



Application to Participate

Thank you for your interest in Grand Canyon Youth (GCY). Participating in a GCY program is an incredibly unique experience that requires responsibility and dedication. It is worth the effort! Imagine feeling the exhilaration of whitewater splash on your face, hiking through ancient canyons, playing in waterfalls, meeting new friends, learning more about your environment, and being part of a team. This is your first step to experiencing all the lessons the river can share! Remember, your space is not reserved until you turn in this application and your deposit.

Application Checklist

For more information about the pre-trip requirements talk to your Trip Coordinator or Teacher or visit the website: www.gcyouth.org

Turn in Application & Deposit

(Deposit is half total trip cost. If you are requesting a scholarship, please include a \$25 application fee along with your scholarship request & essay)

Complete Pre-Trip Requirements

1. Community Service
2. Educational Project
3. Youth Earnings

Get Ready for Your Trip

1. Turn in Final Payment
2. Turn in Pre-Trip Documentation Sheets

I am applying for: _____ to _____
Program Name Program Dates

Contact Information

Participant Name: _____
First Last

Mailing Address: _____

City State Zip

Phone: (_____) _____ *home* (_____) _____ *cell*

Email: _____ *participant* **Gender:** M F

School: _____

Age: _____ **Grade:** 7 8 9 10 11 12

Race/Ethnicity: _____

Have you been camping before? Never A Little A Lot

Swimming Ability: Can't Swim Fair Good

Parent/Legal Guardian Name: _____
First Last

Address City State Zip
(_____) _____ *home* (_____) _____ *work*
(_____) _____ *cell* _____ *email*

Parent/Legal Guardian Name: _____
First Last

Address City State Zip
(_____) _____ *home* (_____) _____ *work*
(_____) _____ *cell* _____ *email*

Emergency Contact: *(other than parent/guardians listed above)*

Name: _____ (_____) _____ *home*

Relationship to Participant: _____ (_____) _____ *cell*

(_____) _____ *work*

How did you hear about Grand Canyon Youth? _____

Personal Contract

Access is highly limited to the rivers on which we travel and participation is a privilege. By signing this personal contract you are committing to good behavior as a GCY participant.

I _____ agree to:
Participant Name

- ◆ Complete ALL my pre-trip requirements
- ◆ Come prepared to my program with necessary equipment
- ◆ Make the trip fun and safe for everyone
- ◆ Be flexible, patient, and open in the face of new and challenging situations
- ◆ Try my best and give generously of myself
- ◆ Be respectful of others in the group, including guides and Trip Coordinators
- ◆ Respect the natural environment and the prehistoric artifacts
- ◆ Forgo the use and/or possession of weapons, tobacco products, drugs or alcohol
- ◆ Dress appropriately at all times
- ◆ Leave behind all electronic devices
- ◆ Give an extra set of prescribed medications to Trip Coordinators (when applicable)
- ◆ Respect and care for ALL equipment on trip
- ◆ Participate positively and fully in all group meetings and activities
- ◆ Maintain group cohesion by not becoming involved in romantic/sexual relationships
- ◆ Help out whenever and wherever possible
- ◆ Abide by all safety policies and not take unnecessary risks
- ◆ Acknowledge that Grand Canyon Youth reserves the right to dismiss, without any refund and at the expense of the participant, those who break this contract

I have read the Grand Canyon Youth contract and agree to follow all rules and program guidelines.

Participant's Signature _____ **Date** _____

Parent/Guardian's Signature _____ **Date** _____

Parent/Guardian Permission to Participate

There are risks involved with participating in the Grand Canyon Youth program. It is your responsibility to become informed about these risks and make a deliberate choice in supporting your son/daughter's participation.

