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Connecting People and Nature: History, Education and Adventure

SCHOOL/YOUTH GROUP PROGRAM REGISTRATION FORM 2019
Including Request for Medical Information and Terms of Agreement

A completed and signed Registration Form is required for all participants. Please type or print clearly in dark ink and complete each item. USE CFI FORMS FROM CURRENT YEAR ONLY.

Attending as a: Student Chaperone Lead Teacher

Name of School/Group: _____

Location of Trip: _____ Date of Trip: _____

Name: _____ Date of Birth: _____

Gender: Male Female Height: _____ Weight: _____ lbs (for size of lifejackets & wetsuits)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: [H] (____) _____ - _____ [W] (____) _____ - _____ [C] (____) _____ - _____

Parent Name/s: _____

Family E-mail: _____

Other Emergency Contact (If parent/guardian cannot be reached):

Name: _____ Phone: [H](____) _____ - _____ [W/C](____) _____ - _____

Medical Insurance: (Each participant is responsible for his/her own medical expenses. Medical insurance is recommended but not required.)

Medical Insurance Company: _____ Policy #: _____

Insurance Company Address: _____ Insurance Phone: (____) _____ - _____

Health/Medical Information (very important) PLEASE ANSWER ALL QUESTIONS

Please answer the following questions honestly and completely. This information will be shared with CFI staff, volunteers or contractors, school faculty, or medical professionals, as necessary, to address participant's health and medical issues. Otherwise, this information will remain confidential. Participation in a CFI program includes a review of participant's submitted medical information, but does not necessarily exclude participation. CFI needs accurate information about participant's health to assist in understanding any concerns or issues.

Note: The adult participant or parent, in consultation with participant's physician/health care provider, should consider carefully whether the CFI program and related activities are an appropriate match for participant, before participation. We do require a doctor's approval with certain conditions. CFI activities can include physically and mentally demanding activities and exertion. Activities vary from program to program, and can take place in a variety of environments on both land and water. Activities may take place in remote areas causing delays or difficulties in communication, transportation, evacuation or medical care. In conjunction with completing this information, please review the CFI program information and Acknowledgment and Assumption of Risks & Release and Indemnity Agreement for additional details about the activities and associated risks. You can also contact us at 800-860-5262 if you or your health care provider has further questions about the nature and physical demands of these activities or other concerns.

1) Please list **ALL** participant's known **allergy/s** or **adverse reactions** (to foods, medications, insect/animals, plants, dust, pollen or other) and any medication/s taken for the allergy/s and explain the severity (including symptoms and triggers) of each.

2) Does the participant have any **current, chronic or episodic condition/s**? (This would include, but is not limited to: attention deficit disorder or other learning disability, asthma, diabetes, a heart condition, an orthopedic injury, a seizure disorder, a current pregnancy or psychiatric/behavioral disorder/condition.) Please list and describe below. If applicable, state whether the condition is currently active and if it requires medication, or, if the condition has been resolved.

***Please note:** If a participant is pregnant or has a heart condition you must get participant's physician/health care provider approval for multi-day trips. CFI personnel will be in touch with you, if they determine, at their discretion, that other health conditions/s may warrant a physician/health care provider's approval.

3) In the last 24 months, has participant been **in therapy, counseling or treatment for any reason** (e.g. depression, substance abuse, eating disorder, self-abuse), **been hospitalized or taken other medications not listed here**? If yes, please explain the reason for the treatment or hospitalization and any medication/s taken.

4) List all **current prescription and non-prescription [OTC, Homeopathic] medications** participant will be taking on program, **including those regularly taken, or those prescribed or recommended for episodic or emergency use** (such as epipens for allergies, 'nitro' for chest pain, asthma inhaler, etc.). For each medication, please identify the condition for which the medication is being taken, the dosage, and any known side effects/restrictions. Please verify that participant will be bringing sufficient supply for the duration of the CFI program. Participant must also bring a separate set of medications (if a prescription, this set must be labeled by a pharmacist, with participant's name and dosage guidelines) that will be kept in a secure location (in case primary set is lost, damaged, etc.)

5) Is there any medication that **participant is currently taking that he or she will NOT be taking while on the CFI program**? If so, please list, and explain why, below.

6) Does the participant have **any condition/s and/or limitation/s** (e.g. mental, physical, or emotional), described above or otherwise, which might affect participant's well-being, the well-being of others, or limit participant's ability to engage in the program? If so, please explain below, and include any adaptation/s or modification/s you consider appropriate.

7) **If participant is a minor, can CFI provide general over the counter (OTC) medications to your child** such as, but not limited to: Tylenol, Ibuprofen, Maalox, Pepto-Bismol, Benadryl, or other OTC medications? (A list of medications that are available to staff is available to you on request.)

