



Participant Registration

Participant's full name: _____ Likes to be referred to as: _____

DOB: _____ Age: _____ Upcoming Grade: _____ Ht.: _____ Wt.: _____

E-Mail: _____ Phone or cell number: _____

Parent/Guardian name(s): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____


Session Desired: _____

Listed Dates: _____ Or those discussed: _____

Total Session Fee Due ON or before May 20: \$_____/ a \$500. deposit to confirm session space is due with this registration. You will be contacted upon receiving registration/ deposit. Additional information, participant 'getting to know a bit about you' questionnaire and 'things to bring' will be forwarded via e-mail addressed to participant.

**Method of Payment: Check or Money Order payable to:
Shari H. Eisenman or Adventure Chicks...Tahoe!!!
Enclosed with this registration/med info. and signed release form.**

Mail Registration/Release and Deposit or Balance in Total to:
**Shari H. Eisenman
c/o Adventure Chicks...Tahoe!!!- winter office
P.O. Box 431
Truckee, CA 96160**

Everyday with  Is a new and exciting adventure



Participant Medical Release

Emergency Contact#1: _____ Relation: _____ Phone: _____

Emergency Contact#2: _____ Relation: _____ Phone: _____

Allergies to Meds: _____ Other Known Allergies: _____

Past Medical History: _____

Daily Medications: _____ To take during session: Y/N/As Needed

What?: _____ When?: _____

To be administered by : _____

(Please be sure prescription will last duration of session)

I hereby authorize staff member of Adventure Chicks...Tahoe!!! to give my daughter appropriate common OTC medications if needed for headache, menstrual pain, sore muscles.

Signature: _____

If first aid/emergency treatment is ever necessary I hereby give Shari H. Eisenman and/or CPR/ BLS certified staff permission to administer emergency care.

Signature: _____

In the case of any other emergency in which said participant needs to be seen by a physician (office or hospital) Parent/Guardian or Emergency contact will try to be reached. In the case that no one is available to consent to care I hereby authorize my consent to treat and give Shari H. Eisenman permission to be executor of care.

Signature: _____

It is understood that treating facilities in area may not be directly contracted with my health care provider, in which case I will be solely responsible for payment of any/all medical treatment rendered at time of visit to be paid by Credit Card (via phone) and to then submit claim to my carrier.

Signature: _____

Health Insurance Information

Carrier: _____

Group#: _____

Subscriber name: _____

Policy#: _____

This information is only precautionary but important in case medical treatment is needed



Participant Release/Waiver Form

This contract constitutes the full understanding of the parties involved and no change, modification or waiver of any terms shall be effective unless in writing and signed by both parties.

In consideration of enrollment and payment of appropriate fees Adventure Chicks...Tahoe!!! (ACT) agrees to provide tuition to include housing, meals as stated in registration, instruction and adult supervision of all activities, the cost of program activities EXCLUDING those listed as an additional expense and passenger van transportation to surrounding areas. Tuition fee does not include transportation or the arrangement of, in any way, to program base. ACT by request can arrange for transport from/to Reno International Airport to/from program base for an additional fee of \$60. each way.

All medical/physician/medication fees are the responsibility of the Parent/Guardian and will be notified immediately in such event and be required to supply credit card/insurance information to facility at time of service. In the event no parent/guardian can be reached in time of need ACT will authorize/administer treatment as medical necessity dictates under given circumstances. Unless authorized with parental/guardian consent NO medication shall be given to participant under any circumstance. If participant wishes to take any common OTC medications they may purchase and do so by their own means. Any staff of ACT is required to receive consent of parent/guardian if she/he is to administer any medication.

Program accommodations will be in a home-like residential setting. Any damages to structure or contents within or surrounding area by participant will be considered and charged for property damage billed to participant and/or parent/guardian. Participant/Parent/Guardian completely absolves homeowner, ACT and its employees of any and all personal negligence claim/suit resulting in injury/suffering or otherwise occurring within and/or around home base accommodation.

Passenger van transportation will be our mode of travel for all off-site activities. A licensed and experienced staff driver will be the only operator of vehicle at all times. No other person shall be permitted to drive. Be it known and understood that all safety measures and care will be taken at all times and that any vehicle use is a risk to driver and passenger. Participant/Parent/Guardian absolves ACT as leasee of vehicle and its advisors/staff of any accidental injury/suffering/loss or otherwise in the event any collision or unknown act may occur.

