



# Outdoor Discovery Club Application

**Participant Name** \_\_\_\_\_  
*First Last*

\_\_\_\_\_  
*Address City State Zip*

Home (\_\_\_\_\_) \_\_\_\_\_ Participant Cell (\_\_\_\_\_) \_\_\_\_\_

Texting:  YES  NO

Participant Email \_\_\_\_\_ School \_\_\_\_\_

**Gender** \_\_\_\_\_ **Age** \_\_\_\_\_

**Race/Ethnicity**

- Asian
  - African American
  - Caucasian
  - Other
- Native American
  - Hispanic/Latino
  - Pacific Islander

\*\*\*\*\*  
**Primary Parent(s)/Legal Guardian(s) Name** \_\_\_\_\_  
*First Last*

\_\_\_\_\_  
*Address City State Zip*

Home (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

Work (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Relation to participant \_\_\_\_\_

**Parent/Legal Guardian Name** \_\_\_\_\_  
*First Last*

\_\_\_\_\_  
*Address City State Zip*

Home (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

Work (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Relation to participant \_\_\_\_\_

**Alternate Emergency Contact** Please list someone other than parent/guardians listed above. Emergency contact will only be notified in the event the participant's parent/guardian are not available.

Name \_\_\_\_\_ Home (\_\_\_\_\_) \_\_\_\_\_

Relation to participant \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

Work (\_\_\_\_\_) \_\_\_\_\_

**How did you hear about Grand Canyon Youth?** \_\_\_\_\_

## Health Information Form

As a parent/legal guardian, GCY relies on you to be the advocate for your child. Please be thorough and exhaustive in completing this form and attach an extra sheet if necessary. **Advise GCY of any changes to your child's medical condition as they arise throughout the year.** GCY representatives on expedition have wilderness first aid training (WFR); they are not medical professionals. The confidential information provided in this form is shared only with applicable parties and program staff. It helps us provide the best care for your child.

Participant Name \_\_\_\_\_

Height\* \_\_\_\_\_ Weight\* \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(\*Necessary for lifejacket fitting\*)

Have you been camping before? Never A Little A Lot

Swimming Ability None Fair Good Excellent

### Medical History

Has your child ever been **diagnosed** with any of the following?

Yes	No	Heart Condition	Yes	No	Depression/ Anxiety
Yes	No	Diabetes/Hypoglycemia	Yes	No	Attention Deficit Disorder
Yes	No	Severe Headaches/Migraines	Yes	No	Emotional/Psychiatric Disorder or Concern
Yes	No	High or Low Blood Pressure	Yes	No	Substance Abuse ( <i>drugs, alcohol, tobacco</i> )
Yes	No	Seizures/Epilepsy/Neurological Disorder	Yes	No	Eating Disorder
Yes	No	Serious Head Injury	Yes	No	Anaphylaxis/Severe Allergic Reaction
Yes	No	Urinary Tract Problems/Infections	Yes	No	Food Allergy/Intolerance
Yes	No	Anemia or Blood Disorder	Yes	No	Hay Fever/Seasonal Allergies
Yes	No	Arthritis/Musculoskeletal Disorder	Yes	No	Asthma/Respiratory Condition
Yes	No	Sleep Disorder/Sleep Walking	Yes	No	Gastrointestinal Problems
Yes	No	Developmental Disability	Yes	No	Pregnancy

Yes No Has your child ever had surgery or been hospitalized overnight? When/what for?

\_\_\_\_\_

Yes No Does your child have any physical activity limitations? Please explain \_\_\_\_\_

\_\_\_\_\_

Yes No Does your child have any special needs? Please explain \_\_\_\_\_

\_\_\_\_\_

Yes No Does your child have any dietary restrictions? (ie: vegetarian) \_\_\_\_\_

### **If yes to any of the above, please respond in detail to the following questions**

When was each condition diagnosed? \_\_\_\_\_

\_\_\_\_\_

What are the trigger(s) & symptom(s)? \_\_\_\_\_

\_\_\_\_\_

How do you manage the condition(s)? \_\_\_\_\_

\_\_\_\_\_

Is there anything else we should know about the condition(s)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Health Information Form Continued

**Medications:** Call GCY if you have questions about our medication policies.

- ◆ Participants must be able to manage and administer their own medications.
- ◆ We strongly recommend that participants remain on any prescription drug regimen while on a GCY program.
- ◆ Participants must provide and be responsible for all prescription medications.
- ◆ Participants who have had or are at risk of an anaphylactic reaction and have been prescribed an epi pen must provide two epi pens.
- ◆ Participants with asthma/respiratory conditions MUST bring a rescue inhaler if last use was within 5 years.

