



Youth Application Packet

Outdoor Discovery Series – Overnight Yurt Expedition

Thank you for your interest in Grand Canyon Youth! Participating in a GCY program means stepping out of your comfort zone and engaging in a unique experience. It is worth the effort!

1. Receive Youth Application Packet

2. Return Youth Application & Deposit

Please complete the application materials, sign all signature blanks, and return to GCY. A deposit is required when applying.

3. Respond to Pre-Trip Emails

One month, two weeks, and one week out GCY will send participants updates & important pretrip information.

4. Make Final Payment

One month prior to your program, your final payment and any outstanding paperwork are due.

5. Enjoy your GCY Program!!

We are available to answer any questions, please contact GCY office staff at:

928.773.7921
programs@gcyouth.org



P.O. Box 23376 Flagstaff, AZ 86002 Phone: 928.773.7921 Fax: 928.774.8941
info@gcyouth.org www.gcyouth.org

Dear Parents & Guardians,

Welcome to Grand Canyon Youth! We are so pleased to have your child joining us for a life-changing adventure.

Grand Canyon Youth (GCY) is a nonprofit organization based in Flagstaff that provides outdoor experiences to young people ages 10-19. We believe that all young people can benefit from time spent in natural places. GCY serves schools, groups, and youth from across the country.

Our programs are educational in nature: in addition to exploring the outdoors, your child's journey with us will include hands-on science, art-making, time for reflection, teamwork, and much more.

Over the past 20 years, GCY has run hundreds of expeditions with thousands of participants from across the country! Our office staff will guide you and your child every step of the way as you prepare for their adventure. Thank you for choosing to send your child on a Grand Canyon Youth expedition. Nature and wilderness have the power to transform lives, and we are honored to share this opportunity with your child.

Please do not hesitate to contact us if you have questions as you prepare your child for their GCY expedition.

Sincerely,



Emma Wharton, MSW
Executive Director

Connect with GCY





Expedition Description

Outdoor Discovery Series – Cross Country Ski

Expedition Information

Expedition Date: Saturday February 2nd- Sunday February 3rd

Total Cost: \$200

Minimum Initial Deposit: \$100 Due: With Application

Final Payment: \$100 Due: One month from trip departure

**If requesting Financial Aid, refer to the FA request form at the end of the packet for deposit and payment details.*

Expedition Departure

8:00 a.m., **Saturday February 2nd from the Grand Canyon Youth parking lot.** Dress in what you plan to wear on program. Make sure you have two full water bottles and you have eaten breakfast.

Expedition Returns

Approximately **1:00 p.m., Sunday February 3rd to the Grand Canyon Youth parking lot.**

Parents will be called if students will be more than an hour late or early.

About the Cross Country Ski Program

Experience the magic of winter with an overnight yurt trip! Cross country ski in the shadow of the San Francisco Peaks, and stay overnight at one of Arizona Nordic Village's backcountry yurts. After a day of sliding around groomed trails, we'll settle down by a wood stove for dinner to discuss Flagstaff's winter economy, impacts to the environment, and the future of winter tourism in American mountain towns

What sets Grand Canyon Youth apart?

GCY is more than an outfitter. We provide some of the only access on rivers of the Southwest dedicated to youth-driven experiential educational programming. We are committed to serving youth from a variety of backgrounds, so any participant interested in experiencing the educational power of rivers has that chance. GCY also helps support each program by covering 50% of the trip cost with money from donor, grants, and fundraising efforts.



Frequently Asked Questions

How difficult will the trip be?

It is helpful to be in good physical condition for your adventure. It is important to show up physically and mentally prepared to be outside and active, *all day*. This is part of the fun, but can be challenging for some. Having broken-in footwear and knowing how to stay hydrated are great places to start. We know you can do it, and we also know you will feel better if you arrive prepared for the challenge.

What if there is an emergency?

Most emergencies can be prevented by taking care of yourself and listening to safety guidelines. GCY guides are certified Wilderness First Responders, and a satellite phone and extensive first-aid materials are on each trip. If there is an incident, the GCY office will work with guides to organize any needed support and contact parents. If you are nervous about any aspect of the program, please contact us for more information.