YES **NO** If yes, is there any OTC medication your child **CANNOT** take? _____

8) **Immunizations:** When was participant's last Tetanus shot (T, dT, Td, Tdap, dTap, or none)? _____

9) Does participant have special **dietary needs or food restrictions**? (**NOTE:** We can accommodate non-meat vegetarian diets; some special diets, including gluten-free, may require that the participant bring their own food.) If yes, please explain.

The information I have disclosed above is true, complete and accurate and I agree to contact CFI if participant's medical or health condition changes before the start of the program. I understand that providing inaccurate medical information or falsifying medical information can create serious risks to the participant or others and/or can result in the participant's dismissal from the program. Although CFI will review this medical information and may allow participation, CFI cannot anticipate or eliminate risks or complications posed by participant's mental, physical (including fitness level) or emotional condition. I understand that emergency, medical, drug and/or health issues, response, assessment or treatment are included within the scope of – and expressly subject to the terms of – the CFI Acknowledgment and Assumption of Risks & Release and Indemnity Agreement.

Medication Warning and Policy: Use of prescription and non-prescription drugs is a matter that CFI takes very seriously. The abuse of prescription and even over-the-counter medications is a growing problem among children and we encourage all parents to openly discuss this trend and its dangers with their child. Risks include, but are not limited to, participants bringing undisclosed drugs; swapping, selling or trading their medications with other program participants; and overdosing or other adverse reactions.

ADDITIONAL TERMS OF AGREEMENT SCHOOL/YOUTH GROUP REGISTRATION FORM

REGISTRATION AND PARTICIPATION: In conjunction with registration, the participant entering 5th grade or older, and parent of a minor, must read, complete and sign this CFI Registration Form and the CFI Acknowledgment and Assumption of Risks & Release and Indemnity Agreement. These documents and materials contain important information associated with a participant's CFI experience, and participant and parent/s must read and complete carefully. **I understand that a participant's final acceptance, enrollment and participation in a CFI program is contingent upon CFI's receipt and review of these documents and information.**

I agree I have read the "Additional Information for CFI Programs" provided with this Registration (and incorporated by this reference), and that my signature below signifies that I understand and will abide by those additional terms. Please note that contract and payment arrangement is with school/organization and not family. No refunds given to school/organization after final invoice and payment by school.

PHOTO PERMISSION/RELEASE: I authorize CFI, or parties designated by CFI, to take photos or other images, written or spoken statements, motion pictures, video or other recordings, of or including the participant and/or parent/s, without compensation, and use these materials in any manner CFI desires, including for sale, reproduction or display on the worldwide web (i.e., websites, Facebook, YouTube) and in catalogues or other materials, for any promotional, educational, research or other use. These materials are the sole property of CFI. **Check here only if you DO NOT AGREE**

Purchase a CFI T-Shirt to wear on your trip and help support our school programs!
\$20 each, indicate size: Small Medium Large X-Large (adult sizes)
PLEASE ENCLOSE CHECK to CFI with this form. Receive shirt on arrival.

BEHAVIOR STANDARDS AND DISMISSAL

Certain rules have been set for the well-being of all those attending CFI programs. A participant will be expelled from the program and returned home or to the school if the participant:

1. **Possesses or uses a drug of any kind, unless under a doctor's prescription.**
2. **Possesses or uses an alcoholic beverage of any kind.**
3. **Fights or threatens violence.**
4. **Engages in sexual activities or sexually harasses another person.**
5. **Is involved in an act of theft.**
6. **Is in the company of another participant who violates these rules and fails to report it.**
7. **Fails to follow any other reasonable directive from an instructional person.**

Because some of the outings may involve challenging situations, infractions of the slightest degree cannot be tolerated. Perception of the infraction will rest with the instructional staff and may be based upon evidence that was reported and not directly observed, or, as in the case of drugs and alcohol, behavior that results from consumption. Parents: if your son or daughter is involved, you and the school administration will be notified. **NOTE:** In addition to dismissal for violation of the behavior standards listed above, CFI reserves the right to dismiss any participant from a CFI program that staff believe, in their discretion, presents a safety concern or medical risk, is disruptive, or otherwise conducts him or herself in any manner detrimental to the program. In either case, participant will be returned home at the expense of the adult participant or parent (see the Additional Information for CFI Programs).

Participants entering 5th grade or older and the parent of a minor participant: I have accurately completed this Registration, have read, understand and agree to the terms outlined above and in the Additional Information for CFI Programs, and agree to obey all CFI rules and other policies. The parent of a minor gives his/her child permission to participate in all CFI activities. **Participants entering 5th grade or older must sign below. A parent must also sign below if participant is a minor (those under 18 years of age).** I agree that Utah substantive law (without regard to its "conflict of laws" rules) governs this document and all other aspects of the participant's and parent's relationship with CFI, and that any mediation, suit or other dispute will be filed or entered into only in Grand County, Utah.

_____/_____/_____
Participant Signature / Print name / Date
(for minors entering 5th grade or older; otherwise parent please print name)

_____/_____/_____
Parent Signature (if participant is under 18) / Print name / Date