List ALL prescription and non-prescription medications your child is currently taking on a daily or regular basis. Please also list prescribed medication for emergency situations (examples: rescue inhaler, Epi pens, etc). We are expecting your child will bring these medications on the program.

Medication:	Purpose:	Dosage:	Frequency:

**Physician Information:**

Physician's Name: \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

*If GCY has safety concerns regarding the participation of your child, we may contact you to gather more information. If your child has a medical condition, GCY may require a medical release from their physician before they are allowed to participate on a GCY program.*

**Insurance Information:**

Medical insurance is not required to participate. However, each participant and/or their parent(s)/guardian(s) is responsible for any medical expenses as a result of participation. We recommend contacting your insurance company to ensure coverage or purchasing trip insurance. Evacuations can be very costly.

Insurance Company \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

Policy Holder \_\_\_\_\_ Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

**Medical Release for:** \_\_\_\_\_ (Participant Name)

In the event of an injury or illness requiring participant medical care and for whom I am the parent or legal guardian; I hereby give permission to attending medical personnel, Grand Canyon Youth's officers, directors, employees, representative agents, volunteers, contract individuals and all other persons or entities associated with it, the full power in consent to any and all necessary treatment, including epinephrine.



\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

## Participant Agreement, Release & Assumption of Risk

In consideration of the services of Grand Canyon Youth, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "GCY"), I hereby agree to release, indemnify, and discharge GCY, on behalf of myself, my spouse/partner, my child, my parents, my heirs, assigns, personal representatives and estate as follows:

1. Assumption of Risk: I, \_\_\_\_\_ (parent/legal guardian), on behalf of myself and on behalf of my child, acknowledge that participating on expeditions and all other activities related to participation in the GCY Outdoor Discovery & Club program (hereinafter "Activity") for the 2017-18 school year, entails known and unanticipated risks that could result in: physical or emotional injury, paralysis, death, or damage to myself, property or to third parties. I understand that such risks cannot be eliminated without jeopardizing the essential qualities of the activity. I, on behalf of myself and my child, voluntarily accept personal responsibility for any liability, injury, loss, or damage in any way resulting from my participation in the Activity and related transport.

My initial below signifies that I expressly agree to section 1, above, that I know the implications of section 1, that I understand the language of section 1 and that I voluntarily accept the terms of section 1.

☼ **Parent/Legal Guardian Initials** \_\_\_\_\_

2. Identification of Risks: I understand that there are certain dangers, hazards, and risks inherent in the Activity and related transportation. I understand that such dangers, hazards, and risks may involve risk of injury and loss, both to person and property. I further understand that the risk of injury may include the possibility of permanent disability and death. There may be other risks not known or not reasonably foreseeable at this time. I further understand that GCY does not assume responsibility for any such injuries or loss.

Exposure to the natural elements can be uncomfortable and/ or harmful. I am aware that this exposure could cause sunburn, dehydration, heat exhaustion, heat stroke, and death. GCY is not responsible for acts of nature, including but not limited to contact with flora & fauna. Furthermore, GCY employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or environmental conditions. They may give incomplete warnings or instructions and the equipment being used might malfunction. In addition, there are risks involved in traveling to and from destinations, including but not limited to airplanes and ground transportation such as automobiles, bus, shuttles, and personal transport. Significant elevation changes may be experienced through participation in the Activity. Further, I understand that GCY is not responsible for the behaviors of any of its participants or the consequences of their actions.

My initial below signifies that I expressly agree to section 2, above, that I know the implications of section 2, that I understand the language of section 2 and that I voluntarily accept the terms of section 2.

☼ **Parent/Legal Guardian Initials** \_\_\_\_\_

3. Waiver and Release: In consideration of participation in the Activity, I waive and release GCY, its employees, agents, volunteers, successors, and assigns, if any, from all claims for any liability, injury, loss, or damage in any way connected with my child's participation in the Activity, whether or not caused in whole or part by the negligence or other misconduct of any of the organizations or individuals mentioned above.

My initial below signifies that I expressly agree to section 3, above, that I know the implications of section 3, that I understand the language of section 3 and that I voluntarily accept the terms of section 3.

☼ **Parent/Legal Guardian Initials** \_\_\_\_\_

## Participant Agreement, Release & Assumption of Risk Continued

4. **Indemnification:** I agree to indemnify and hold harmless (in other words, reimburse and be responsible for) GCY and its employees, agents, volunteers, successors, and assigns from all claims for any liability, injury, loss or damage in any way connected with or arising out of my child's participation in the Activity, whether or not caused in whole or in part by the negligence or other misconduct of any of the organizations or individuals mentioned above. Should GCY or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

My initial below signifies that I expressly agree to section 4 above, that I know the implications of section 4, that I understand the language of section 4, and that I voluntarily accept the terms of section 4.