What is the weather going to be like?

The weather in Flagstaff is almost as unpredictable as the place itself. You need to prepare for all kinds of weather. Your program could be sunny and hot, cold and drizzly, or a combination of both! Packing layers will help you to adjust to the range of temperatures and conditions. You can check for the weather conditions prior to your program by searching the forecast for Arizona Nordic Village, Flagstaff.

How do I pack? What should I bring?

You should plan on bringing only the items detailed on the following Equipment list. You will pack everything into a backpacking backpack (35 - 40 liters). We will finish packing these bags at GCY the morning of the trip. You will be responsible for carrying your personal gear, sleep gear, and some group gear that will be distributed to participants. Remember, anything you bring with you might get lost or ruined; please leave things that are important to you like jewelry or a special hat at home. Items such as iPods, cell phones, watches, and wallets are **intentionally left off the list**. Leave these at home, otherwise they will be collected before the beginning of the trip. GCY will provide plenty of snacks, so **leave all food and drinks at home** as well.

What will GCY Will Provide?

- Extra water
- First aid materials
- Communication device
- Camera
- Service project supplies
- Food
- Kitchen Equipment
- Backpacking Backpack (*If requested*)
- Ski Gear (*If requested*)
- Headlamp (*If requested*)
- Sleeping Bag & Sleeping Pad (*If requested*)
- Wilderness First Responder & CPR trained professional guides

Can I Borrow any Gear from GCY?

Yes, in fact it is encouraged! Please check with GCY before purchasing any items on this list. GCY has many items available to borrow at our warehouse. This includes shoes and rain jackets. We understand that kids grow quickly, and purchasing new outdoor gear can be a burden. Stop by the GCY warehouse and try on things for yourself!

Note about Medications

Please bring TWO SETS of any necessary or prescription medications (ie: inhalers, Epi pens, psychotropic medications... etc.). **YOUTH MUST BE ABLE TO MANAGE AND ADMINISTER THEIR OWN MEDICATIONS.** GCY provides extensive first-aid kits for the program. You do not need to bring any over-the-counter medications or first aid supplies.

Equipment List

We have many of these items at our office for you to borrow. Our intention is that parents do not need to spend money on items that you might not use again. Dressing in layers will help ensure comfort.

Show up wearing:

- Tennis/Hiking shoes/Snow Boots**
- Sun hat:** Preferably one with a large brim and a strap to keep from losing it in the wind.
- Comfortable, athletic clothing, & LAYERS**
- Sunglasses**
- Eyeglasses** (if you wear them). If you wear contact lenses, bring an extra set and a pair of glasses.
- Retention device** for your sunglasses and/or eyeglasses so you don't lose them in the river. These are sometimes called "Chums" or "Croakies."

Additional Gear Needed:

- 35 Liters Backpack:** Needs a chest and hip strap
- Personal Ski Gear (skis, poles, boots)**

Packed in Your Backpack:

- Two water bottles:** You need at least 2 quarts. Camelbacks are okay as long as you bring a spare water bottle.
- Change of clothes/PJs**
- Headlamp**
- Smaller Backpack:**
- Personal toiletries:** (Travel Size!) Lotion, lip balm, feminine products (tampons with cardboard applicators or O.B. tampons are suggested), toothbrush and toothpaste
- Personal medications- YOUTH MUST BRING ANY NECESSARY OR PRESCRIBED MEDICATIONS. YOUTH MUST BE ABLE TO SELF ADMINISTER ALL MEDICATIONS.**



Youth Application

Participant Name

First *Last*

Address *City* *State* *Zip*

Home (_____) _____ Cell (_____) _____

Participant email _____

Gender _____ Age _____ School _____

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 _____

Primary Parent(s)/Legal Guardian(s) 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 (_____) _____ Cell (_____) _____

