor and integrity; and abstinence from alcohol, tobacco and harmful drugs are required of me and every participant involved in this Trek.

I agree to limiting my food & beverage items to those provided by the Stake (unless a verified medical condition dictates otherwise). I agree to accepting the family I am assigned. I will have a willingness to share chores. I will join in trek family activities. I understand I will be asked to bring specific items on a gear list given by the stake. I agree to leave all electronic devices at home, including but not limited to: cell phones, computers, music and video game devices, etc.

I agree to condition myself physically for this experience. Specifically, I will be able to complete a minimum requirement of walking/running four (4) miles on level ground in 60 minutes or less without undue stress.

Statement of Responsibility: I (*and/or my guardian*) agree to accept full responsibility for any medical or related bills incurred which are not covered by Stake insurance or my own policy. Medical and dental benefits from the Church Activity Insurance Program may be available, but they are secondary to other insurance coverage and subject to limitations. Contact your Bishop or Branch President for plan coverage or a benefit claim form in case of an accident.

I declare that the above statements are complete and correct, and agree to act in accordance with the Contract and Release including the Statement of Responsibility.

Signature of Participant _____ Date _____

PERSONAL HEALTH AND MEDICAL RECORD

To be filled out by all Trek participants

Identification:

Participant Name _____ DOB _____

Emergency Contacts:

Name _____ Relationship _____ Ph. # () _____

Name _____ Relationship _____ Ph. # () _____

Name of personal physician _____ Ph. # () _____

Personal health/accident insurance carrier _____ Policy # _____

Circle yes or no for all items concerning your health history. (Explain any "yes" answers)

Allergies: Food, Medicines, Insects, Plants yes no Explain: _____

General Information: (Explain any "yes" answers)

Asthma	yes	no	Cancer/Leukemia	yes	no	Convulsions/Seizures	yes	no
Diabetes	yes	no	Heart Trouble	yes	no	Hemophilia	yes	no
Dentures	yes	no	Kidney Disease	yes	no	High Blood Pressure	yes	no
Fainting	yes	no	Contact Lenses	yes	no	Heart Disease or Family History of Sudden Cardiac Death	yes	no

Explain: _____

Give details of any of the following: serious illness, serious injury, disease condition, deformity, or surgery.

Details: _____

List any medications to be taken on the Trek: _____

List any physical or behavioral conditions that may affect or limit full participation in strenuous physical activities:

Immunizations: (give date of last inoculation)

Tetanus Toxoid _____ Measles _____ Polio _____ Diphtheria _____

Mumps _____ Pertussis _____ Rubella _____

I give permission for full participation in the Pioneer Trek 2018 subject to limitations noted herein. In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give permission to the physician selected by the Trek leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if an adult participant).

Signature of Parent or Guardian _____ Date _____

Signature witnessed by _____ Date _____

PARENTAL PERMISSION

I, the undersigned, am aware that my youth will be participating in the above designated Stake Youth Pioneer Trek. I have read the Contract and Release including the Statement of Responsibility and have supplied the Personal Health and Medical Record, which are complete and correct. I hereby give my full permission for him/her to participate in this Stake Youth Pioneer Trek and authorize the adult leaders supervising this activity to administer emergency treatment for any accident or illness and to act in my stead in approving necessary medical care, in the event any medical attention is needed. I hereby authorize any physicians in charge of my child to administer such medical or surgical treatment or carry out such procedure as may be deemed necessary or advisable in the diagnosis or treatment of my child. This permission includes travel to and from the conference as well as participation at the conference.

I agree to the terms of the Contract and Release and declare the above statements are complete and correct.

Print Name of Parent / Guardian _____

Signature of Parent _____ Date _____

Photography, Video, and Media Consent Form

To be completed by ALL individual participant(s) (parents/guardians if subject is less than 18 years of age).

The following named Participant does hereby grant the Surprise Arizona Stake of the Church of Jesus Christ of Latter Day Saints the right to use any photograph(s), video, or other media (collectively "Media"), containing the Participant, obtained prior to, during, or otherwise in relation to the Stake Youth Pioneer Trek. The undersigned further acknowledges and agrees that any reproductions or adaptations of the Media may be used for all general purposes in relation to the Stake Youth Pioneer Trek including, without limitation, the right to use such Media in any publicity materials, newsletters, articles, websites, DVD compilations, etc. at the Surprise Arizona Stake's discretion.

Name of Participant (please print) _____

Address: _____

Signature: _____

Date: _____

Name & address of parent/guardian if participant is less than 18 years of age

Name of Parent/Guardian (please print) _____

Address: _____

Signature: _____

Date: _____