

Youth Odyssey



PO Box 331394
Corpus Christi, Tx 78463
1-361-444-5420

Youth Application

Youth Information

Name: _____ Birthdate: _____
Pronouns : She/Her/Her's He/Him/His They/Them/Theirs Other: _____
Street: _____ City: _____ State: _____
Zip Code: _____ Phone Number: _____ Gender / Identity: M / F / Non-Binary
Current or last school attended: _____ Are you currently enrolled?: Y / N
Are you Currently Employed? Y / N If so Where? _____

Please circle the one that best describes you
(Note that response is optional):

- Asian or Pacific Islander, Black or African-American,
- Hispanic or Latinx, Native American or Native Alaskan,
- White or Caucasian, Multi- or Bi-Racial,
- Ethnicity not listed here: please describe, _____

Can you swim? Y / N If yes:
Beginner
Intermediate
Competitive

Guardian Information

Name of Guardian #1: _____ Relationship to participant _____
Guardian # 1 Email: _____
Day phone: _____ Evening phone: _____ Work phone: _____
Address if different than student: City: _____ State: _____
Street: _____ Zip Code: _____
Low income household Y / N

Name of Guardian #2: _____ Relationship to participant _____
Guardian # 2 Email: _____
Day phone: _____ Evening phone: _____ Work phone: _____
Address if different than student: City: _____ State: _____
Street: _____ Zip Code: _____
Low income household Y / N

I agree to abide by the rules, policies guidelines of Youth Odyssey. I give permission for Youth Odyssey and or its Grantors to use my name and/or picture in any materials and/or press releases. Please list alternative people to Guardian #1 and #2 listed above who have your permission to pick up the youth after a Youth Odyssey activity.

Participant Name Please Print

Participant Signature

Date

Guardian Name Please Print

Guardian Signature

Date

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Person(s) to alert in the event of a medical emergency:

Name _____ Relationship _____ Phone number _____

Name _____ Relationship _____ Phone number _____

Is the participant covered by family / hospital insurance? Y / N

If yes, name of insurance provider _____ Policy Number _____

Policy holder's name _____ Relationship to participant _____

Policy holder's insurance ID number _____ Insurance phone Number _____

Medications, Mental, and Physical Health History

Will the participant be taking any medications while with Youth Odyssey? Y / N
(Medications include prescriptions, over-the-counter, vitamins, inhalers, or any other substance used for health purposes).

Please write N / A if not applicable

Special Instructions or Considerations for Minor Illness ?

Special Dietary Needs ?

Physical activities to be limited or restricted while at Youth Odyssey ?

Any triggers that Youth Odyssey should be aware of ?

Any other mental or physical concerns that Youth Odyssey should be made aware of ?

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Does the participant have a history of or is the participant prone to any of the following: (Please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Recent injury, illness or infectious disease | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Chronic or recurring illness | <input type="checkbox"/> Joint problems (knees, ankles) |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Fractures |
| <input type="checkbox"/> Homesickness | <input type="checkbox"/> Frequent Headaches |
| <input type="checkbox"/> History of Bedwetting | <input type="checkbox"/> Head Injury |
| <input type="checkbox"/> Sleepwalks | <input type="checkbox"/> Psychiatric Treatment |
| <input type="checkbox"/> Nightmares / Night Terrors | <input type="checkbox"/> Eating Disorder |
| <input type="checkbox"/> Frequent Ear Infections | <input type="checkbox"/> Diarrhea or constipation |
| <input type="checkbox"/> Seizure Disorder or Convulsions | <input type="checkbox"/> Frequent Stomachaches |
| <input type="checkbox"/> Dizziness during or after exercise | <input type="checkbox"/> Wears glasses or contacts |
| <input type="checkbox"/> Chest pain during or after exercise | <input type="checkbox"/> Has Been Hospitalized |
| <input type="checkbox"/> Heart Defect/Disease | <input type="checkbox"/> Wears a Medic Alert ID |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Bleeding/Clotting Disorders | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Oppositional Defiant Disorder |
| <input type="checkbox"/> Mononucleosis (in last 12 months) | <input type="checkbox"/> ADHD |
| <input type="checkbox"/> Chicken Pox <input type="checkbox"/> Measles | <input type="checkbox"/> Tourette Syndrome |
| <input type="checkbox"/> German Measles | <input type="checkbox"/> OCD |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> PTSD |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Autism |
| | <input type="checkbox"/> Other; Please Specify _____ |

Please provide any needed detail for any checked item(s)

Does the participant have any allergies? Y / N

If yes please list, _____

The information provided on this form is accurate to the best of my knowledge. I have indicated any special health conditions, including required medication and activity limitations, which should be known to Youth Odyssey staff and medical personnel. I give Youth Odyssey staff permission to administer routine health care if necessary. In the event of an emergency medical situation, I give my consent for my child to be treated in a licensed hospital/clinic by a licensed physician should the condition require it in my absence. I understand that reasonable attempts will first be made to contact me by Youth Odyssey staff with time and conditions permitting.

In the event that the minor for whom you are signing below has experienced or is experiencing any condition, disability, or illness that you, to any extent, know, believe, suspect, or contemplate may, in any way whatsoever, impair the minor's or others' ability to participate in any Youth Odyssey, Inc. event, activity, school, outing, climbing, or related activities and events, or to perform any task or act required or ordinarily occurring during any Youth Odyssey, Inc. event, activity, school, outing, climbing, or related activities and events immediately Notify the person or persons directing or responsible for the Youth Odyssey, Inc. event, activity, school, outing, climbing, or related activities and events of such condition, disability, or illness.

Sign here to indicate that you have read the above and will notify the appropriate person or persons of any limiting condition, disability, or illness.

