

2021 Trip Registration Form

Check the box for trip you are signing up for: Ice Age Backpacking Trip Voyageur Paddling Trip

Youth Name: _____ Grade Completing May 2021: _____ Age during trip: _____

School District: _____ Email: _____

Home Address/City/State/Zip: _____

Parent/Guardian Names & Phone #: _____

Emergency Contact Name & Phone #: _____

Cost: Ice Age Trip \$75 / Voyageur Trip \$50 (covers meals, transportation, some gear) Payment enclosed: _____

Make checks payable to: Friends of JCC. Mail form and payment to: JCCB Attn: Jess Wagner 18670 63rd Street Maquoketa, Iowa 52060

Office Use Only: Payment Amount _____ Payment type _____ Application Form _____ Questionnaire _____
Other Releases _____ Attended Pre-trip meeting _____ Itinerary _____ Packing List _____ Notes _____

Pre-trip meetings are mandatory. We will send a packing list and itinerary a few weeks before the trip.

Questions? Call Jackson CCB (563) 652-3783, Dubuque CCB (563) 556-6745, or Clinton CCB (563) 847-7202

Questionnaire for Youth to Complete:

1. Why do you want to go on this backpacking/paddling trip?
2. Of the various challenges that this trip presents, (physical, social-emotional, maturity/responsibility, intellectual) which do you see as most challenging for you? Why?
3. What past camping/backpacking/paddling or outdoor experiences have you had?
4. Backpacking and paddling can be a solo adventure; however, as a large group they require teamwork. What do you feel you have to offer your fellow campers? When have you worked in a team situation and been successful?
5. When venturing into backcountry, many luxuries are left behind. What do you think you will miss the most and why?

Medical History Questionnaire

Note: Please check "YES" or "NO" and provide additional details where required. Information will remain confidential.

1. Are you allergic to any medication (aspirin, penicillin, etc.)? No ___ Yes ___ List: _____
2. Will you be on any medication during the trip? No ___ Yes ___ List with Reason: _____
3. Have you ever had a seizure? No ___ Yes ___ When: _____
4. Have you ever been told by a doctor that you have epilepsy? No ___ Yes ___ When: _____
5. Have you ever been treated for diabetes? No ___ Yes ___

6. Have you ever been told by a doctor that you were anemic? No ___ Yes ___ When: _____
7. Do you have or have you ever had high blood pressure? No ___ Yes ___ Are you on medication? _____
8. Do you have or have you ever had the following diseases?
- | | | | |
|--------------------|----------------|-------------------------------------|----------------|
| Hay fever | No ___ Yes ___ | Kidney disease (infection, etc.) | No ___ Yes ___ |
| Frequent diarrhea | No ___ Yes ___ | Severe stomachaches | No ___ Yes ___ |
| Menstrual problems | No ___ Yes ___ | Earache or ear infection | No ___ Yes ___ |
| Heart disease | No ___ Yes ___ | Lung disease (pneumonia, etc.) | No ___ Yes ___ |
| Fainting spells | No ___ Yes ___ | Liver disease (mononucleosis, etc.) | No ___ Yes ___ |
| Hepatitis | No ___ Yes ___ | Asthma | No ___ Yes ___ |
10. Have you been "knocked out" (lost consciousness), had a concussion or head injury? No ___ Yes ___ When _____
11. Are you currently taking any behavior-modification medication? No ___ Yes ___ Last Medication _____
12. Do you have any known food/environmental allergies or dietary restrictions? No ___ Yes ___ List _____
13. Immunizations: Tetanus Toxoid - Date of last inoculation: _____
14. Is there anything else you'd like us to know? _____

This medical history questionnaire is correct and complete to the best of our knowledge. We, the undersigned, acknowledge that omission of any requested information may result in jeopardizing the health of our child should they require emergency medical treatment. An intentional omission may prohibit our child from participating in the program.

I am/my child can engage in all activities, except as noted by a physician and us. In the event of an emergency, I/we hereby give permission to a physician to hospitalize, secure proper anesthesia, or to order injection or surgery, or other medical procedures required by the emergency.

I/we give consent for the trip leaders to provide medical attention, transportation, and emergency medical services as warranted by the circumstances.

I/we represent that I am/my child is in good physical condition, and I am/we are not aware of any disease or injury that would be aggravated or result in my/my child being incapacitated or injured during any program.

Signature of Participant _____ Date _____

Signature of Parent/Guardian _____ Date _____

Travel Authorization---Publicity/Image/Voice Permission---Liability/Medical Release

My child has permission to travel in a vehicle driven by Clinton, Dubuque & Jackson County Conservation employees.

Photographs or video/audio recordings may be taken of your child during camp activities. Unless you request otherwise, your registration will be considered permission to photograph, film, audio/video tape, record and/or televise the image and/or voice of your child for use in publications or promotional materials, in any medium now known or developed in the future without any restrictions. If you object to the use of your child's image or voice in the manner, please notify trip leaders, in writing, prior to the event.

If I am/my child is injured or suffer any illness or disease while residing at and participating in this backpacking trip; except as may be caused by the grossly negligent or reckless conduct of the leaders of the program, and their agents, servants, employees, and volunteers, I/we agree to hold Clinton, Jackson, Dubuque County Conservation Board staff harmless of any said injury, illness or disease.

I/we further understand and agree to abide by the general rules of conduct prescribed for the guests of the this backpacking trip, and that violations may result in a denial of privileges, a forfeiture of all fees paid, and immediate removal from the program.

I/we have read this release. I/we understand that it affects legal rights and responsibilities, and I/we hereby agree and consent to its terms and conditions and hereby waive any claims arising while residing and/or participating in programs of the Clinton, Dubuque and Jackson County Conservation Boards.

Signature of Participant _____ Date _____

Signature of Parent/Guardian _____ Date _____