Relation to participant _____

How did you hear about Grand Canyon Youth? _____

Health Information Form

As parent/guardian, GCY relies on you to advocate for your child. Please be thorough and exhaustive in completing this form. Your child is traveling to a wilderness area and may be over 24 hours away from definitive care. Advise GCY of any changes to your child's medical condition prior to their program. GCY guides 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 | Anaphylaxis/Severe Allergic Reaction | Yes | No | Heart Condition |
| Yes | No | Anemia/ Blood Disorder | Yes | No | High or Low Blood Pressure |
| Yes | No | Asthma/Respiratory Condition | Yes | No | Musculoskeletal Disorder/Arthritis |
| Yes | No | Attention Deficit/Hyperactivity Disorder | Yes | No | Pregnancy |
| Yes | No | Depression/Anxiety | Yes | No | Seizures/Epilepsy/other Neurological Disorder |
| Yes | No | Developmental Disability or Delay | Yes | No | Self-Harm Behaviors |
| Yes | No | Diabetes/Hypoglycemia | Yes | No | Serious Head Injury |
| Yes | No | Eating Disorder | Yes | No | Severe Headaches/ Migraines |
| Yes | No | Emotional/Psychiatric Disorder or Concerns | Yes | No | Sleep Disorder/ Sleepwalking/ Night Terrors |
| Yes | No | Food Intolerance (Non-Anaphylactic | Yes | No | Substance Abuse (drugs, alcohol, tobacco) |
| Yes | No | Gastrointestinal Condition | Yes | No | Urological Condition/Reoccurring UTI |
| Yes | No | Hay Fever/ Seasonal Allergies | | | |

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

Yes No Does your child have any physical limitations relevant to their safety? (vision, hearing, balance, adaptive devices, etc.)_____

Yes No Does your child have any special needs? Please explain_____

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

If you circled yes to any condition, 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)? _____

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

Medications

“Medication” is any substance a person takes to maintain and/or improve their health.

- ◆ You need to provide 2 separate sets of medications. Each set should be enough medication to last the entire expedition in case one set gets lost or damaged.
- ◆ A copy of the original pharmacy label(s) detailing the participant’s name, frequency, dosage and how the medication should be given should accompany all medications.
- ◆ Please specify if the medication needs to be refrigerated (such as insulin) or requires specific storage requirements.
- ◆ If an inhaler or auto-injector is needed, the child needs to plan to have it easily accessible while on expedition.

Medication	Date Started	Dose	Frequency	Purpose	Side Effects	If Forgotten	How delivered	Storage Requirements

By signing this form, I certify that I have completed the medication list accurately, and that I give my permission for a designated GCY representative to administer the medications listed above to the trip participant. I understand that GCY representatives will do their best to adhere to the medication schedule and dosage set forth above, but it is possible that dosages will be missed or delayed, or an incorrect dosage given due to circumstances over which GCY representatives have limited control, or as a result of an error by GCY representatives. I assume that risk on behalf of my child. I also understand by knowingly filling out the form inaccurately or by withholding pertinent information about the trip participant’s medications, I could increase the risk to the trip participant and others.



Parent/Legal Guardian Signature

Date

AGREEMENT TO ASSUME ALL RISKS; RELEASE OF LIABILITY/ AGREEMENT NOT TO SUE & TO INDEMNIFY

Please read this contract carefully. It releases Grand Canyon Youth from liability and waives certain rights.

In consideration of being permitted to participate in an adventure trip with Grand Canyon Youth, Inc., an Arizona nonprofit corporation ("GCY"), I, the Participant (or, if the Participant is under the age of 18, I on the Participant's behalf), understand, acknowledge, and contractually agree as set forth below (the "Agreement"):

