

Passage To Manhood 2014 Registration Form

Registration closes August 3

PLEASE RETURN THIS FORM by mail with check payable to **Chris Skyhawk**

Passage to Manhood

P.O. Box 127

Albion CA 95410

707-937-4295

PARTICIPANT INFORMATION:

Last Name:

First Name:

Address:

City:

State:

Zip:

Home Phone:()

E-Mail Address:

Grade Level of participant:

Date of Birth:

Age:

PARTICIPANT COMMITMENTS

Passage To Manhood (PTM) program takes place in a rural setting and may be physically demanding. Electronic equipment,must be left at home. Non-prescription drugs, illegal materials, weapons, tobacco or alcohol are forbidden. Presence of any of these items will be cause for being immediately sent home.

There is no smoking of tobacco/anything during any PTM event.

Many of our activities involve team building and learning to be responsible for ourselves and others.

We expect all participants to safeguard the safety of themselves and others at all times.

Participants may be removed from the program for failure to comply with any of these commitments.

I have read and agree to all of the terms and conditions on this form.

Participant Signature:

Date: / /

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name:

Address (if different from participant)

Relationship to participant:

Home Phone: ()

Cell Phone: ()

Work Phone: ()

E-Mail Address:

Emergency Contact:

Emergency Phone: ()

I have read and agree to all of the terms and conditions on this entire form.

Parent/Guardian Signature:

Date: / /

TUITION INFORMATION

Cost for the entire program is \$180 and includes all retreat costs. No one will be turned away for financial reasons. If you need tuition assistance please contact director Chris Skyhawk. Tuition received over \$180 will be considered a donation and used to: 1. Accommodate scholarship requests, and 2. Develop further PTM programs. Families requesting scholarship assistance please contact us directly.

(Also, please complete and attach Participant Medical Form)

TERMS, CONDITIONS AND AGREEMENTS

PARENTS, LEGAL GUARDIAN or PARTICIPANT (if adult): PLEASE READ THE FOLLOWING TERMS, CONDITIONS AND AGREEMENTS CAREFULLY.

You will receive an acknowledgment upon approval of your completed Registration Form. A letter with the necessary equipment and clothing needs as well as the site address and directions will be given to you before the weekend. Meals and snacks will be provided for all participants during the weekend.

An orientation interview, by phone or in person, will be conducted prior to the weekend with both the participant and the parent(s)/ guardian(s).

SAFETY

Participants must obey safety rules established for the Passage To Manhood (hereafter referred to as "PTM") at all times. Abusive, destructive, violent or unsafe behavior, excessive swearing or theft will not be tolerated. Violation of these rules or other rules as directed by PTM staff will result in dismissal from the weekend without a refund of any kind.

ASSUMPTION OF RISK

Passage to Manhood takes place in a rural setting. Activities such as hiking, camping, campfires, and ropes climbing are some of the activities that we engage in. Every effort will be made to insure safety. There are inherent risks in many of the activities that are offered. PTM, its staff, volunteers, owners of the property that

hosts PTM activities, or director assumes no liability and can not be held legally liable for any incidents that occur.

I confirm that I have/ the Participant has voluntarily agreed to participate in the PTM. This agreement covers all PTM activities and events. I/We understand that the PTM may take place in a rural setting and may include such activities as hiking, rope climbing, campfires, games, using tools, swimming and traveling to and from the site and possibly other activities. I understand that the activities involved in the PTM will be physically demanding at times, and that personal injuries or property damage may occur. I understand that not all of the risks associated with group activities occurring during the weekend are known or predictable. I have no reservation about my/the Participant's physical fitness or health that would prevent me/him from participating in demanding activities, except as noted on the first page of the PTM Registration Form or the Participant Medical Information Form.

EMERGENCY MEDICAL TREATMENT AUTHORIZATION FOR MINORS

In the event of an emergency, injury, or illness to my child, I understand that reasonable effort will be made to contact me, my spouse, or next of kin (if an adult) by means of telephone as listed on the registration form. In the event I cannot be reached, or our own doctor is not readily available, I hereby authorize a representative from PTM to act as agent with full power in my name to take the Participant to the closest appropriate medical facility for evaluation and treatment. Treatment could include anesthesia, surgery, or injection of medication for my child (or for me, if adult). I agree to be responsible for the payment of the emergency medical treatment.

This agreement shall be construed in accordance with the laws of the State of California. I hereby acknowledge that I have carefully read and that I understand the terms and conditions of the above agreement. I am aware that this is a release from liability regarding the parties listed above and an assumption of risk by myself. In the event that any provision shall become unenforceable or declared invalid, all remaining provisions shall remain in full effect.

PASSAGE TO MANHOOD

PARTICIPANT MEDICAL INFORMATION FORM

Name:

DOB: Age:

Doctor's Name: Dr.'s Phone:

Insurance Carrier Name:

Insurance/Group Plan #: ID#:

List any medication you will be taking during the weekend:

Special dietary requirements:

Allergies:

Check all items that apply, past or present, to your health history. Explain any checked items.

Asthma

Diabetes

Kidney Disease

Cancer/Leukemia

Heart Trouble

Convulsions

Hemophilia

Seizures

High Blood Pressure

Explain:

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

Do you have a history of walking in your sleep?

List special equipment needed such as wheelchair, braces, glasses, contact lenses, etc.

List any physical, psychiatric or medical conditions we should know about:

Parent/Guardian (if under 18) OR

Participant signature (if age 18+)

Please return this form with your signature and check by mail as follows:

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Albion CA. 95410