

**Honey Brook Canoe Trip Registration**  
**2011**  
**Cost \$35.00**

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

\_\_\_\_\_

**IN CASE OF EMERGENCY, PLEASE CONTACT:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**MEDICAL INFORMATION:**

Do you have asthma? \_\_\_\_\_ Diabetes? \_\_\_\_\_ Epilepsy? \_\_\_\_\_

Do you have any allergies?  No  Yes

If so, please explain: \_\_\_\_\_

Are you taking any medications?  No  Yes

If so, please explain: \_\_\_\_\_

Do you have any dietary restrictions?  No  Yes

If so, please explain: \_\_\_\_\_

Do you have any disabilities?  No  Yes

If so, please explain: \_\_\_\_\_

Do you have any heart conditions?  No  Yes

If so, please explain: \_\_\_\_\_

Do you have any phobias or fears?  No  Yes

If so, please explain: \_\_\_\_\_

Have you had any past surgeries or injuries?  No  Yes

If so, please explain: \_\_\_\_\_

Do you have any other medical conditions?  No  Yes

If so, please explain: \_\_\_\_\_

**MEDICAL INSURANCE COVERAGE:**

Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_

**I authorize by signature that the information provided is truthful and correct. Furthermore I give my consent to the trip leaders or other medical personnel to treat me in an emergency situation.**

**Child's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Child's Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Make checks payable to Honey Brook Youth Center**

Amount Paid: \_\_\_\$35.00 \_\_\_\$50.00

**PARENT AUTHORIZATION, COVENANT, RELEASE & INDEMNITY AGREEMENT**

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

\_\_\_\_\_ Parent/Guardian (both names of Parents/Guardians are required, when applicable)

Honey Brook Youth Center, its agents, employees, affiliates, successors, and Camp Andrews are hereinafter collectively referred to as "Provider".

In the event that I cannot be reached in an emergency, I give my permission to the physician selected by Provider to hospitalize and secure proper treatment as necessary for my child named above.

In consideration of permission granted my child to participate in canoeing, camping and related activities, which I acknowledge are inherently dangerous, I hereby accept unto myself all responsibility and all liability for any injury, death or other claim, loss or damage, caused by, or arising out of canoeing, camping and other related activities sponsored by Provider. I hereby release and covenant with Provider that I will never, individually or as legal guardian of my child, institute any action for any injury, death or other claim, loss or damage, caused by, or arising out of canoeing, camping and other related activities sponsored by Provider. I further agree to indemnify and hold Provider harmless against any and all claims, demands, actions, and causes of action (including actual attorneys' fees, costs and expenses) of my child or my child's legal guardian that may arise as a result of my child's participation in canoeing, camping and other related activities sponsored by Provider.

I hereby give my permission for any photography of my child on camp premises to be used in publicity for Provider.

Intending to be legally bound,

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*both signatures of Parents/Guardians required when applicable\*\***