1. Acknowledgement of Dangers and Risks: I understand, acknowledge, and agree that participating in outdoor pursuits including rafting and camping on a river trip and transport by GCY to and from these activities (hereinafter the "Activity") can be **HAZARDOUS AND INVOLVE THE RISK OF PHYSICAL INJURY AND/OR DEATH**. I understand, acknowledge, and agree that participating in the Activity involves certain inherent dangers and risks that cannot be eliminated or controlled by GCY, the presence of which are integral to the recreational and adventurous nature of the Activity. The following list of dangers and risks that could cause physical or emotional injury or death is not exhaustive, and I understand that there are many other dangers or risks associated with the Activity not listed below: 1) Risks associated with boating and being around or in water, including: capsizing or sinking watercraft; falling into water; water immersion; drowning; hypothermia; rapid changes in water flow, level, or speed; jolting or jarring resulting in contact with hard objects such as boats, oars, oarlocks, other participants, containers, coolers, or other equipment, supplies, or objects; becoming tangled in ropes; foot entrapment; trapped limbs; jumping, diving, or being washed or thrown into unfamiliar water with submerged hazards; striking objects under the surface of the water; being pinned against trees, tree strainers, rocks, roots, or other submerged objects; boat equipment malfunction; slipping, tripping, or falling in, around, or from boats; and slipping, tripping, or falling while walking, paddling, or wading in rough terrain or along rivers edge; and errors in guide judgment, or lapse in guide skill. 2) Risks associated with transport in a motor vehicle, including: all commonly understood risks of riding in a vehicle; being struck or other injurious contact with vehicles; injurious contact with equipment being unloaded from vehicles; risks associated with riding in a vehicle in remote terrain on backcountry or four-wheel-drive roads; and lapse in driver judgment or skill. 3) Risks associated with being on an outdoors trip with other participants and relying upon guides, including: mentally or physically unstable or criminal trip participants; dangerous actions, negligence, intentional misconduct, or malice by other participants; dangerous actions taken by other participants as a result of consumption of alcohol or drugs; and errors in guide judgment or lapse in guide skill. 4) Risks associated with camping, recreational activities, and exposure to the elements on a river trip, including: slipping, tripping, or falling; flying man-made objects such as balls, frisbees, gear, or equipment; falling trees or other objects; being struck with or injured by a tool while performing service projects; injury associated with removing vegetation or picking up trash on service projects; moving objects associated with extreme weather and wind; extreme weather; temperature fluctuations; wind; hail; storms and lightning; landslides; rock-fall; mudslides; avalanche; water crossings; flash flood; low light or darkness; wildfire; uncontrolled camp or kitchen fire; kitchen- or cooking-related dangers; choking; food-borne bacteria or virus; water-borne bacteria or virus; frostbite and hypothermia; mental or physical shock; burns or burning associated with campfires, hot surfaces, and sun exposure; all manner of injuries including brain injury, spinal injury, paralysis, fractures, punctures, burns, strains, sprains, lacerations, internal injury, sickness or disease, heat exhaustion, heatstroke, dehydration, hyponatremia, asphyxiation, and high-altitude sickness; snake bites; insect bites; scorpion stings, bee stings; allergic reaction to insects or plants such as poison ivy; allergen exposure; exposure to or attack by wildlife or domesticated animals; bodily failure while carrying heavy objects; overexertion; fatigue; dizziness or disorientation; diminished reaction time; getting lost; inadequate or incorrect medical care; lack of readily accessible medical resources or care; poorly executed or failed rescue attempts; failure or lack of communication equipment or cell phone service; dangerous contact with rescue vehicles, boats, or aircraft; inadequate or malfunctioning equipment; & mental, physical, or emotional injury or distress from exposure to any of the above. I understand that GCY has done its best to list the known risks of participating in the Activity, but agree that I have the right, obligation, and opportunity to research and verify the risks of participating in the Activity.

2. Assumption of Risk: I acknowledge and agree that I am choosing to take part in the Activity despite the dangers and risks of doing so, and I freely choose to accept the risks of participating in the Activity. I recognize that property loss, physical or emotional injury, and death are all possible while participating in the Activity. I expressly acknowledge and assume all risks, dangers, and consequences of the Activity, including but not limited to those risks, dangers, and consequences set forth in paragraph 1, above, that may result in physical or emotional injury, property damage, or death.

