



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! This is your first step to experiencing all the wonders of the river!

You Recieve Paperwork

1. *Parent Information Letter*
2. *Application to Participate*
3. *Pre-Trip Documents*

Turn in Completed Application & Deposit

Deposit is 1/2 of the trip price
Please make note of required signatures

Get Ready for Your Trip

Complete Pre-Trip Requirements
Attend Pre-trip Meeting

Turn in Completed Pre-Trip Requirements & Final Payment

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

Contact Information

Participant Name: _____
First Last

Mailing Address: _____

City State Zip

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

Participant Email: _____

School: _____

Gender: M F **Age:** _____ **Grade:** 6 7 8 9 10 11 12 N/A

Race/Ethnicity: *(please circle one)*

Asian African American Caucasian Native American Latino/Pacific Islander Other

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? _____

Health Information Form

The information provided in this form is shared only with our staff and the Trip Coordinator(s); it helps us provide the best care for your child. Please fill out the form completely and advise us of any changes to your child's medical condition prior to their Grand Canyon Youth program departure.

Participant Name: _____

Height: _____ Weight: _____ Date of Birth: _____

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
Yes	No	High or Low Blood Pressure	Yes	No	Substance Abuse Problem (drugs, alcohol, tobacco.)
Yes	No	Seizures/Epilepsy/Neurological Disorder	Yes	No	Anaphylaxis/Severe Allergic Reaction
Yes	No	Serious Head Injury	Yes	No	Food Allergy/Intolerance
Yes	No	Urinary Tract Problems/Infections	Yes	No	Hay Fever/Seasonal Allergies
Yes	No	Anemia or Blood Disorder	Yes	No	Asthma/Respiratory Condition
Yes	No	Arthritis/Musculoskeletal Disorder	Yes	No	Gastrointestinal Problems
Yes	No	Sleep Disorder/Sleep Walking	Yes	No	Pregnancy
Yes	No	Developmental Disability			

If yes, when was the condition diagnosed? _____

If the condition is chronic, how well is it controlled? Please explain: _____

Has your child ever had surgery or been hospitalized overnight for illness, injury, other? Yes No

If yes, why & when: _____

Does your child have any physical activity limitations?

If yes, please explain: _____

Does your child have any special needs? Yes No

If yes, please explain: _____

Does your child have any dietary restrictions? (ie: vegetarian): _____

Health Information Form Continued

Medications:

List ALL prescription and non-prescription medications currently being taken on a daily or regular basis. Participant must be able to administer their own medications. Attach additional sheet if necessary.

Medication:	Purpose:	Dosage:	Frequency:

Participants must provide AN EXTRA supply of required daily prescription medications. The extra set will be carried by the Trip Coordinator in case of loss/damage to the set carried by the participant.

Participants who have had an anaphylaxis reaction must provide their own epi-pens.

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 emergency medical expenses. We recommend contacting your insurance company to ensure coverage.

Insurance Company: _____ Phone Number: (_____) _____

Policy Holder: _____ Policy Number: _____ Group Number: _____

Medical Release for: _____

Participant Name

In the event of an injury or illness which requires medical care of the above listed and for whom I am the parent or legal guardian; I hereby give permission to attending medical personnel, as well as 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.



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/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 going on a river trip and all other activities related to participation in a GCY program (hereinafter "Activity"), 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's 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.

Although every attempt will be made by GCY to ensure the health and safety of the participants, I understand that injuries and accidents may occur. Foreseeable risks include, among other things: whitewater rapids, turbulent water, and river currents. I can be jolted, jarred, bounced and shaken about during rides through 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 equipment and supplies necessary to the operation of the expedition and outfitting the program. Rafts could capsize or I could be "washed" overboard into the water. Prolonged exposure to cold water can result in shock or hypothermia and in extreme cases can cause death and accidental drowning.

I can slip or fall during a hike or at camp; accidents can occur getting on and off the raft all of which can result in damage to equipment or personal injury. 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, river, 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, 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 this program. There are risks involved in completing the pre-trip requirements such as but not limited to community service and fundraising. 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's initials _____ ☀

3. Waiver and Release: In consideration of participation in the Event, 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's 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's 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 Event.

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's 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's 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.