I acknowledge and it is directly understood that due to the nature of all sport activities there lies inherent risk of injury. ACT will take all measures to insure safety of each individual by explaining safety rules and with the proper use of reasonable safety equipment (bike helmets mandatory, life-vests to be worn on all kayak/raft adventures, lifeguard on duty during open lake swim, instruction on use of all strength equipment). However and beyond ACT's control unforeseen accidents occur and injury may result. In such event participant and/or Parent/Guardian will not hold ACT, its advisors or staff accountable for medical expenses or otherwise incurred as a result of participation in any activity specified as part of program. **PLEASE MAKE IT VERY CLEAR IN WRITING TO ACT DIRECTOR OF ANY ACTIVITY YOU DO NOT WISH YOUR ENROLLEE TO PARTICIPATE IN.** In such case other arrangements for your child shall be made for that day. This may cause participant to spend the day without the normal group unless there are other members not wishing to participate in said activity.

For the concern of safety, welfare, daily program requirements and enjoyment of all other participants ACT reserves the unrestricted right to dismiss any camper whose conduct or influence is inimical to the best interest of others in the considered opinion of the director. Such conduct or influence included but is not limited to: any verbal/physical abuse toward participants or staff; threatening, derogatory or demeaning in any way, any observation or discovery (camp reserves the right to search personal property) of the use or possession of weapons, drugs or drug-related implements, stimulants or any alcoholic beverages, leaving program home grounds unattended, abandoning activities without staff notification, theft of damage to or defacing any property not belonging to said participant, CIGARETTE SMOKING !!! (if participant is a smoker it is advised she reconsider applying to program...smoking will NOT be tolerated or accommodated in any way and will be ground for immediate dismissal. ACT does not have time for smoking cessation courses), refusing to try or participate in any activity for unknown cause, not complying with program rules, direction or procedures, not participating in general program chores and/or clean-up duties, inappropriate behavior, and/or omission or misrepresentation of the medical/mental history of participant.

Any of the above conduct will be just cause for dismissal from program immediately with arrangements to be made with-in 24 hours of notification if not sooner. No refunds or adjustments will be given under these circumstances. ACT has the right to make travel home arrangements via public or private means to next available contact if parent/guardian is not able to be contacted or does not act upon request. ACT is not responsible for participant when traveling to or from camp unaccompanied by adult; it is assumed there will be a parent/guardian upon home arrival.

There is no refund or credit of session to participant in the event of late arrival/early departure, dismissal for cause, illness or accident, disability or withdrawal for any reason.

ACT or its affiliates shall not be responsible for ANY personal possessions lost, stolen or damaged. It is advised that valuables not be taken to program or that a locking storage compartment be brought.

ACT assumes no participant responsibility for acts committed in violation of law. Parents will be notified by officials and expected to act accordingly and immediately upon such notification.

I agree that any claim or suit that I or my representatives bring against ACT must be brought exclusively in the courts of Nevada County, in the town of Truckee, California and the laws of the state of California shall govern. In the event that ACT needs to retain the services of an attorney to enforce rights under the terms of this contract whether after litigation or settlement ACT shall be entitled to reimbursement of any and all legal fees incurred during case. If any portion of this agreement is deemed unenforceable, all other parts shall remain in full force and effect. I intend this document to be interpreted as broadly as allowed by law.

I have read all the conditions stated above and agree with all terms of contract. I am aware of risks of activity, grounds for dismissal etc.....

Adventure Chicks...Tahoe!!! is a unique and special program being offered in an effort to enable girls to learn how to make healthier decisions earlier in life when it can make a cumulative difference. This program is not about discipline, rules and 'can't do's' however there is a need for group structure. AC...T!!! is all about fun and building up the courage to learn new skills and try new things in a non-pressured environment; To learn together, to laugh together. It is very upsetting when there may be one individual making it hard on all

I, Shari H. Eisenman, acting director of AC...Tahoe!!! am taking on the legal risks associated with running such a program (regardless of what others says) in an effort to make a difference in a girls life because I truly care, because I know how good it feels to be able to climb a hill with fair ease or bend without effort to tie my shoe, to appreciate the recreational outdoors or do what it is I like to do because I have my health and I am physically able.

We are not all so fortunate in having good health regardless of our lifestyle, we can only do what we can to maintain and care for the health we do have and live in such a way to help prevent the ailments known to increase the risk of a poor quality of life. Learning how to live a healthier lifestyle is the best means possible to living healthier now and in the future. I am so happy you have chosen to let me share this with you and yours. Life is shorter than we know so let us take care of it and enjoy being an active participant!!!

So.....if you have read, understand, agree and will abide to all this legal but unfortunately necessary in today's sue happy world, jargon.....Please sign below and sign up for an adventure to last a lifetime!!!

I hereby acknowledge all terms and conditions set forth by Adventure Chicks...Tahoe!!!

Parent/guardian: _____ Date _____

Participant: _____ Date _____