

# FAMILY NATURE SUMMIT™ TEEN ENROLLMENT FORM

(To be completed by an **ADULT**, complete one form for each teen)

The Teen programs for 13 - 18 year olds takes place from 8:00 a.m. - 3:30 p.m. daily. Unless the group is on an all day field trip, lunch will be in the usual dining room. On the first regular day of classes, please bring a pen or pencil, small notebook, day pack, water bottle, snack, rain gear, sun screen, sunglasses, and your enthusiasm. Please refer to the Teen Schedules posted on our website for a more detailed description of what you will need to bring for the week.

I consent to my son's/daughter's participation in the Family Nature Summit™ Teen Program. The information below is as complete as possible to help ensure that my teen has the best educational/recreational opportunity. All information is confidential.

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

Parent's or Guardian's Name (please print) \_\_\_\_\_

Teen's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_ City & State \_\_\_\_\_ Zip \_\_\_\_\_

Room number (if known) \_\_\_\_\_ Age at Start of Summit \_\_\_\_\_ Date of Birth \_\_\_\_\_

Male  Female  Grade Next Fall \_\_\_\_\_ Teen's Email Address \_\_\_\_\_

Parent Home Phone \_\_\_\_\_ Parent Mobile Phone(s) \_\_\_\_\_

Has he/she been to a Summit before? \_\_\_\_\_ When? \_\_\_\_\_

Vegetarian?  Yes  No. Any other special diet? \_\_\_\_\_

Does he/she have any medical or physical considerations we should know about? Please describe:

Does he/she need any special accommodations required to participate in Summit activities (i.e. for physical or mental disabilities)? \_\_\_\_\_

Does he/she have any allergies (food, medicine, other -- poison ivy, insect bites, etc.)? \_\_\_\_\_

In case of a medical emergency, please describe any special procedures to be followed: \_\_\_\_\_

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Does he/she have any special dietary needs that should be considered for off-site trips? Please describe

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Special interests/hobbies \_\_\_\_\_

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Does he/she require any special accommodations? \_\_\_\_\_

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Other helpful information \_\_\_\_\_

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**HEALTH AUTHORIZATION**

After making reasonable effort to reach me, the Family Summits, Inc. have my permission, in the event they determine the need exists, to contact our family physician or to take my child to the emergency room of the nearest hospital. The physician and/or the hospital, as the case may be, have my authorization to provide any treatment which they deem necessary for the well-being of my child.

**SIGNATURE(S) OF PARENT(S) AND/OR LEGAL GUARDIAN(S)**

\_\_\_\_\_ **Date:** \_\_\_\_\_  
\_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent's or Guardian's Name** (please print) \_\_\_\_\_

**Family Physician** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Address** \_\_\_\_\_

**Medical Insurance Carrier** \_\_\_\_\_ **Policy#** \_\_\_\_\_