



**INFORMATION
ON THIS FORM IS
KEPT STRICTLY
CONFIDENTIAL!**

Student's
Full Name:

Program
Name:

Your
Name:

Relationship
to Student:

Please Circle YES or NO in response to each question, and give a detailed explanation for any YES answers.

Does your child have any **SPECIAL DIETARY NEEDS OR RESTRICTIONS**?
(Please explain)

YES NO

What is one of his or her **most favorite** foods?
What is one of his or her **least favorite** foods?

Does your child have any **INJURIES OR PHYSICAL LIMITATIONS** that could limit his or her
participation in outdoor adventure activities?

YES NO

Does your child have any special **EMOTIONAL or PSYCHOLOGICAL NEEDS**?

YES NO

Does your child have a history of **BEDWETTING, NIGHTMARES, OR OTHER SLEEP ISSUES**?

YES NO

Are you concerned about your child feeling homesick during the program?

YES NO

Does your child have any history of urinary tract infections?

YES NO

For girls: Has your daughter started menstruating?

YES NO

We would like to know anything unique/special/different about your child that may affect his or her experience at Kroka. Anything that you can let us know in advance will help our staff to make the program safe and enjoyable for everyone. Please write any comments here, or feel free to attach a separate sheet of paper:



Registration Information

Please take your time and print legibly. Thank You!

Student's Full Name:

Program Name:

In the unlikely event of an emergency, whom could we contact with information about your child? Please list three contacts (including parents/guardians). We notice that many families use the time while their children are at Kroka for travel or vacation. Please let us know your plans, and update your contact information accordingly.

Name	Relationship to child	Best Daytime Telephone #	Best Evening Telephone #
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1. _____
2. _____
3. _____

Name of Primary Care Physician	Name of Practice / Hospital / Clinic	Location (City & State)
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PHYSICIAN

Medical Insurance Company / Carrier	PolicyHolder Name	Policy Number
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INSURANCE

FOR UNINSURED FAMILIES: Having no medical insurance, I assume full responsibility for the cost of any medical treatment that may be necessary during this Kroka program, or as a result of my child's participation in this Kroka program.

_____	_____
<i>Parent or Guardian Signature</i>	<i>Date</i>

Is this student taking any regular **MEDICATIONS**? **YES NO**
** If an instructor will need to administer any medications during the program, you must provide written instructions regarding the dosage, frequency and side effects.

Does your child have any **ALLERGIES**? **YES NO**
To foods? To medications? To insect stings or other environmental agents?
If so, please explain the symptoms and rate the severity of these allergies (MILD, SEVERE, or LIFE-THREATENING)



Registration Information

Please take your time and print legibly. Thank You!

Student's Full Name:

Program Name:

Dear Kroka Expeditions Parent(s)/Guardian(s),

During the programs with Kroka Expeditions your child will be living outside, walking barefoot, working with sharp tools and fire, climbing tall rocks and trees, jumping into streams, paddling and swimming in fast moving rivers, carrying heavy loads over uneven ground, and living in the elements – all with the possibility of getting overheated or cold, sun-burned, or soaking wet, and much more. We may also be driving in vehicles on roads, by far the most dangerous of all of our activities. While we can often predict the coming storm, we can not always predict other drivers around us. There are objective risks of getting hurt in all of what we do. It is our job as teachers and guides to be well prepared to do all we can to protect and take care of all our participants. We are people too, and we may make mistakes. Besides human mistakes there are natural events such as floods, storms, etc, and some times those events are more powerful than we are. By signing this agreement you acknowledge that:

1. in exchange for the privilege of your child's participation in Kroka Expedition's programs, you accept all of the known and unknown risks involved.
2. you are confirming here that you have carefully read and understood Kroka's Parent Handbook, (available on our website) and you believe that your child can take the age-appropriate level of responsibility to care for him/her self while at Kroka
3. you agree to be responsible for the repair or replacement of any items that are deliberately lost or damaged under your child's care and use.
4. you give Kroka Expeditions permission to use any photographs of your child, taken during his or her participation in Kroka programs, for any publicity or promotional materials, both online and in print.

Parent/Guardian Signature

Date

**PARTICIPANT RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT
READ CAREFULLY BEFORE SIGNING – For parents only**

In consideration of being allowed to participate in any way in the program, related events and activities, I, the undersigned, acknowledge, appreciate and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death.
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for my participation.
3. I willingly agree to comply with terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify and hold harmless Kroka Expeditions, its officers, officials, agents and/or employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (releases), from any and all claims, demands, losses, and liability arising out of or related to any injury, disability or death I may suffer, or loss or damage to person or property, whether arising from the negligence of the releases or otherwise, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

FOR PARENTS AND GUARDIANS OF PARTICIPANT OF MINOR AGE: (PARTICIPANT IS UNDER AGE 18)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, even if arising from the negligence of the releases, to the fullest extent permitted by law.

Parent/Guardian Signature

Date