☀ **Parent/Legal Guardian Initials** \_\_\_\_\_

5. **Medical Treatment:** I hereby release and forever discharge GCY from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment or service rendered in connection with my child's participation in the Activity.

My initial below signifies that I expressly agree to section 5 above, that I know the implications of section 5, that I understand the language of section 5, and that I voluntarily accept the terms of section 5.

☀ **Parent/Legal Guardian Initials** \_\_\_\_\_

6. I hereby certify that I have adequate insurance to cover any injury or damage I or my child may cause or suffer while participating in the Activity or, alternatively, I agree to bear the costs of such injury or damage myself. I further certify that my child has no medical or physical conditions which could interfere with my child's safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition.

My initial below signifies that I expressly agree to section 6 above, that I know the implications of section 6, that I understand the language of section 6, and that I voluntarily accept the terms of section 6.

☀ **Parent/Legal Guardian Initials** \_\_\_\_\_

7. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.
8. We require this form signed and returned **AS IS**. Your signature below represents an acceptance of this document as originally written. Any edits to this agreement will not be honored, and will default to the original verbiage.

**I HAVE READ THIS WAIVER, RELEASE OF LIABILITY, AND INDEMNIFICATION. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I AM SIGNING THIS WAIVER, RELEASE OF LIABILITY, AND INDEMNIFICATION VOLUNTARILY ON BEHALF OF MYSELF AND ON BEHALF OF MY CHILD. I INTEND THAT THIS WAIVER AND RELEASE OF LIABILITY SHALL BE CONSTRUED BROADLY TO PROVIDE A RELEASE AND WAIVER TO THE MAXIMUM EXTENT POSSIBLE UNDER APPLICABLE LAW.**

☀ \_\_\_\_\_  
**Participant Signature**

\_\_\_\_\_  
**Participant Printed Name**

\_\_\_\_\_  
**Date**

**IF THE PERSON PARTICIPATING IN THE ACTIVITY IS NOT YET 18 YEARS OLD:**

As parent or legal guardian of the above-named individual, I verify that I fully understand, agree to, and accept all provisions of this Waiver, Release of Liability and Indemnification.

☀ \_\_\_\_\_  
**Parent/Legal Guardian Signature**

\_\_\_\_\_  
**Parent/Legal Guardian Printed Name**

\_\_\_\_\_  
**Date**

## Personal Contract

The Outdoor Discovery Club offers a unique opportunity and participation in this program should be considered a privilege. By signing this document you are committing to good behavior. You agree to

- ◆ Complete ALL my pre-trip requirements (paperwork, payment etc).
- ◆ Come prepared for the program with necessary equipment & supplies.
- ◆ Maintain a positive attitude: be flexible, patient, and helpful in new or challenging situations.
- ◆ Be respectful of others in the group.
- ◆ Dress appropriately at all times.
- ◆ Leave behind all electronic devices.
- ◆ Participate positively and fully in all group meetings and activities.
- ◆ Practice safety first! Follow all safety expectations set out by the adult leaders.
- ◆ Do not be a danger to yourself or others. Take care of yourself and others on the trip.
- ◆ Do not bring any drugs, tobacco alcohol or weapons. Please leave pocket knives at home.
- ◆ Refrain from engaging in romantic or exclusive relationships.
- ◆ Take care of the remarkable places you will be visiting.

## Parent/Guardian Permission for Participation

There are inherent risks involved with participating in the GCY program. It is a parent's/guardian's responsibility to become informed about these risks and make a deliberate choice in supporting his/her child's participation.

- ◆ We rely on parents'/guardians' judgment to not involve their child in our programs if they believe the child could pose a behavioral risk. Failure to do so could make parents/guardians liable.
- ◆ GCY is a private, non-profit organization. We have the right to exclude any participant who we believe, at our sole discretion and for any reason, could pose a risk to him/herself or other participants beyond our ability and resources to manage within an appropriate standard of care.
- ◆ If the guides or teacher sponsors have cause to believe any participant is unwilling to follow directions, safety rules, the law, or represents an unacceptable risk to him/herself or to others, that youth may be separated from the group and evacuated from the trip at the expense of parents/guardians. Youth may be held legally responsible if they break any law while participating in the GCY program.
- ◆ Parents/Guardians should talk with their child, stressing the importance of following all expectations and safety practices set by GCY.
- ◆ Parents/Guardians should encourage their child to communicate any concerns immediately with any adult supervisors on the trip.

