



INFORMATION
ON THIS FORM IS
KEPT STRICTLY
CONFIDENTIAL!

Your
Full Name:

Program
Name:

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

Do you have any **SPECIAL DIETARY NEEDS OR RESTRICTIONS**?
Please explain here:

YES NO

What is one of your **most favorite** foods?
What is one of your **least favorite** foods?

Do you have any **INJURIES OR PHYSICAL LIMITATIONS** that could limit your participation in outdoor adventure activities?

YES NO

Do you have any special **EMOTIONAL or PSYCHOLOGICAL NEEDS**?

YES NO

We would like to know anything unique/special/different about you that may affect your 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!

Your Full Name:

Program Name:

In the unlikely event of an emergency, whom could we contact with information about you? Please list three contacts:

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

PERMISSION TO TREAT:

In the event of an emergency or non-emergency situation requiring medical treatment, I hereby grant permission for any and all medical and/or dental attention administered to me, in the event of an accidental injury or illness. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel.

_____	_____
<i>Signature</i>	<i>Date</i>

PHYSICIAN

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

Medical Insurance Company / Carrier	PolicyHolder Name	Policy Number
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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>Signature</i>	<i>Date</i>

Are you taking any regular **MEDICATIONS?** If so, for what conditions?

** If an instructor will need to administer any medications during the program, you must provide written instructions regarding the dosage, frequency and side effects.

YES NO

Do you have any **ALLERGIES?**

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)

YES NO



Registration Information

Please take your time and print legibly. Thank You!

Your Full Name:

Program Name:

Dear Kroka Expeditions Program Participants,

Our work would not be possible without a covenant of trust between you and us (the staff and teachers at Kroka Expeditions). By enrolling in this program, you will be asking us to care for your personal physical and emotional needs, while at the same time creating a safe nurturing student community and providing fun and appropriate challenges and adventures on the farm and in the wilderness. During the program you 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. 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 students. Thus we work year-round to scout the terrain and weather, purchase and maintain the highest quality of safety and adventure equipment, to plan, prepare, and pack nourishing delicious meals, and constantly update our emergency medical training and technical outdoor skills.

In return we ask for your trust and cooperation as our most important partners in this work.

By signing this agreement you acknowledge that:

1. you are a willing participant in this program, and have been informed about the planned activities and the potential risks involved. You also accept that planned program activities and itineraries may change without notice based upon the needs of the group and the changing weather and environment
2. you are confirming here that you have carefully read and understood the Kroka Handbook, (available on our website) and you believe that you can take responsibility to care for yourself while at Kroka
3. you have accurately completed Kroka's medical information and emergency contact information forms, and that you have no undisclosed medical or emotional problems or limitations which might affect your ability to participate in this program
4. you authorize Kroka staff to give routine or emergency medical care to you if needed, within the limits of common sense and established wilderness medical protocols. If urgent care is necessary, you give permission for Kroka to seek professional help and/or or transport you to a medical facility. You agree to pay all costs associated with that care and transportation.
5. you agree to be responsible for the repair or replacement of any items that are lost or damaged under your care and use.
6. you give Kroka Expeditions permission to use any photographs or audio/video recordings of you, taken during your participation in Kroka programs, for any publicity or promotional materials, both online and in print. (Note: **Kroka respects your privacy, and will never publicly publish, trade, or share your name, address or contact information.** However, often students make new friends at Kroka, and ask us to share the names and addresses of students within their specific program so that they can keep in touch with one another, which we are happy to do. Please let us know if you have any concerns or reservations about this.
7. you understand that Kroka reserves the right to dismiss any student from the program that staff believes, in their discretion, presents a safety concern or medical risk, is disruptive, or otherwise deliberately conducts him/herself in a manner detrimental to the program. Use of illegal drugs, tobacco products or alcohol, sexual or other forms of harassment, sexual activity or exclusionary behavior, or disregarding clear instructions are examples of conduct that Kroka considers detrimental to the program, and that can lead to early dismissal. If you are dismissed or depart for any reason, you accept responsibility for all costs of early departure whether for medical reasons, dismissal, personal emergencies or otherwise.

Signature

Date



Registration Information

Please take your time and print legibly. Thank You!