- ◆ Grand Canyon Youth programs are open to all youth - we do not perform background checks on our participants. *We rely on your good judgment as a parent* not to involve your minor in our programs if you believe he/she could pose a behavioral risk. Failure to do so could make you liable.
- ◆ Grand Canyon Youth is not directly associated with any charter or public school system. We are a private, non-profit organization incorporated in Arizona. As such, 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.
- ◆ Be aware that if the trip leaders or trip coordinators have cause to believe any participating youth is unwilling to follow directions, safety rules, the law, or represents an unacceptable risk to him/herself or to others in any way, that youth may be separated from the group as soon as possible and evacuated from the trip by raft, on foot, or by helicopter under safe escort. The cost of such emergency evacuation will be borne by the parents/guardians. Additionally, youth may be held legally responsible if they break any law while participating in the GCY program.
- ◆ Please talk with your son/daughter about 1) how important it is to follow all rules, warnings, and "safe practices" that GCY will teach them and 2) that if your youth feels unsafe or uncomfortable for any reason, they should report his or her concerns to one of the adult supervisors immediately.
- ◆ Grand Canyon Youth guides have first aid training. They are not medical professionals, physicians or nurses. Your son/daughter is responsible for remembering to take & administering their prescription medications.
- ◆ It is neither possible nor desirable to eliminate all risks involved in participation of the program...

I have read and acknowledge the risks detailed in this form and consent to my child's participation in a Grand Canyon Youth program knowing of all above risks. My child does not pose any behavioral threat to all involved in the GCY program. He/She fully understands and will adhere to all rules and warnings during the course of the program.

My son/daughter, _____, may participate in all activities pertaining to Grand Canyon Youth, including fund raisers, community service projects, community presentations, and river trips during his/her involvement in the Grand Canyon Youth program.

Parent/Guardian Signature _____ **Date** _____

Health Information Form

The information provided in this form is shared only with our staff and the Trip Coordinator(s) and is vital to assuring that we can provide the best care for your son/daughter. Please fill out the form completely and advise us of any changes to your son/daughter's medical condition prior to their Grand Canyon Youth program departure.

Son/Daughter Name: _____

Height: _____ Weight: _____ Date of Birth: _____

Physician Information:

Physician's Name: _____ Phone Number: (____) _____

Medical History:

Is your son/daughter currently experiencing or have you ever had any of the following:

(If yes, please describe on a separate sheet)

Heart Condition	Yes	No	Currently Pregnant	Yes	No
Chest Pain/Pressure	Yes	No	Diabetes/Hypoglycemia	Yes	No
Recurrent Shortness of Breath	Yes	No	Severe Headaches/Migraines	Yes	No
Asthma /Respiratory Condition	Yes	No	Gastrointestinal Problems	Yes	No
Recurrent Dizziness/Fainting	Yes	No	Urinary Tract Problems	Yes	No
Blood Disorder/Disease	Yes	No	Seizures/Epilepsy	Yes	No
Blood Pressure Problems	Yes	No	Depression/Anxiety	Yes	No
Muscular/Skeletal Disorder	Yes	No	Severe Allergies	Yes	No
Sleep Disorder/Walking	Yes	No	Past Head Injury	Yes	No

Other (specify): _____

Has your son/ daughter ever had surgery or been hospitalized overnight? Yes No

If yes, please specify: _____

Activity limitations: _____

Allergies -List ALL, especially anaphylactic (participant must provide own epi-pens)

Special diet: (i.e. vegetarian) _____

Medications:

List any prescription medications currently being used. Participant must be able to administer own medications. Attach additional sheet if necessary.

Medication:	Purpose:	Dosage:	Frequency:

IMPORTANT: BRING AN EXTRA SET OF MEDICATION TO BE CARRIED BY TRIP COORDINATOR IN CASE OF LOSS/DAMAGE.

Health Information Form Continued

Is your son/daughter currently undergoing professional counseling that GCY should know about or has he/she been diagnosed with an emotional/psychiatric disorder?

No Yes If yes, please explain _____

Insurance Information:

Each participant and/or their parent/guardian(s) are responsible for any medical expenses and should ensure coverage by his/her own health care or accident insurance.

Insurance Company Name: _____

Policy Holder: _____

Policy Number: _____ Group Number: _____

Phone Number: (_____) _____

Medical Release for: _____

Participant Name

In the event of an accident or illness which requires emergency care, if I cannot be reached, I hereby give permission to the attending medical personnel to administer medical care as may be necessary for the health and safety of this person, of whom I am the parent or legal guardian. Also, our family physician may be consulted, as necessary.

