

**Fall Break Canoe Trip:
Registration Form**
Registration Deadline: October 2nd
Trip Dates: October 7-11th, Black Canyon, AZ
Fee:\$125

Participant Name: _____ Date of Birth ___/___/___

Address: _____ City: _____ State: _____ Zip: _____

School: _____ Grade: _____

Name of Parent/Legal Guardian: _____ Phone: _____

Email Address: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Number: _____

Food Resitrictions: _____

Allergies: Yes No

If yes, please describe the severity of the reaction, requested accommodations and what is done to manage them. _____

List any prescription medications: _____

Does the participant have any limiting physical conditions (temporary or permanent)?

Yes _____ No _____

If yes, please describe the condition, the activity it could affect and limitations for that activity: _____

We are requesting a:

_____ Full Scholarship _____ Partial Scholarship

*If requesting a partial scholarship please indicate how much you can pay: \$_____

Please review the following with the participant. Sign and date if in agreement:

- (I) **Authorization of Consent:** (We), the undersigned parent(s)/guardian(s) of _____, a minor, do hereby authorize The Launch Pad staff to administer first aid as deemed necessary and/or to call emergency services in the event of an injury to my child. I, the undersigned am the parent/guardian of the individual(s) named below, and shall hold harmless The Launch Pad and all of its representatives, against any and all liability. I understand that The Launch Pad staff will provide to me a detailed, written explanation of any injury and the care that was provided if requested. I have read this entire Informed Consent Agreement. I fully understand it and I agree to be legally bound by it.
- (II) **Photographic Release:** I hereby give my consent to The Launch Pad, or persons operating on its behalf, the unqualified right and permission to take photographs, slides, video or motion pictures of my child(ren) for the purpose of reproductions, publication and illustration in all forms of advertising and publicity media.
- (III) (I) (We), the undersigned, understand the participation in *Black Canyon Canoe Trip* involves potentially dangerous activities. I understand that the participant will always been in contact with, however will not always be under direct supervision of a Launch Pad volunteer and will be trusted to walk with peers in groups of three or more along pre-approved routes to pre-approved locations.
- (IV) I/we understand that if participants of *Black Canyon Canoe Trip* choose not to abide by the rules and guidelines of the camp as well as The Launch Pad polices they may be asked to leave. If a participant is asked to leave early due to negligent behavior, the use of illegal substances, violence, dishonesty, or disrespect to staff and participants, a refund will not be awarded.
- (V) I/we, named below, undertake and agree to indemnify and hold harmless Program Personnel, The Launch Pad, and its directors and volunteers from and against any loss, damage or injury suffered by the participant as a result of

being part of the activities of The Launch Pad, as well as of any medical treatment authorized by the supervising individuals representing The Launch Pad. This consent and authorization is effective only when participating in or traveling to events sponsored by The Launch Pad.

I have read, understood, and agree with the above statements and I have reviewed them with the camp participant.

Signature of Parent/Legal Guardian

Date

Signature of Participant

Date

We will be calling all parents and legal guardians prior to the start of the camp in order to address any questions or concerns and to ensure that everyone has all the information they need for their teens to have a successful week at camp.

Please feel free to contact us in the meantime with questions or concerns!
Rachelle Newton

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