

**Yosemite 4 Day Base Camp Tour Application**

May, 2019

The following application is required to join this trip. You will not be confirmed for the trip until this form has been received, reviewed and approved. Your information will be reviewed by our 4KIDS event staff and will only be shared with your guide or medical personnel in the unlikely event of a medical emergency. The Yosemite Base Camp Tour will be considered a private tour with a maximum of 12 participants led by Wildland Trekking Company ([www.wildlandtrekking.com](http://www.wildlandtrekking.com)). Following the completion and approval of this application, we will forward payment information and helpful planning documents to you. You will also be required to submit forms to Wildland Trekking.

*All fields are required. Please write legibly.*

**ATTENDEE INFORMATION:**

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth Date (Month/Day/Yr) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone # (include area code) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Gender 🞎Male 🞎Female

**Emergency Contact**

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone # (include area code) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Participant: ­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL INFORMATION:**

Yosemite ranges in elevation from 2000-8000 feet. Due to the strenuous nature of this trip, do you feel that your physical condition will permit you to participate?

Yes \_\_\_ No \_\_\_

Do you have any physical limitations that would prevent you from hiking 5-10 miles per day?

 Yes \_\_\_ No \_\_\_

If yes, please describe the condition along with the frequency, severity, triggers, last occurrence and current management of the condition:

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Have you used or abuse drug, alcohol, and/or tobacco in the last 2 years?

Yes \_\_\_\_ No \_\_\_\_\_

If yes, please describe:

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*Drug, alcohol, and/or tobacco use is not permitted while participating in an Adventure 4KIDS event. Adventure 4KIDS is not a place to quit smoking, drinking or drug use. It is not a rehabilitation program and may not be appropriate for those recently out of rehabilitation.*

Have you had treatment, counseling or hospitalization for a mental health condition?

Yes \_\_\_\_\_\_ No \_\_\_\_\_\_\_\_

If yes to above, please describe reasons for treatment/counseling and list specific dates of treatment/counseling along with any prescribed medications. Also provide the name and phone number of the therapist or counselor:

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*Our events are not designed to address behaviors and symptoms that medications are designed to treat (such as ADHD, ADD, depression, anxiety, etc). Any medication currently prescribed by your psychiatrist or physician should be continued while participating in any Adventure 4KIDS event.*

**Medications**: ***Do not*** go off your medication during this event unless instructed to do so by your physician. Abrupt changes in activity level, exposure to sun, sleep patterns, fluid intake, diet, altitude or extreme cold or heat may decrease the effectiveness of your medication. Please consult your doctor to see if any of these changes will affect your medication. Describe any recent changes in your medication. List all prescription and/or over the counter (OTC) medications participant is currently taking along with the medication, dosage, side effects, restrictions, time of day administered, when it was prescribed and taking for what conditions.

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**CRIMINAL HISTORY**

Have you ever pled no contest, guilty to a crime or been convicted of a crime?

Yes \_\_\_\_\_\_ No \_\_\_\_\_\_\_\_

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**MISCELLANEOUS INFORMATION:**

Do you attend a local church? If so, which one? Briefly describe your involvement.

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How did you learn about Adventure 4KIDS?

* 4KIDS website/mailing
* Word of Mouth
* Friend/Relative
* Other

What is your preferred shirt size? \_\_\_\_\_\_\_\_\_\_\_\_\_

**FUNDRAISING PAYMENT INFORMATION:**

Do you understand and agree that all fundraising is due on or before May 1, 2019 and if you do not meet the required $2,500 minimum, you are forfeiting your spot on this trip any and all monies paid for registration or donations made on your behalf will be receipted and will be considered a donation to 4KIDS?

Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_

**REGISTRATION PAYMENT INFORMATION:**

Full payment of $1,550 (From the point of check-in to check-out covers camping accommodations, meals, camping gear, transportation during tour, guides and trip insurance.)

Or….

Payment 1 - $550 – due by January 30, 2019

Payment 2 - $500 – due by February 30, 2019

Payment 3 - $500 – due by March 30, 2019

Do you understand and agree that all registration fees are due on or before March 30, 2019 and if you do not meet the required $1,550 fee, you are forfeiting your spot on this trip any and all monies paid for registration or donations made on your behalf will be receipted and will be considered a donation to 4KIDS?

Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_

I also understand that registrations and donations are non-refundable and non-transferable.

Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_

**Signature of Participant** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_