

CARROLLTON STAKE PIONEER HANDCART TREK

June 14-16, 2018

REGISTRATION FORM

Please print and return completed form to your Young Women or Young Men President.

Youth Name:	Ward:
Parent/Guardian:	Parent Email:
Address:	Mom Cell Phone:
	Dad Cell Phone:
Emergency Contact:	Phone:
Family Physician:	Insurance Company:
Employer Name and Group No.:	Policy No.:

MEDICAL INFORMATION AND RELEASE

Does the participant have any of the following:

- | | | |
|--|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heat intolerance |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Other – Must explain below |
| <input type="checkbox"/> Allergies (food, drug, plant, insect) | <input type="checkbox"/> Surgery or serious illness in the last year | <input type="checkbox"/> Regular Medication – Must list below |
| <input type="checkbox"/> Physical conditions that limit activity | <input type="checkbox"/> Eating disorder | Date of last Tetanus shot: |
| <input type="checkbox"/> Special diet | <input type="checkbox"/> Chronic/recurring illness | _____ |

If any of the above are checked, please explain below (use additional page if needed):

I give permission for my child to receive the following medications as indicated (use additional page if needed):

Name & Dose (e.g. Singular 5 mg)	Amount (e.g. 2 pills, 1 tsp)	Route (e.g. by mouth, injection)	Schedule (e.g. three times daily, as needed)

All medication (prescribed or over the counter) needed by your child must be in its original container with the child's name on the container. Place all medication into a large ziplock bag with your child's name clearly written on the bag. Only send what is needed for the three day activity. Medications will be dispensed at the following times. Once daily: at breakfast. Twice daily: at breakfast and dinner. Three times daily: at breakfast lunch, and dinner. Four times daily: at breakfast, lunch, dinner, and "lights out." At night: at "lights out." If it is necessary to administer a medication at a specific time, please note that fact above. Please list all medications your child will bring. Use the back of the page if needed.

I give permission for my child to also receive, if needed, the following over-the-counter medications according to the recommended dosage listed on the medication. Please check the following medications that you consent for your child to receive:

- | | | |
|--|--|--|
| <input type="checkbox"/> ALL LISTED | <input type="checkbox"/> Antihistamine | <input type="checkbox"/> Antacid |
| <input type="checkbox"/> Aspirin | <input type="checkbox"/> Decongestant | <input type="checkbox"/> Anti-diarrhea |
| <input type="checkbox"/> Acetaminophen (Tylenol) | <input type="checkbox"/> Cough syrup | |
| <input type="checkbox"/> Ibuprofen (Motrin, Advil) | <input type="checkbox"/> Throat lozenges | |

I give permission for my child to participate in the activity listed above and authorize Dr. Molina to administer medical treatment for the above-named participant in case of accident or illness, and to act in my stead to seek and approve necessary medical care. This authorization shall cover this activity as well as travel to and from the activity when parent or guardian is not present.

In exchange for allowing my child to participate in this activity, **I hereby agree to release and to hold harmless** the Church of Jesus Christ of Latter-day Saints including local units as well as the individuals who implement or participate in the activity from all expenses, costs, and claims including negligence that may arise in connection with any injury arising in connection with this activity.

I hereby grant permission and assign the right to use and publish any photographs, video, audio, or other electronic recordings made of my youth during this activity to the Church of Jesus Christ of Latter-day Saints. **I hereby agree to release and hold harmless** the Church including its local units, as well as its individual members, from any and all liability for such use or publication. **I specifically waive** any right to any compensation I may have for such use or publication.

I understand that I am responsible to pick up my child immediately if he or she breaks any of the Conference Standards or rules of conduct in the For the Strength of Youth Pamphlet.

Parent/guardian signature: _____ Date: _____

PARTICIPANT STANDARDS

- I will observe all church standards as stated in the “For Strength of Youth” Pamphlet.
- I will be clean and modest in dress at all times.
- I will participate in all activities unless physically unable.
- I will respect the personal property of others.
- I will leave all electronic equipment including cell phones and music players at home.
- I will show respect to all at this conference.

I agree to abide by the standards listed above.

Youth signature: _____ Date: _____