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 21 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 Printed Name

Date

Personal Contract

Access to the rivers on which we travel is highly regulated and very limited. 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 for program with necessary equipment & supplies
- ◆ Contribute to making the trip fun and safe for everyone
- ◆ Maintain a positive attitude: 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
- ◆ Provide 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 or exclusive relationships
- ◆ Help out whenever and wherever possible
- ◆ Abide by all safety guidelines 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 Initial** _____

Parent/Guardian Permission for Child's Participation

There are risks involved with participating in the Grand Canyon Youth 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.

- ◆ Grand Canyon Youth programs are open to all youth - we do not perform background checks on our participants. We rely on parents'/guardians' good judgment not to 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.
- ◆ 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.
- ◆ 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 escort. The cost of such 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.
- ◆ Parents/Guardians should talk with their child, stressing the importance of following all rules, warnings, and "safe practices" that GCY requires of all GCY participants
- ◆ Parents/Guardians should encourage their child to communicate with adult supervisors on the trip. If their child feels unsafe or uncomfortable for any reason or at any time he/she should report his/her concerns to one of the adult supervisors immediately.
- ◆ Understand that while GCY guides have wilderness first aid training. They are not medical professionals.
- ◆ Your child is responsible for remembering to take and/or administer their prescription medications.
- ◆ Each participant and/or their parent/guardian(s) is responsible for any medical expenses and transport and should ensure coverage through personal health care or accident insurance.
- ◆ 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 GCY program knowing of all above risks. My child does not pose any behavioral threat to all involved in the GCY program. My child fully understands and will adhere to all rules and warnings during the course of the program.

My child may participate in all activities pertaining to Grand Canyon Youth, including fundraisers, community service projects, community presentations, transportation, and river trips during his/her involvement in the Grand Canyon Youth program.

☀ **Parent's 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 59-days or less from their trip departure date are ineligible for a refund.

☀ **Parent/Guardian Initial** _____

Photography Release

I hereby grant Grand Canyon Youth, its co-sponsoring organizations, media representatives, and any trip participant or volunteer the right to photograph, video or film an applicant's participation in a Grand Canyon Youth program without recourse. This includes the 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 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 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. I have read this application in its entirety and fully understand and agree to the terms and information within.

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

River Shoes

Grand Canyon Youth, in partnership with Chaco has a special offer for participants. Chaco is generously donating a pair of shoes to youth who do not have the financial means to purchase shoes for their trip. It is important for participants to have quality shoes on the river. If you don't already have river appropriate shoes (sandals with a heel strap and thick sole) and it would create a financial burden for your family to purchase them, please fill out the following information. **It can take up to 3-weeks for delivery;** we cannot guarantee on-time delivery.

- No thanks, we already have or will purchase river appropriate shoes**
- Please consider my son/daughter for Chaco Shoes**



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

of people in family _____ **annual household income \$** _____

Gender: Male Female **Shoe Size:** 5 6 7 8 9 10 11 12 13 14

Pre-Trip Survey

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

What are some activities that you currently enjoy? *(mark all that apply)*

- | | |
|---|--|
| <input type="checkbox"/> School Sports | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Biking | <input type="checkbox"/> Visiting State & National Parks |
| <input type="checkbox"/> Skateboarding | <input type="checkbox"/> Visiting Local/City Parks |
| <input type="checkbox"/> Camping | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Hiking/Backpacking | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Rafting | <input type="checkbox"/> Other _____ |

What are some of the activities you are most interested in while on your Grand Canyon Youth trip? *(mark all that apply)*

- | | |
|--|--|
| <input type="checkbox"/> Camping | <input type="checkbox"/> Rowing/Paddling |
| <input type="checkbox"/> Rafting | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Being with & making new friends | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Trying something new | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Hiking | <input type="checkbox"/> Other _____ |

What are you most interested in learning about?

- | | |
|--|--|
| <input type="checkbox"/> Human History | <input type="checkbox"/> Astronomy |
| <input type="checkbox"/> Geology | <input type="checkbox"/> Animals/Insects/Birds |
| <input type="checkbox"/> Leave No Trace Principals | <input type="checkbox"/> Scientific Research in the Area |
| <input type="checkbox"/> River Systems | <input type="checkbox"/> Environmental Protection/Conservation |
| <input type="checkbox"/> Water/Resource Management | <input type="checkbox"/> Other _____ |

What are some of the natural places (parks/recreation areas) near where you live?

What part of this program will you find the most challenging?