Guardian Name Please Print

Guardian Signature

Date

All participant information will be kept confidential and will only be made available to Youth Odyssey staff and emergency medical personnel (if required).

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This form's purpose is to inform and ensure that each participant receives the correct medication at the correct time prescribed for that same participant. Medications include prescriptions, over-the-counter, vitamins, inhalers, or any other substance used for health purposes.

Please list the current medications for this participant

Please include the name of the medication, time of day it is taken, prescribing physician (if any), and any other needed information

I understand and agree that the program staff who will oversee your child self-administer medication have no medical background or training in administering medications. However, based on the information you provided above staff will administer named medications in the way listed above. I, on behalf of myself and my child, agree to release, waive, and hold harmless Youth Odyssey and its agents and employees, and you assume full responsibility for any risk of loss, damage, death, or injury arising directly or indirectly from your child's medications.

I also attest that all medications provided are true and correct to what they are labeled as. And do not hold Youth Odyssey responsible for mislabeled medications

Guardian Name Please Print

Guardian Signature

Date

Release, Acknowledgement of Risk, Waiver of Liability, and Indemnification Agreement

For in and consideration of my participation in any Youth Odyssey sponsored event I hereby recognize that participation is voluntary. I understand that Youth Odyssey, Inc. could not offer this type of activity unless it took steps to protect itself and those associated with Youth Odyssey, Inc. from liability, and that is the purpose of this form. Participant expressly agrees and understands that Youth Odyssey, Inc., project members, and all landowners shall not be liable in any way whatsoever for any injury, damage, loss, accident, delay, death, substitution, or irregularity with respect to persons or property occasioned by any cause whatsoever arising out of or in connection with the ropes course or wilderness activities.

I recognize that participation in the ropes challenge course activities includes walking on cables, pine boards, telephone poles, and uneven ground and supporting other participants' body weight as a function of maintaining safe participation. I understand that this activity will include vigorous exercise in which there are inherent risks. These risks for both the ropes course and the adventure challenge program and/or week-long summer camps. Wilderness activity includes by way of illustration: the risk of sprains, broken bones or strains from hikes, animal confrontations, motor vehicle accidents, getting lost, as well as other risks not listed. I understand that I must pay for my own medical and/or evacuation expenses should either be needed whether or not authorized by me.

For the same consideration and without conflict with the foregoing, Participant hereby releases and discharges Youth Odyssey, Inc., and all landowners, their officers, employees, agents, and their heirs, successors and assigns, both in their official and individual capacities, jointly and severally, from any actions, causes of action, claims demands, costs, and expenses on account of or in any growing out of any and all loss of personal property as the result of an accident, delay or irregularity which may be caused neither in whole nor in part by any defect in any vehicle, airplane, vessel, or the negligent operation thereof or through any act omission or default of any company or person, or by reason of the condition or use of any real or personal property while Participant is en route to or from or participating in the activity or occasioned by it.

If nonetheless, I shall seek to pursue and dispute with Youth Odyssey, Inc. it will be submitted to mediation. If the claim cannot be resolved by mediation the claim shall be submitted to binding arbitration, which will take place in Corpus Christi, Texas, and shall be governed by the laws of Texas and rules of the American Arbitration Association.

Participant further promises to bind himself/herself and all heirs, administrators, and executors to indemnify and forever hold harmless Youth Odyssey, Inc., and all landowners, their officers, and employees against loss, damage, or expense to Participant that may at any time be made or brought against any and all of the said parties because of an accident or occurrence while Participant is en route to or from or participating in any activity related to the activity or occasioned by it.

I, the parent/guardian of the participant whose signature appears below give my consent for emergency medical and/or surgical treatment in a licensed hospital/clinic by a licensed physician should the condition require it in my absence. I understand that in such a case, reasonable attempts would be made first to contact me by Youth Odyssey, Inc. staff with time and conditions permitting. I further agree that I will be responsible for the entire cost of the same.

Participant acknowledges the right of the staff of Youth Odyssey to terminate the Participant's relationship with the activity at any time and for whatever reason.

Guardian Name Please Print

Guardian Signature

Date

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Rules and Expectations

Youth Odyssey is a program dedicated to the personal growth of young people as well as the conservation and preservation of the environment. To ensure the best possible outdoor programming and our own personal safety we must follow a few basic rules and expectations.

1. All youth participants will be supervised by Youth Odyssey staff or adult volunteers during all activities
2. All problems or concerns from youth should be directed to an adult volunteer or Youth Odyssey staff initially. Youth Odyssey staff will provide all crisis management and/or redirection. If the problem persists, Youth Odyssey staff and volunteers will make a collective decision on how best to resolve the situation.
3. Always be sensitive to our environment. Please put all trash, no matter how small it may be in its proper place. Before leaving a work area, campsite, or rest area participants will do a final check of the area for any trash left behind.
4. Always be respectful towards other participants. There will be no fighting, arguing, or inappropriate language during Youth Odyssey programs. There will be no horseplay while traveling in vehicles or anywhere else during a Youth Odyssey program.
5. Weapons are prohibited during Youth Odyssey programs. Any participant found to have a weapon will be dismissed from the program and could be barred from all future Youth Odyssey programs.
6. Alcohol and drugs are prohibited during Youth Odyssey programs. Any participant found to have alcohol and/or drugs will be dismissed from the program and could be barred from all future Youth Odyssey programs. In addition, the participant may be turned over to local authorities.
7. All electronics will be turned into Youth Odyssey staff on arrival at our destination.
8. In case of an emergency follow the directions given by Youth Odyssey staff and stay calm.

Applicant Name Please Print

Applicant Signature

Date

Guardian Name Please Print

Guardian Signature

Date