



# 2019 Young Adult Summit

Feb. 15<sup>th</sup>-18<sup>th</sup>, 2019

## DEADLINE: FEB 1<sup>st</sup> 2019\*

\*Transportation cannot and will not be guaranteed after this date, so do not delay.

### Participant Registration and Medical Release Form

Participant Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_ SEX: M F

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Pick-up Location: Oakland San Jose Sacramento Clovis Burbank

Phone number where participant can be reached during the day: ( ) \_\_\_\_\_

Phone number where parent/guardian can be reached during the day: ( ) \_\_\_\_\_

Ethnicity:  Asian  Black/ African American  Native American  White

Hispanic  Other: \_\_\_\_\_  Prefer Not to Answer

Hooded Sweatshirt Size (adult sizes): S M L XL XXL (if this is blank, you don't get a sweater)

I UNDERSTAND THAT I MUST BRING MY OWN BEDDING (sleeping bag) AND TOWEL Yes

#### EMERGENCY CONTACT INFORMATION

NAME	TELEPHONE NUMBER	RELATIONSHIP TO PARTICAPANT

#### MEDICAL INFORMATION (REQUIRED)

Company: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

**THE FOLLOWING QUESTIONS ARE DIRECTED AT THE INDIVIDUAL PARTICIPATING IN THE EVENT, AND MAY HAVE TO BE FILLED OUT ON BEHALF OF THAT INDIVIDUAL BY A PARENT OR LEGAL GUARDIAN.**

- Is this your first time attending the Young Adult Summit: Yes No
- Are you wearing pressure garments? Yes No
- Are you, or will you be taking any type of medication during the dates of this event? Yes No  
If yes, please explain \_\_\_\_\_
- Do you have any type of special need, or information of some kind that we should be aware of regarding your participation in this event? Yes No  
If yes, please explain: \_\_\_\_\_
- Do you have any allergies to medication or foods?  Yes  No  
If yes, please explain: \_\_\_\_\_
- Do you have any special dietary restrictions or are you a vegetarian?  Yes  No  
If yes, please explain: \_\_\_\_\_

Please note that the terrain at Camp Ocean Pines is uneven and not ideal for those with limited mobility.

**FOR QUESTIONS OR SCHOLARSHIP INFORMATION, PLEASE CALL 1-888-755-BURN(2876)**



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**APPLICATION CONTINUES ON BACK SIDE**

## Participant Registration and Medical Release Form

\_\_\_\_\_ has my permission to attend the Young Adult Summit, Presidents Day weekend. I understand that my signature below represents my child's actions and if any rules are broken, I will pick them up immediately, at my own expense.

### **PARTICIPANT BEHAVIOR CONTRACT:**

- While participating in this event, I understand that unacceptable behavior, drugs, alcohol, and any weapons, including firearms, will not be tolerated, and may result in the participant's dismissal.
- I hereby release and hold harmless the Alisa Ann Ruch Burn Foundation from any civil damages resulting from my or my child's participation in this event.
- I hereby give permission to the physician or medical personnel selected by the Alisa Ann Ruch Burn Foundation to obtain and administer surgical and medical treatment, hospitalization and medication for myself or my child participant in the case of an emergency.
- I understand that the insurance held by the Alisa Ann Ruch Burn Foundation is secondary, and is supplemental to my own health insurance.
- I understand that AARBF reserves the right to monitor all social media posts and photos related to AARBF staff, volunteers, clients, events, etc. Posts and photos that may harm the goodwill or reputation of AARBF; that are disparaging, discriminatory or harassing any staff, volunteer, client or other person associated with AARBF; or include any confidential or private information concerning a staff, volunteer, client or other person associated with AARBF is considered a breach of acceptable conduct and may be subject to a request for immediate removal.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
If under, 18 Parent/Guardian Signature

\_\_\_\_\_  
Date

### **PHOTOGRAPH/VIDEO RELEASE**

The Alisa Ann Ruch Burn Foundation needs your help and support in its work of providing educational programs about burn injuries. Often, as people become aware of how to prevent burns, they also want to support programs to help survivors of burn injuries. You can help our efforts to increase support for the valuable programs in which you participate. We need your authorization. Check next to the appropriate answer and then give your signature.

Yes, I authorize the Alisa Ann Ruch Burn Foundation to use photographs or video from of this event for public education to prevent burns. I understand that my last name, the cause of my burns, and any other sensitive personal information will not be revealed without my specific consent.

No, I do not want to be photographed or video recorded in any way.

\_\_\_\_\_  
Participant Signature, or parent/guardian if under 18

\_\_\_\_\_  
Date

**PLEASE MAIL or FAX this form AND \$35 by February 1<sup>st</sup> to:**

**Alisa Ann Ruch Burn Foundation  
ATTN: Daniel "Apollo" Chacon  
708 El Cerrito Plaza  
El Cerrito, CA 94530**

**Fax: (415) 495-7224 \* dchacon@aarbf.org \* www.aarbf.org**

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