

**FAMILY NATURE SUMMIT™
YOUNG ADULT ENROLLMENT FORM**

(Complete one form per participant)

The Young Adult program is designed for participants ages 18-25 years that have graduated from high school. The program time each day varies. A tentative schedule of daily activities is posted on the website. 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, sun protection and your enthusiasm. Please refer to the Program Handbook for a more detailed description of what you will need to bring for the week.

The information below is as complete as possible to help ensure that I have the best educational/recreational opportunity. All information is confidential.

Signature of Participant _____ **Date** _____

Last Name _____ **First Name** _____ **Nickname** _____

Address _____ **City & State** _____ **Zip** _____

Room number (if known) _____ **Age at Start of Summit** _____ **Date of Birth** _____

Male **Female** **Date of graduation** _____ **Email Address** _____

Home Phone _____ **Mobile Phone** _____

Have you been to a Summit before? _____ When? _____

Vegetarian? Yes No. Any other special diet? _____

Do you have any medical or physical considerations we should know about? Please describe:

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Do you need any special accommodations required to participate in Summit activities (i.e. for mental or physical disabilities)? _____

Do you have any allergies (food, medicine, other -- poison ivy, insect bites, etc.)? _____

IN CASE OF EMERGENCY

Describe any special procedures to be followed _____

Who should we contact?

Name _____ Work/Home Phone _____
Relationship _____ Mobile Phone _____

Do you have any special dietary needs that should be considered for off-site trips? Please describe: _____

Special interests/hobbies _____

Please describe your previous nature activity, outdoor recreation or conservation education experiences. What clubs or organization are you active with? Include any volunteer work or service learning you have done in the last 12-14 months. What activities haven't you done that you would like to do? What do you want to get out of the Family Summit Young Adult program? (Feel free to attach another page)

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 my physician or to take me 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 my well-being.

SIGNATURE OF PARTICIPANT

_____ **Date** _____

Physician _____ **Phone #** _____

Address _____

Medical Insurance Carrier _____ **Policy#** _____