

Ward \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Youth / Adult \_\_\_\_\_

**REGISTRATION FORM**  
2013 Nampa 16<sup>th</sup> 21<sup>st</sup> Trek  
July 17 - 20, 2013

All participants must remain for the full trek. No mid-trek arrivals or departures allowed.

Each participant (youth or adult) must complete this form. Form has 3 pages with signatures needed on each page.

For certain physical conditions, a MEDICAL RELEASE FORM, due at a later date, may also be required. (See page 3)

Participant \_\_\_\_\_ Sex \_\_\_\_ Age \_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Grade This Fall \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Other Parent/Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Special Dietary Needs or Other Considerations: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

**STATEMENT OF RESPONSIBILITY AND RELEASE**

- I understand the 2013 True to the Faith Pioneer Trek will be held in a wilderness setting. I also understand the following items will be provided nutritious food, restroom facilities and safe drinking water.
- I am a voluntary participant in this Trek, and I will accept full responsibility for m actions under all conditions. I also agree to aid other members of the group in behaving responsibly.
- I agree to abide by LDS standards. This means high standards of behavior, honesty and integrity.
- I understand and appreciate that there are inherit risks involved in this Stake-sponsored Trek which are beyond the control of the Stake staff and officers, and I agree to personally assume such risks. Also, the Stake staff and Ward leaders cannot be held responsible for any injuries or expenses, costs and/or claims in connection with any injuries sustained which were not directly caused by their failure to take due care. I agree to release the Nampa North Stake and its staff and Ward leaders from any and all claims of liability arising from my participation in the 2013 Trek.
- I (and/or my guardian) agree to accept full responsibility for any medical or related bills incurred which are not covered by my own insurance policy. Medical and dental benefits from the Church Activity Insurance Program may be available, but they are secondary to other insurance coverage and subject to limitations. Contact you bishop for plan coverage or a benefit claim form in case of an accident.

*I agree to the above terms and declare that my above statements are complete and correct.*

Date \_\_\_\_\_ Signature of Participant \_\_\_\_\_

As a parent or guardian, I am aware that my youth will be participating in the 2013 Brighton Stake Pioneer Trek Youth Conference. I agree to the terms of the Statement of Responsibility and Release and declare the above statements are complete and correct.

Date \_\_\_\_\_ Signature of Parent or Guardian \_\_\_\_\_

**“True to the Faith”**  
**2013 Nampa 16<sup>th</sup> 21<sup>st</sup> Wards Pioneer Trek**

As a participant in the Nampa 16<sup>th</sup> 21<sup>st</sup> Wards Pioneer Trek, an exciting and faith-building pioneer adventure awaits you. Trek will be challenging at times and fun at others. You will learn to appreciate the sacrifices of the pioneers, do things you may have never done before and have experiences you will never forget. Trek will give you the opportunities to:

1. Feel the Holy Ghost and gain a stronger testimony of the Savior.
2. Increase your understanding of the principles of Zion and learn how to better live them.
3. Make new friends and learn to love your trek family.
4. Learn to appreciate your own family even more.
5. Gain confidence in yourself and in your Heavenly Father.

By signing the following commitment, you agree to abide by all the rules of the trek and more importantly, you are pledging to have the very best possible trek experience and help others do the same.

**YOUTH COMMITMENT**

*“Let all the people of the Church of Jesus Christ of Latter-day Saints, and those who journey with them, be organized into companies, with a covenant and a promise to keep all the commandments and statutes of the Lord our God.” (D&C 136:2)*

1. I understand a heavy, fully-loaded handcart will be pushed or pulled for many miles in a day over rough terrain at high altitudes. I will help accomplish this task with my trek family to the best of my ability (accommodations will be made for participants with physical challenges with a doctor's medical release).
2. I will condition myself physically prior to trek so that I will be prepared for the physical challenges of walking long distances while pushing and pulling the handcart.
3. I will honor the family to which I am assigned and will participate in all family chores and activities.
4. I will bring only the items on the Personal Equipment List and promise not to bring any unapproved items.
5. I will conform to the dress code of this trek.
6. I will willingly help others who might be struggling and gratefully receive help from others when I need it.
7. I will take responsibility for my personal health by drinking enough water to stay hydrated, eating the food that is provided to keep up my energy, and seeking treatment for the hot spots on feet before they become blisters.
8. I agree to follow “No trace Camping” rules to maintain the wilderness nature of the property, and I agree to avoid littering or causing damage of any kind to BLM land.
9. As a participant in this trek, I will accept full responsibility for my actions under all conditions, and I also agree to assist other members of the group in behaving responsibly.
10. I agree to abide by LDS standards. This means that high standards of honor, integrity, living of moral values and abstinence from profanity, alcohol, tobacco and harmful drugs are required of every participant in trek.
11. I will commit myself to participate fully in the whole trek experience.

Date \_\_\_\_\_ Signature of Participant \_\_\_\_\_





Ward \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Youth / Adult \_\_\_\_\_

### HEALTH HISTORY / CONSENT TO TREATMENT

Due to the strenuous physical nature of a trek, individuals who have certain illnesses or conditions may not be eligible to participate in some regular trek activities. However, arrangements will be made for participation in the majority of the conference. Please contact your stake or ward leader for more information.

#### **SECTION A:**

If you currently suffer from, or have experienced any of the following conditions within the past year, please mark the appropriate space below:

- |  |   |
|--|---|
| <input type="checkbox"/> Arthritis                               | <input type="checkbox"/> High blood pressure  |
| <input type="checkbox"/> Asthma (serious case)                   | <input type="checkbox"/> Major operation or serious illness                           |
| <input type="checkbox"/> Epilepsy                                | <input type="checkbox"/> Heart trouble  |
| <input type="checkbox"/> Emotional problems requiring medication | <input type="checkbox"/> Diabetes   |
| <input type="checkbox"/> Fainting spells                         | <input type="checkbox"/> Hypoglycemia   |
| <input type="checkbox"/> Ulcers                                  | <input type="checkbox"/> Other medical conditions which might be aggravated by hiking |
| <input type="checkbox"/> Major bone or joint injuries            |   |

Explain: \_\_\_\_\_

If you marked any of the items listed in SECTION A, you must fill out a MEDICAL RELEASE FORM and have it completed by a medical doctor. **You cannot participate without it.** A copy of the MEDICAL RELEASE FORM is available from your Trek Committee.

The Medical Release Form should be current to within six weeks of the date of the trek.

#### **SECTION B:**

Allergies or medication reactions \_\_\_\_\_  
Medications currently being used \_\_\_\_\_  
Are immunizations up to date (especially tetanus shot)? \_\_\_\_\_  
Physical conditions that limit activity \_\_\_\_\_  
Chronic/Recurring Illness \_\_\_\_\_  
Surgery or a serious illness or injury during the past year \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

**Participant Agreement:** *I agree that the above statements are complete and correct.*

Date \_\_\_\_\_ Signature of Participant \_\_\_\_\_

**Parental Permission:** *I, the undersigned, am aware that \_\_\_\_\_ will be participating in the Brighton Stake Pioneer Trek to be held July 10 - 13, 2013. I have read or supplied the medical statements above, which are complete and correct.*

*I give permission for my youth to participate in the activity listed above and authorize the adult leaders supervising this activity to administer emergency treatment to the above-named participant for any accident or illness and to act in my stead in approving necessary medical care. This authorization shall cover this activity and travel to and from this activity. (Youth 18 or older must also sign.)*

Date \_\_\_\_\_ Signature of Parent \_\_\_\_\_

Date \_\_\_\_\_ Signature of Youth if 18 or older \_\_\_\_\_

