



# Wilderness Trail Registration

July 14 - July 21, 2019

## Cost & Registration

\$460 - TOTAL

\$100 Due with Registration

\$180 - 2nd payment by March 1st

\$180 - 3rd payment by May 1st

Please speak to Denise if other payment arrangements need to be made.

*Registration begins November 4th.*

Registration will continue until all spots are filled or February 15 - whichever comes first

Registrations may be dropped off in the youth building between 7:30-8:00a.m. and 9:00-9:30a.m. on Sunday, November 5th. Registrations will not be accepted if placed in the office mailboxes on Sunday. After that they can be turned in to Denise during the week from 9-4. Make checks payable to FUMC

Include your check for \$100 with this form

\*You must renew your notarized Medical Release form each June and it must be on file with the church. (This is not the Informed Consent form attached with this form.)

Student's Name \_\_\_\_\_ M\_\_\_F\_\_\_ Grade:\_\_\_\_\_

Address \_\_\_\_\_ Home Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

T-shirt size: \_\_\_\_\_ (adult sizes)

I, \_\_\_\_\_ give my child, \_\_\_\_\_ permission to hike for one week in Virginia with the Wilderness Trail 2019 and First Methodist Church.

In consideration for your taking my child on the trip, I understand and agree that from the time my child leaves for Wilderness Trail until his/her return, he/she will be under your control and supervision and under the control and supervision of those assisting you. You have my permission to exercise parental supervision over him/her in respect to appropriate behaviors within the guidelines of the Church. I understand that any student holding or using tobacco, alcohol, drugs, or weapons of any kind or behaving in an overly disrespectful or disobedient manner as determined by the adult in charge will be sent home immediately at the expense of the parent or legal guardian.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

Both student and parent MUST read initial: *I understand that the deposit is non-refundable.*

\_\_\_\_\_

## **Parent and Student Information**

Don't have previous hiking experience? That's fine. Wilderness Trail will provide the tents, food, and backpacks, and you will hike about 45 miles of the Appalachian Trail. It is beautiful! Wild Ponies, rock formations, rain, and sun...laughter, games and lots of stories about our faith.

Transportation to Wilderness Trail is provided. Please meet at YMC at 8:15am on Sunday morning, July 14. Eat breakfast before we leave! We will return around 8:00pm on Sunday, July 21. (Notice- these times can change!!!)

Things to bring: Your clothes, hiking boots/shoes, Bible, pen, flashlight/headlamp, sleeping bag, sleeping pad, pillow, towel, flip flops for the shower, toiletries and water shoes if we swim.

More info on what to bring at our meeting in the Spring.

We will ask for \$20 for meals on the way up and back and snacks to share with the group

Please DO NOT BRING ipods/mp3 players, video games, electronic devices, or cell phones.

## **Questions**

Denise Van Atta - [DVanatta@fumcpensacola.com](mailto:DVanatta@fumcpensacola.com)

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850-432-1434



**Wilderness Trail, Inc.**  
www.wtrail.com

**INFORMED CONSENT  
HEALTH INFORMATION AND PERMISSION  
TO TREAT FORM**

**Please write in blue ink and bear down hard when writing.** A copy of this form is carried by the hiker in their backpack, one copy by the group leader, and one copy retained by Wilderness Trail at the base camp (this copy signed by attending staff person upon arrival at registration table).  
All spaces must be filled in.

You and/or your child are about to participate in a wilderness backcountry adventure. Although many precautions are taken to insure safety, inherent in any outdoor experience are certain potential dangers. These include falls, animal incidents, lost hiker, bee and hornet stings, hypo/hyperthermia, illness related to unsafe water, and many others. Immediate medical help is not always available for emergencies. If needed, medical help will be summoned as quickly as possible and any needed medical expenses are assumed by hiker and/or parent/guardian. You and/or your child are part of a group but are not under continual visual supervision by staff. Staff and Servant Leaders (age 18 or older) may administer medical care and over-the-counter medicines as needed. Should search and rescue be needed, expenses are assumed by hiker and/or parent/guardian.

Full Name \_\_\_\_\_  
Parent / Guardian \_\_\_\_\_  
Street Address \_\_\_\_\_  
Mailing Address (if different) \_\_\_\_\_  
City / State / Zip \_\_\_\_\_  
# WT Summer Events Completed \_\_\_\_\_ #WT Weekend Events Completed \_\_\_\_\_

Event # \_\_\_\_\_ Event Dates \_\_\_\_\_  
Group / Church \_\_\_\_\_  
Participant Email Address \_\_\_\_\_  
Parents(s)/Family Email Address \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Weight \_\_\_\_\_

**Phone numbers (with area code):**

Home Phone \_\_\_\_\_  
Parent Cell phone #1 \_\_\_\_\_  
Parent Cell Phone #2 \_\_\_\_\_

**Non-Parental Emergency Contact (in case parent is unreachable):**  
Name and relation to hiker \_\_\_\_\_  
Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

**Please provide the following medical information so our Staff may give the best care possible. Use the back of this form for extensive descriptions when necessary.**

Date of Last Tetanus Booster \_\_\_\_\_  
Medication Taken Daily (including vitamins) frequency, time of day, and for what purpose  
\_\_\_\_\_  
\_\_\_\_\_  
Allergies (Food, Environment, Medicines, etc.)

Special dietary/Nutritional needs  
\_\_\_\_\_  
Past Medical Treatments  
\_\_\_\_\_  
Any Physical/Mental/Psychological Conditions (please describe duration, treatment, and potential effects during WT Event)  
\_\_\_\_\_  
\_\_\_\_\_

Please check here if you carry your own Epinephrine-pen.  
 Please check here if you self-administer Epinephrine-pen.

Dentist (name and phone number)  
\_\_\_\_\_

Primary Physician (name and phone number)  
\_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_  
Name of Insured \_\_\_\_\_ Insured Date of Birth \_\_\_\_\_

I give permission for \_\_\_\_\_ to be a part of the Wilderness Trail experience. I give permission for photographs of me or my child to be used in W.T. publicity, reports, and recruitment. I have read the above information and understand that there are many unknown perils and I release Wilderness Trail, staff and volunteers from liability resulting from any incidents. I or my child is in good health and can withstand the rigors of hiking. I also understand that to participate in Wilderness Trail activities I or my child must have had a tetanus booster in the past 10 years. In addition, I give my permission to the physician and/or Wilderness Trail servant leader for the period of the hike to arrange for routine or emergency medical/dental care and treatment necessary to preserve my health or the health of my child. I acknowledge that I am responsible for all charges in connection with care and treatment rendered during this period.

MUST BE SIGNED BY HIKER (AGE 18 OR OLDER) \_\_\_\_\_ DATE \_\_\_\_\_  
OR RESPONSIBLE PARENT / GUARADIAN (IF UNDER 18)

WITNESS \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF ATTENDING WT STAFF PERSON DATE

**Parents of Minors:** Please read this section carefully and check all that apply if you are sending **ANY** medication with your child.

I am sending medication with my child: (list all) \_\_\_\_\_

My child knows the proper dosage and use of these medicines and may **self-administer** them appropriately.

I am sending the medication listed and desire **my child's leader to be responsible** that my child receives their medication at the proper times.

\_\_\_\_\_  
Signature of Parent/Guardian Date W.T. Servant Leader Assigned to Above Child Date