Your Full Name:

Program Name:

Please read this entire document carefully before signing. This Document informs you about your responsibilities and assumption of risks, and includes a release of liability, indemnification and surrender of certain legal rights. In consideration of the services of Kroka Expeditions and its agents, officers, employees, volunteers, independent contractors and all other persons or entities associated with it, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct activities (hereafter, "Releasees"), participant agrees as follows:

ACKNOWLEDGMENT AND ASSUMPTION OF RISKS: Kroka program activities may include a variety of outdoor wilderness adventure, farming, and community service activities. We acknowledge that these activities involve inherent and other risks, hazards and dangers. The following describes some, but not all of those risks, hazards and dangers: **Farm chores and service projects:** can include risks associated with activities such as weeding, digging, lifting, light construction and clean-up projects and the use of tools and equipment that can cause injury resulting from use, misuse or malfunction. Farm animals can move suddenly or behave in unpredictable ways that can cause injuries. **Travel** can be on foot or by motor vehicle, boat, bicycle, or other means and can be over rough and unpredictable terrain or via lakes and rivers, in snow, sleet, rain or other adverse weather conditions. Activities may take place in remote locations, several hours from medical facilities, causing potential delays in communication, transportation, evacuation and medical care. **Wilderness living:** Students will very likely go barefoot at times, and experience small cuts or abrasions to the feet. Students may be near an open fire and are subject to the risk of burns from flames or hot coals. Students will drink water from wells and natural springs, and will likely be offered raw, wild, or unprocessed foods, both from the wilderness (nuts, berries) or from the farm (produce, milk, eggs). Camp sites may be subject to high winds, falling trees and/or branches, floods, and other weather-related hazards. **All students** may experience brief periods of time, stationary, alone in the field (solos). **Older students** (14+), may have periods of unsupervised free time and/or periods of independent student travel. **Outdoor adventure:** Participants' travel may be subject to lightning, strong winds, fast moving water, falling rocks, extremely hot or cold weather or cold water, snow and ice, fallen timber, stinging or disease carrying insects, poisonous plants, wild animals and other natural or man-made hazards. **Water activities:** include potential water obstacles or hazards such as boulders, trees, waterfalls, and holes, the risk of falling overboard, impacting the lake or river bottom, being swept into a river current or experiencing a boat capsize or collision. **Human behavior and decision making,** including, without limitation, the risk that a Kroka staff member, representative, volunteer or co-participant may misjudge a participant's capabilities, health or physical condition, or misjudge some aspect of instruction, medical treatment, weather, terrain, water level, and the risk that participant's mental, physical or emotional condition combined with participation in these activities could result in injury, damage, death or other loss.

These and other risks, hazards and dangers may result in participants: falling, being struck, colliding with objects or people, experiencing vehicle or boat collision or capsize, reacting to high altitudes and weather conditions, becoming lost or disoriented, suffering gastro-intestinal complications or allergic reactions. These and other circumstances may cause hypothermia, hyperthermia, dehydration, frostbite, drowning, altitude sickness, broken bones, paralysis, concussions or other injury, damage, death or loss. Participant (and Parent(s) of minors) assume and accept full responsibility for participant, for the inherent and other risks of these activities (both known and unknown) and for any injury, damage, death or other loss suffered by participant (and Parent(s) of minors), resulting from these risks, or resulting from participant's own negligence or other misconduct.

RELEASE AND INDEMNITY AGREEMENT: I, for myself, and for and on behalf of my family members, heirs, executors, representatives and estate, agree as follows:

(1) to release and agree not to sue Kroka Expeditions or any above named Releasees, with respect to any and all claims, liabilities, suits or expenses (including attorneys' fees and costs) (hereafter collectively 'claim' or 'claim(s)'), for any injury, damage, death or other loss in any way connected with my enrollment or participation in these activities, or use of Kroka equipment or facilities. I understand that in signing this Document, I, anyone acting on my behalf, and my spouse and other family members surrender, to the fullest extent allowed by law, our respective rights to make a claim against Kroka (or above Releasees) as a result of any injury, damage, death or other loss suffered by me;

(2) to defend and indemnify ('indemnify' meaning protect by reimbursement or payment) Kroka and Releasees with respect to all claim(s) brought by or on behalf of me or a family member for any injury, damage, death or other loss in any way connected with my enrollment or participation in these activities, or use of Kroka equipment and facilities.

This Release and Indemnity Agreement includes any losses caused or alleged to be caused, in whole or in part, by the negligence (but not gross negligence or willful, wanton or criminal misconduct), and includes claims for personal injury, property damage, wrongful death, loss of consortium, breach of contract or otherwise. I have carefully read, understand and voluntarily sign this Document and acknowledge that it shall be effective and binding upon me and other family members, and my heirs, executors, representatives and estate.