3. Participant's Responsibilities and Representations: I represent that I am physically and mentally capable of participating in the Activity. I understand the importance of all safety instructions given to me, whether in writing or verbally, and agree to follow all staff instructions at all times while engaging in the Activity. Further, I represent that I have had the opportunity to both independently research and discuss with GCY the risks of participating in the Activity and my assumption of those risks. I have been informed of and understand the expectations of me while engaging in the Activity. I have been informed of the increased risk associated with running whitewater and of the changing nature of such risk as water levels change. I understand that I am responsible for truthfully disclosing and notifying GCY of any risk to me or other participants associated with my own mental or physical conditions, including allergies that could result in anaphylaxis or other adverse physical reactions. I specifically and expressly agree that I have full responsibility for managing and treating any such conditions to prevent injury to myself or others. I am not relying on any prior oral, written, or visual representations made by GCY, including in any website or promotional materials, to induce me to go on any adventure activity. With all of the foregoing in mind, I assume full responsibility for my own safety.

4. Release of Liability and Agreement Not to Sue: Fully understanding the foregoing paragraphs, and in exchange for GCY's agreement to allow the Participant to participate in the Activity, **I HEREBY AGREE NOT TO SUE** GCY, its affiliated companies and subsidiaries, or any of their respective successors in interest, affiliated organizations and companies, insurance carriers, agents, employees, representatives, assignees, officers, directors, and (each hereinafter a "Released Party") for any damage (including but not limited to equipment damage), injury, or loss to Participant, including death, that Participant may suffer arising in whole or in part out of Participant's participation in the Activity. By signing this Agreement Not to Sue, I am releasing any right to make a claim or file a lawsuit against any Released Party. I agree to hold harmless and release each and every Released Party from any and all liability and/or claims or causes of action for injury or death to persons or damage to property arising from Participant's participation in the Activity, **INCLUDING, BUT NOT LIMITED TO THOSE CLAIMS BASED ON ANY RELEASED PARTY'S ALLEGED OR ACTUAL NEGLIGENCE** or breach of any contract and/or express or implied warranty.

5. Agreement to Indemnify: I agree to **INDEMNIFY (REIMBURSE)** each Released Party from and for any and all claims of the Undersigned and/or a third party arising in whole or in part from Participant's participation in the Activity. In other words, if Participant and/or anyone on Participant's behalf files any lawsuit or brings any claim for injury or damage against any Released Party, undersigned will be required to pay back to any and all Released Party all sums of money incurred by, or paid by or on behalf of, any Released Party on account of the bringing of such suit or claim, including all attorney's fees and costs.

6. Medical Authorization, Release, and Indemnification: I hereby 1) authorize GCY to undertake any emergency medical care for Participant; 2) authorize any Released Party and/or their authorized personnel to call for medical care for the Participant or to transport the Participant to a medical facility or hospital if, in the opinion of such personnel, medical attention is needed; 3) agree that, following Participant's transport to any such medical facility or hospital, the Released Party shall not have any further responsibility for Participant; 4) agree to pay all costs associated with the medical care and related transportation provided for the Participant; and 5) shall indemnify and hold harmless (as set forth in paragraph 5, above) any Released Party from any and all liability and/or claims associated with such medical care and/or related transportation.

7. Application of Agreement to Minor Participants: In the case of a minor Participant, I, as parent or legal guardian, acknowledge that I am signing this Agreement on behalf of the minor Participant, and that the minor shall be bound by all of the terms of this Agreement. Additionally, by signing this Agreement as the parent or legal guardian of a minor Participant, I understand that I am also waiving certain rights on behalf of the minor that the minor otherwise may have. I agree that but for the foregoing, the minor Participant would not be permitted to participate in the Activity, and I sign this document out of a desire to have the Participant be allowed to participate in the activity. I represent that I am a legal parent or guardian of the minor Participant.

8. Representation of Capacity to Contract, and Acknowledgement That Agreement is a Binding Contract: I represent that I am at least 18 years of age, and that I have the capacity to understand and be bound by all of the provisions of this Agreement. I understand and acknowledge that this Agreement is a contract and shall be binding to the fullest extent permitted by law. It is my intent that this Agreement shall be binding upon my assignees, subrogors, distributors, heirs, next of kin, executors, and personal representatives, and those of the Participant.

