

Ashoka's Youth Venture[®]

Dream It. Do It. Challenge

Please return application materials to:

Jess Kraft | Ashoka's Youth Venture - Midwest Office | 2831 Aldrich Avenue South
Minneapolis, MN 55408 | Fax: 612.870.2630 | E-mail: yvmidwest@youthventure.org

For further information or if you have any questions, please contact us at 612.455.2007.

Participant Application

The Spring 2009 Dream It. Do It. Challenge will be hosted on Wednesdays, 4:00-6:00 pm at:

The Garage | 75 Civic Center Parkway | Burnsville, MN 55337 | 952-895-4664

Youth Information

Last Name: _____ First Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Email Address: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Age: _____ Gender: M F

School: _____ Grade Spring 2009? _____

T-shirt size: XS S M L XL XXL

Parent/Guardian Information, Permanent Address

Mr. Ms. Mrs.

Last Name: _____ First Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Email Address: _____ Receive YV E-Newsletters? Y N

Emergency Contacts

Please list two emergency contacts in case we cannot reach a parent or guardian:

Contact #1 Name: _____ Relationship to Youth: _____

Home Phone: _____ Work/Cell Phone: _____

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Contact #2 Name: _____ Relationship to Youth: _____

Home Phone: _____ Work/Cell Phone: _____

Media Permission

I agree to and authorize the use by Ashoka's Youth Venture® and its partner organizations of pictures and information about _____ (your name), and your Venture, in any promotional materials including websites, print (newspapers, magazines, catalogs, and/or brochures), and all digital and electronic (TV/radio) media.

Youth Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(If youth is under 18 years old)

Youth Participant and Parent Signatures of Commitment

I commit to participating in the *Dream It. Do It. Challenge* throughout the course of the program, and will attend all ten sessions and the overnight retreat during the Spring of 2009.

Youth Signature: _____ Date: _____

(If youth is under 18:) I acknowledge and support my child's commitment to Ashoka's Youth Venture and the *Dream It. Do It. Challenge* over the course of of ten sessions during the Spring of 2009.

Parent/Guardian Signature: _____ Date: _____

Health Information

Do you have any food allergies? Y N If yes, please explain: _____

Do you have any other allergies? Y N If yes, please explain: _____

Do you have asthma? Y N If yes, please fill out the following additional information:

What brings on an attack? (colds, weather, emotional reactions, etc.) _____

List any medications that you take (Medication/Dosage and frequency): _____

In the event that my family physician or I cannot be contacted in an emergency, I hereby grant Youth Venture permission to bring my child to be treated at a hospital emergency room.

Parent/Guardian Signature: _____ Date: _____

Retreat Permission

YMCA Ihduhapi Adventure Learning Center
3425 Ihduhapi Rd., Loretto, MN 55357 | www.campihduhapi.org
Medical Review and Informed Consent

Name: _____ Group Name: Youth Venture

Home Phone: _____ Date of Programs: 4/24/09 - 4/26/09

Home Address: _____ City: _____ State: _____ Zip: _____

In an Emergency Notify: _____ Relationship: _____

Home Ph: _____ Cell Ph: _____ Work Ph: _____

The YMCA Ihduhapi Teambuilding Program spends most of the time outdoors. As a result, participants take certain risks due to weather conditions, natural hazards, and/or physical-infirmities. The YMCA takes precautions to follow rigorous safety procedures, but the risks cannot be totally eliminated. Please answer all of the following questions. Participation in this program is voluntary and you can decline participation in all, or any part of, the activities occurring during this program.

Has a physician told you or are you aware of any medical conditions that could be aggravated by physical activity, such as: heart disease, high blood pressure, lung disease, diabetes; pregnancy or others? Yes No

Has a physician told you or are you aware of any problems with your neck, back, shoulders, wrist, hips, ankles, or knees that may be aggravated by physical activity? Yes No

Has a physician told you or are you aware of any problems with life threatening allergic reactions that may be aggravated by physical and/or outside activity? Yes No

Has a physician told you or are you aware of any problems with seizures that may be aggravated by physical activity?
 Yes No

Has a physician told you or are you aware of other physical problems, which you think we should know about before activities begin?
 Yes No

If you answered yes to any of the conditions above, please name the condition and give a detailed description below (including dates and restrictions, if any).

The information provided here is a complete and accurate statement of the physical factors, which may effect my participation in the YMCA Ihduhapi Teambuilding Program. I have decided to voluntarily participate in this program, or segments of the program, and in consideration of the YMCA Ihduhapi accepting me into this program, I hereby waive and release all rights and claims which I may have against YMCA Ihduhapi, its employees and its agents for any and all injuries and damages suffered by me in participating in this program. This release does not, however, apply to injuries or damages caused by the gross negligence or willful misconduct by YMCA Ihduhapi, its employees or its agents. I agree to hold YMCA Ihduhapi, its employees and its agents harmless if all relevant information is not disclosed. This information will be kept confidential except in the case of emergency. In case of emergency, this consent includes the release of medical and accident report forms to insurance companies, my employer, or any other agency deemed appropriate by YMCA Ihduhapi Teambuilding Program.

SIGNED: _____ DATE: _____

PARENT/GUARDIAN
SIGNATURE: _____ DATE: _____