Signature

Date

Print name here



Confidential Information

Please take your time and print legibly. Thank You!

Student's Full Name:

Program Name:

Program Start Date:

Have you been diagnosed or treated for any of the following disorders within the past five years?
(please circle YES or NO for each item, and describe any history of relevant issues)

Attention Deficit Disorder	YES	NO	
Anxiety	YES	NO	
Depression	YES	NO	
Dyslexia	YES	NO	
Eating Disorder	YES	NO	
Learning Challenges	YES	NO	
Substance Abuse	YES	NO	
Schizophrenia or Bipolar disorder	YES	NO	
Other			

Have you experienced any of the following situations or behaviors during the past five years?
(please circle YES or NO for each item, and describe any history of relevant issues)

Serious Illness	YES	NO	
Serious Accident / Injury	YES	NO	
Self Harm	YES	NO	
Suspension from a recreational or educational program	YES	NO	
Expulsion from any recreational or educational program	YES	NO	
Death of a family member or friend	YES	NO	
Divorce of parents	YES	NO	
Move from one home to another	YES	NO	
Individual Education Plan at school	YES	NO	
Tutoring or special accommodations at school	YES	NO	
Other			

Please answer these questions about your lifestyle, academics, and outdoor activities:

Have you ever consumed alcohol?	NEVER	ONCE	YEARLY	MONTHLY	WEEKLY	DAILY
Have you ever used tobacco?	NEVER	ONCE	YEARLY	MONTHLY	WEEKLY	DAILY
Have have you ever used recreational drugs?	NEVER	ONCE	YEARLY	MONTHLY	WEEKLY	DAILY
Have you had any struggle with substance abuse?				YES	NO	
Have you had any involvement with the criminal justice system?				YES	NO	
What is your experience of school (if applicable)?	THRIVING	TOLERATING	SURVIVING	ESCAPING	FAILING	
What is your GPA at school (if applicable)?						
Do you participate on any organized sports clubs or teams? If so, which:						
How often do you ride a bicycle?	NEVER	ONCE	YEARLY	MONTHLY	WEEKLY	DAILY
What is the farthest distance you have biked in one day?						
How often do you go running?	NEVER	ONCE	YEARLY	MONTHLY	WEEKLY	DAILY
What is the farthest distance you have run in one day?						
How often do you walk, hike, or ski? (more than 1 km distance)	NEVER	ONCE	YEARLY	MONTHLY	WEEKLY	DAILY
What is the farthest distance you have walked/hiked/skied in one day?						
How often do you go swimming?	NEVER	ONCE	YEARLY	MONTHLY	WEEKLY	DAILY
What is the farthest distance you have swum in one day?						



Confidential Information

Please take your time and print legibly. Thank You!

Student's Full Name:

Program Name:

STUDENT'S HEIGHT:

STUDENT'S WEIGHT:

Are you currently receiving medical or psychiatric treatment, or are you under the care of a therapist or counselor? YES NO
If so, please describe:

Please disclose any history of medical issues by circling YES or NO next to each condition. For any conditions relevant to your history, please describe the date of last occurrence and any ongoing symptoms or restrictions related to that issue.

Condition	CIRCLE	Detailed Description
High Blood Pressure	YES NO	
Heart Disease / Heart Murmur	YES NO	
Chest Pain	YES NO	
Circulation Problems	YES NO	
Frostbite	YES NO	
Heatstroke	YES NO	
Dizziness / Fainting	YES NO	
Headaches / Migranes	YES NO	
Head Injury / Concussion	YES NO	
Asthma	YES NO	
Hepatitis	YES NO	
Lyme Disease	YES NO	
Seizures / Epilepsy	YES NO	
Bleeding / Blood Disorder	YES NO	
Hypoglycemia	YES NO	
Diabetes	YES NO	
Thyroid Problems	YES NO	
Kidney or Urinary Tract problems	YES NO	
Orthopedic issues	YES NO	
Broken Bones (within the past year)	YES NO	
Hearing impairment	YES NO	
Vision impairment	YES NO	
Skin problems	YES NO	
Motion sickness	YES NO	
Sleepwalking	YES NO	
PMS/Menstrual problems (severe)	YES NO	
Pregnancy	YES NO	
Other medical equipment / devices	YES NO	
Frustration with tedious medical forms	YES NO	
Other		
Other		

STUDENT SIGNATURE

PARENT SIGNATURE