

EMERGENCY AND HEALTH INFORMATION:

Participant’s Full Name: _____ Date of Birth: _____

In the event reasonable attempts to contact me at _____ (phone number) or _____ (phone number) have been unsuccessful, I hereby give consent for the administration of any treatment deemed necessary by Doctor _____ (physician) at _____ (phone number) or Doctor _____ (dentist) at _____ or in the event the designated practitioners are not available, then by another licensed physician or dentist; and the transfer of the child to _____ (preferred hospital).

1. Parents/Guardians/Custodians with Whom Participant Resides:

Name: _____ Relationship to participant: _____
Address: _____ Home Phone: _____ Cell: _____
Employer: _____ Email Address: _____
Work Phone: _____ Work Hours: _____

Name: _____ Relationship to participant: _____
Address: _____ Home Phone: _____ Cell: _____
Employer: _____ Email Address: _____
Work Phone: _____ Work Hours: _____

2. Emergency Contact who is Authorized to Pick Up Participant if Parents/Guardians Are Unavailable:

Name: _____ Relationship to participant: _____
Address: _____ Home Phone: _____ Cell: _____
Employer: _____ Email Address: _____
Work Phone: _____ Work Hours: _____

Name: _____ Relationship to participant: _____
Address: _____ Home Phone: _____ Cell: _____
Employer: _____ Email Address: _____
Work Phone: _____ Work Hours: _____

3. Medical Information:

Physicians name: _____ Dentist name: _____
Street address: _____ Street address: _____
City, State: _____ City, State: _____
Phone #: _____ Phone #: _____

Date of Last Tetanus: _____ Known Allergies: _____

Present Medications: _____

Are there any dietary needs? _____

Are there any Conditions which could limit participation or result in emergency situation? _____

Are there any past surgeries, significant illnesses or diagnosis that staff should be aware of? _____

Other Medical Information we should be aware of: _____

Insurance Company: _____ Policy Holder’s I.D. _____

This consent will be in effect beginning (date) _____ and be annually updated by the parent/legal guardian

Signature of Parent/Guardian: _____ Date: _____

**Yellowstone Country Guardians 2011 Activities
WAIVER OF LIABILITY AND DISCLAIMER**

I, the parent or guardian of _____, acknowledge that participation in the summer *River Guardian Fly Fishing School* and or fall *Yellowstone Leadership Challenge* activities means my child will be in an outdoor setting as an integral part of the program. Children may be doing activities such as: rafting, floating and wading the river; ropes course and zipline; swimming and playing in river water; exploring plants and animals (collecting, touching); walking, hiking and running over and through a variety of terrain, including rocks, hillsides and wet areas, such as rivers, lakes, flowing creeks and ponds (wet areas). Any of these outdoor activities may, by their nature, expose children to a variety of hazards which could cause injury.

I am aware of the risks, conditions and hazards of the program activities, and I hereby release, discharge, and hold harmless the instructors, volunteers and other representatives from any claims or liability arising out of or relating to any injury (of any kind) that may result to my child while participating in these sponsored sessions.

I verify that my child has no past or current physical condition that might affect their participation in the course, other than as described on the Medical Form. In the event my child is in need of emergency medical treatment, I hereby authorize the instructors or volunteers to obtain or provide emergency hospitalization, surgical, or other medical care for my child. I specifically indemnify and hold harmless all above-mentioned organizations, their instructors and volunteers from any negligence and all costs arising out of the decision to obtain and provide such care, treatment and/or procedure for such emergency.

The undersigned acknowledge the reading of the above and foregoing statements and fully understand the nature and consequence thereof.

Date at: _____, _____, this _____ day of _____, 2011.
City state

Printed Name of Student Signature of Student

Printed Name of Parent/Guardian Signature of Parent/Guardian

VEHICLE PERMISSION

I, the parent or guardian of _____, hereby give permission for the above named individual(s) to ride in vehicles driven by the program instructors or volunteers. I understand that students will be transported to outdoor teaching sites (leaving from and returning to designated staging areas) in private vehicles.

SIGNED: _____ DATE: _____

PHOTO RELEASE

I, _____ do ___ do not ___ (check one) hereby give the above mentioned organizations the right to use my or my child's photograph in all forms and media and in all manners, including composite or other representations, for brochures, advertising or any other lawful purposes, and I waive any right to inspect or approve the finished product.

SIGNED: _____ DATE: _____

**Ethics Contract for the 2011 River Guardian Fly Fishing School and/or Yellowstone Leadership Challenge
Participant Policies and Responsibilities**

1. All participants are expected to be responsible and respectful and maintain a positive attitude.
2. All participants are required to abide by all rules and regulations as set forth by YCG staff and volunteers.
3. All participants are required to participate in and to be on time for all scheduled activities (unless sufficient reason warrants otherwise).
4. Participants are not allowed to have, drive, or ride in motorized vehicles while at camp unless accompanied by a YCG staff member or volunteer for pre-approved purposes.
5. YCG will not assume responsibility for routine health care or injuries related to non-sanctioned activities. Health care provider/insurance company information must be provided by each participant as indicated in the parent/guardian consent/health form.
6. Participants are required to inform the appropriate staff of any prescribed medication(s) to be taken and/or any health conditions (for example allergies, physical limitations, and special needs). Participants should do this upon acceptance into the program and again at the beginning of the summer camp.
7. All participants will be on time for each day's programming.
8. Participants are expected to clean up after themselves when using common areas such as bathrooms, campsite, and kitchen and respect camp facilities and property.
9. Respectful use of language is a must. Profanity will not be tolerated.
10. Failure to abide by program rules and responsibilities will result in termination from the program. The following system will be in effect:
1st offense = verbal warning by adult staff member.
2nd offense = written warning and contacting of parents
3rd offense = expulsion; parent/guardians will be responsible to pick up youth immediately.
11. No alcohol, drugs or tobacco products are allowed and use of any of these products will result in immediate, automatic expulsion from program.
12. No weapons are allowed at this program. This includes cigarette lighters, knives and anything that may cause harm to another person or the environment.
13. Energy drinks and other caffeinated beverages should not be brought to or consumed during camp unless provided by the staff.
14. Stereos, headsets, cell phones, or any kind of portable electronic equipment should not be brought to camp. Staff will have phones for emergency purposes.

I have read and agree to abide by the above policies and young leader responsibilities/requirements:

Youth Participant Signature

Date

Parent/Guardian Signature

Date

Submission of this form is required before student will be allowed to participate in any program activity