



## Trail Groups & Medical/Dietary Alerts - Draft

To be Completed by the Group Coordinator

School/Group \_\_\_\_\_

Program Dates \_\_\_\_\_ to \_\_\_\_\_

Group Coordinator \_\_\_\_\_

By signing below I agree that I have carefully reviewed all registration forms and participant agreements for each participant and by signing below I verify the following information to be true:

- I have collected all the signed registration forms for each **student and adult** participant and I will deliver them to Yosemite Institute staff.
- I have checked that each form has been filled out completely and signed by a parent or legal guardian.
- I have listed all medical alerts, conditions, health concerns, allergies, and/or medications below next to the appropriate participant in their assigned trail group.
- I have notified Yosemite Institute of any photo release language that has been lined out by a parent or legal guardian on the participant agreement form *and noted this next to the appropriate participant on the trail group list.*
- I am sending this form to Yosemite Institute at least 30 days prior to the first day of my program.
- I accept full responsibility for any errors or omissions.

Group Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

Group Name \_\_\_\_\_

Program Dates \_\_\_\_\_

Make copies of this sheet as needed.

Page \_\_\_\_\_ of \_\_\_\_\_

Trail group  
(please print names clearly)

Medical or Dietary Alerts  
(Please be specific)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
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14. \_\_\_\_\_
15. \_\_\_\_\_

Chaperone(s) \_\_\_\_\_

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trail group  
(please print names clearly)

MEDICAL or DIETARY ALERTS  
(Please be specific)

1. \_\_\_\_\_
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Chaperone(s) \_\_\_\_\_

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