**I have read and acknowledge the risks detailed in this form and consent to my child's participation in a GCY program knowing of all above risks. My child fully understands, and they will adhere to all expectations outlined in the personal contract. My child may also participate in all activities pertaining to GCY, including fundraisers, community service projects, transportation, and river trips during their involvement. Breach of this contract may lead to participant's dismissal from the program.**



\_\_\_\_\_  
**Parent/Legal Guardian Signature**

\_\_\_\_\_  
**Date**



\_\_\_\_\_  
**Participant Signature**

\_\_\_\_\_  
**Date**

**Cancellation & Refund Policy**

Due to the nature of our program, students’ adherence to paperwork and payment deadlines will be imperative. Dropping out last minute from an expedition effectively wastes a spot that another student could have taken. Please keep this in mind as you sign-up for and commit to expeditions.

Grand Canyon Youth reserves the right to cancel any program and/or alter trip dates due to weather, safety concerns and/or any other unforeseeable circumstances. Participants who cancel more than 5 days before an expedition will be entitled to a program refund. Participants who cancel less than 5 days before an expedition will be charged a cancellation fee equal to 50% of the cost of participation. Participants who cancel less than 24 hours will not be offered a refund.

☀ **Parent/Guardian Initial** \_\_\_\_\_

**Media Release**

I hereby grant Grand Canyon Youth, its co-sponsoring organizations, partners, media representatives, employees, volunteers and trip participants the right to photograph, record or film my child’s participation in a Grand Canyon Youth program without recourse. This includes the right to use photographs, audio or film in promotional, documentary, online, print, digital, and media outlets.

☀ **Parent/Guardian Initial** \_\_\_\_\_

**Certification of Information Provided**

To the best of my knowledge and belief, all the information set forth within this application is complete, true, and correct. All the entities participating in the program will rely on the information contained herein to make a decision as to whether or not this applicant may safely complete the activities required to participate with Grand Canyon Youth. Applicants younger than 18 years must have a parent or legal guardian signature. Grand Canyon Youth reserves the right, in its absolute discretion, to terminate this program or anyone’s participation in the program, at any time, for any reason, including but not limited to any applicant’s failure to comply with any application requirements or administrator’s directives. I have read this application in its entirety and fully understand and agree to the terms and information within.

☀ \_\_\_\_\_  
**Parent/Legal Guardian Signature**

\_\_\_\_\_  
**Date**

☀ \_\_\_\_\_  
**Participant Signature**

\_\_\_\_\_  
**Date**



# Financial Aid Request Form

Participant Name \_\_\_\_\_

Depending on donor funds and grant awards, Grand Canyon Youth can offer financial aid for our programs to students who demonstrate financial or compelling need. We do not want the price of the program to be a limiting factor in participation. The intent of this form is to help us understand what your financial needs may be throughout the year. Financial aid funding for the Outdoor Discovery & Club program is dependent on limited yearly funding. Please fill out the form below to help us assess your need.

### Request Process

- Step 1: Fill out and return this form along with the rest of this packet.
- Step 2: Communicate with GCY your requested amount no less than a week out from any expedition.
- Step 3: GCY will notify you with the level of financial support awarded for the expedition.
- Step 4: After any expedition you attend and receive financial aid for, write a thank you letter addressed to "Sponsor" and mail it to Grand Canyon Youth. Please share a story of your experience in the letter. Failure to write a thank you may exclude you from receiving financial aid for future expeditions and other GCY programs.

### Parents/Guardians Questions

1. What is your Household Gross Annual Income \$\_\_\_\_\_.00  
How many adults contribute to this income? \_\_\_\_\_ Total number in household \_\_\_\_\_
2. Has your youth participated in any Grand Canyon Youth programs/expeditions in the past? **Yes No**  
If yes, did you receive financial aid? **Yes No**
3. Does your family qualify for free & reduced lunch? **Yes No**
4. Every month we could afford to pay the following for an expedition
 

<input type="checkbox"/> \$0	<input type="checkbox"/> \$30	<input type="checkbox"/> \$80
<input type="checkbox"/> \$5	<input type="checkbox"/> \$40	<input type="checkbox"/> \$90
<input type="checkbox"/> \$10	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100
<input type="checkbox"/> \$15	<input type="checkbox"/> \$60	<input type="checkbox"/> \$120
<input type="checkbox"/> \$20	<input type="checkbox"/> \$70	<input type="checkbox"/> \$150

*\*Total expedition costs for the year are not expected to exceed \$400 (i.e. if one student paid for every expedition).\**

**I hereby certify that the information is accurate and complete. Please consider us for financial assistance. I am requesting only what we need and I understand that funds are limited.**

 \_\_\_\_\_  
**Parent/Legal Guardian Signature**

\_\_\_\_\_  
**Date**

 \_\_\_\_\_  
**Participant Signature**

\_\_\_\_\_  
**Date**