9. Agreement to Application of Arizona Law and Selection of Forum: I agree that any and all claims for injury and/or death arising from my participation in the Activity shall be governed by Arizona law, and that the exclusive jurisdiction for any claim shall be in the Coconino County, Arizona District Court, without regard to where the incident giving rise to any lawsuit occurs, and without regard to any jurisdiction's choice of laws analysis. I agree that GCY is not a common carrier.

10. Miscellaneous Provisions: If any sentence, clause, paragraph, or part of this Agreement is declared unenforceable, the remainder shall continue in full force and effect. This Agreement can be modified only in writing. An electronic signature or acknowledgment upon this Agreement is fully binding and enforceable, and a copy of this executed Agreement may be used as if it is the original. I agree that any subcontractors or other vendors utilized by GCY during or incidental to the Activity are solely responsible for injury that occurs to me while I am in their care, and that GCY is not in a joint venture with any such vendor.

I HAVE CAREFULLY READ THE FOREGOING TWO-PAGE AGREEMENT AND UNDERSTAND ITS CONTENTS. I AM AWARE THAT I AM RELEASING CERTAIN LEGAL RIGHTS THAT I OR MY MINOR CHILD MAY OTHERWISE HAVE. I AGREE TO BE FULLY BOUND BY THE TERMS OF THIS AGREEMENT.



Signature of Legal Guardian

Printed Full Name

Date



Signature of Participant

Printed Full Name

Date

Parent/Legal 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 your 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 themselves or other participants beyond our ability and resources to manage within an appropriate standard of care.
- ◆ If Trip Leaders and/or Trip Coordinators have cause to believe any participant is unwilling to follow directions, safety rules, the law, or represents an unacceptable risk to themselves 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 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

Cancellation & Refund Policy

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 60-days before their departure date are entitled to a program refund less a \$50 application processing fee. Participants who cancel 60 days or less from their trip departure date are ineligible for a refund.



Parent/Legal Guardian Initials _____

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/Legal Guardian Initials _____

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 participant may safely complete the activities required to participate in Grand Canyon Youth. Participants 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 participant'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



Financial Aid Request Form

Grand Canyon Youth, along with our donors, are proud to offer Financial Aid to youth 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 open a dialog between parents/guardians and youth about setting and working towards fundraising goals, as well as asking for assistance when needed. Because funds are limited, please ask only for what you need, so we may widely distribute available aid.

Request Process

1. Turn in this form, along with the participant essays and a \$50 deposit. Your deposit will be applied to the trip price.
2. GCY will process your request and email you a financial aid award letter with level of financial support.
3. After your trip, 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 prohibit you from receiving Financial Aid for future GCY programs.

Required Youth Short Answer Questions

We will determine your financial aid award based on the content of your responses and financial information provided. Be thoughtful, honest, and thorough in your responses. Answer all of the following questions to the best of your ability on a separate sheet(s) of paper. **All questions have a 150 word minimum.**

1. Please tell us about extenuating or compelling circumstances that demonstrate your financial need.

2. What are your most treasured skills or talents? How do you share those with others and how would they help you on this GCY program?



Financial Aid Request Form

Participant Name: _____

Parent & Youth Collaborative Questions

Help Grand Canyon Youth understand the amount you are requesting within the context of your fundraising goal. Please consider the amount of money you think you will be able to raise with the support of family. Use the following section to workshop your preferred payment scenario. Please **fill in each line**, even if the answer is \$0. All of the responses you fill in combined should add up to the total price of your GCY program.

1. \$30 Deposit, included with this Form	\$ 50
2. Parents/Guardians contribution	\$ _____
3. Participant will fundraise/earn	\$ _____
4. We are requesting this amount in financial aid	\$ _____
<hr/>	
Total Price of GCY Program	\$ 220

Parent / Legal Guardian Questions

1. What is your Household Gross Annual Income: \$ _____/year
 - a. How many adults contribute to this income? _____
 - b. Total number in household: _____
2. Has your youth participated in a Grand Canyon Youth Program in the past? **Yes No**
 - a. If yes, did you receive Financial Aid? **Yes No**
3. Does your family qualify for free & reduced lunch? **Yes No**

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.

☀ Participant's Signature: _____ Date: _____

☀ Parent/Legal Guardian Signature: _____ Date: _____