

**2009 FAMILY NATURE SUMMIT™  
YOUNG ADULT ENROLLMENT FORM**

**(Complete one form per participant)**

The Young Adult program is designed for participants ages 18 to 25 that have graduated from high school. The length of the day will be dependent upon the day's activity. 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** \_\_\_\_\_

<b>Last Name</b> _____	<b>First Name</b> _____	<b>Nickname</b> _____
<b>Address</b> _____	<b>City &amp; State</b> _____	<b>Zip</b> _____
<b>Room number</b> (if known) _____	<b>Age on July 25, 2009</b> _____	<b>Date of Birth</b> _____
<b>Male</b> <input type="checkbox"/> <b>Female</b> <input type="checkbox"/>	<b>Date of graduation</b> _____	<b>Email Address</b> _____
<b>Home Phone</b> _____	<b>Mobile Phone</b> _____	

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:  
\_\_\_\_\_

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

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#** \_\_\_\_\_