Parent/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, my children, my parents, my heirs, assigns, personal representatives and estate as follows:

1. I acknowledge that going on a guided river trip and all other activities related to participation in a GCY program entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property or to third parties. I understand that such risks cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: whitewater rapids and turbulent water, river currents will be encountered. I can be jolted, jarred, bounced and shaken about during rides through some of these rapids. It is possible that I could be injured if I come in contact or collide with storage containers, boat frames, oars, oarlocks or other fixed equipment necessary to the operation of the expedition and the outfitting of the raft. Rafts could capsize or I could be "washed" overboard into the water. I can slip or fall during a hike, at camp or on a boat, resulting in damage to equipment or personal injury. Accidents can occur getting on and off the raft. Rafts are slippery when wet. 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, heat cramps and death. Prolonged exposure to cold water can result in cold shock or hypothermia and in extreme cases can cause death and accidental drowning. GCY is not responsible for the 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 the river or other destinations as well as completing the necessary pre-trip requirements such as but not limited to community service and fundraising requirements. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate regardless of the risks.

1. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless GCY from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of GCY's equipment or facilities, including **any such claims which allege negligent acts or omissions of GCY.**
2. 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.
3. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating and I agree to bear the costs of such injury or damage to myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
4. 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.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against GCY on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant _____ Date _____

Print Name _____

Address _____ Phone _____

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION (Must be completed for participants under the age of 18)

In consideration of _____ (print minor's name) ("Minor") being permitted by GCY to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless GCY from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian Signature _____ Date _____

Printed Name _____

Cancellation Policy

Grand Canyon Youth reserves the right to cancel any program and/or alter trip dates due to weather, safety concerns, or any other unforeseeable circumstances. Participants who cancel more than 30-days before their departure date are entitled to a program refund less a \$25 application processing fee. Participants who cancel thirty days or less from trip departure date are ineligible for a refund (considerations may be made under the discretion of GCY staff for cancellations due to family emergency or personal health).

Parent/Guardian Initial _____

Photography Release

I hereby grant Grand Canyon Youth, its co-sponsoring organizations, media representatives, and any trip participant the right to photograph, video or film an applicant's participation in a Grand Canyon Youth program without recourse. This includes right to use photographs, video or film in promotional, documentary or media coverage.

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 may 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 in 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.

Participant Name (print)

Parent/Guardian (Signature)

Date

Essay Questions

Please answer the following questions using additional paper if necessary. Your answers are a valuable part of the application process. This page is a requirement for all participants.

☀ Tell us why you want to participate in a Grand Canyon Youth program.

☀ Describe any special skills or talents you have to offer this trip.

☀ What part of participating in this program are you looking forward to the most?

☀ What part of participating in this program makes you the most nervous?

Scholarship Request

Grand Canyon Youth, along with our donors is proud to offer scholarships to youth who demonstrate financial need or have a compelling need. We work hard to keep the overall cost of our program as affordable as possible and base our program on the premise that students actively earn their participation. Participants are eligible for **one** scholarship per year. Scholarship decisions are based in part on financial need (using the federal "free & reduced lunch" income levels), the essay written by the student, and available funds.

Scholarship Process:

1. Turn in scholarship request and scholarship essay (200-400 words about why/how you will benefit from receiving a scholarship for your GCY program)
2. Receive an award letter with level of scholarship support.
3. Continue with application process.
4. Write a thank-you letter after your return from your trip. Failure to write a thank you note will exclude you from receiving scholarships in future programs.

YES, I AM APPLYING FOR A SCHOLARSHIP

Participant Name: (print) _____

Parent/Guardian Name: (print) _____

Total number in household: _____ Gross annual income: _____

This information is confidential and is used only to assess need.

I am requesting \$ _____ in scholarship funds.

Remember scholarship funds are limited. Ask for only what you need.

River Shoes for Scholarship Recipients

Grand Canyon Youth, in partnership with Chaco Sandals has a special offer for participants who receive a scholarship. Chaco is generously donating a pair of shoes (retail value: \$105.00) that will allow you to have quality shoes on the river! Grand Canyon Youth and Chaco ask that you perform an additional two hours of community service as a way to earn your shoes. **It can take up to 3-weeks for delivery;** we cannot guarantee on-time delivery.

Gender: Male Female

Shoe Size: 5 6 7 8 9 10 11 12 13 14

(We recommend trying a pair on to get the correct size if possible)



Please use this picture as a reference. Colors and styles may vary.

What you plan to do for your additional two hours of community service?

I hereby certify that the above information is accurate and complete, please consider my son/daughter for a scholarship.

Parent/Guardian Signature: _____ Date: _____