



Medical and Health Information Form /

Formulario de Información Médica y del Salud

FOR OFFICE USE ONLY

Group: _____

Date: _____

Form Revised 8/1/2009

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USE
ONLY

Please read and complete this entire form carefully. You must complete and sign both sides in order to participate. Incomplete or missing information and/or signatures will prevent participation. / Favor de leer y completar este formulario entero cuidadosamente. Tiene que completar y firmar los dos lados para participar. No se puede participar si la información y firmas no son completas y/o si las dejan en blanco.

PLEASE PRINT ALL ANSWERS / FAVOR DE IMPRIMIR SUS RESPUESTAS

Participant / Participante

Name of Participant / Nombre de Participante	Date of Birth (Month/Day/Year) / Fecha de nacimiento (Mes/Día/Año)	Age / Edad	Sex / Sexo
Height / Altura	Weight / Peso	Eye Color / Color de ojos	Hair Color / Color de Pelo
Parent/Guardian Home Address / Dirección de Padre/Guardián	Parent/Guardian City / Ciudad de Padre/Guardián	State / Estado	Zip / Código Postal
Parent/Guardian Daytime Phone / Teléfono del día de Padre/Guardián	Parent/Guardian Evening Phone / Teléfono de la noche de Padre/Guardián	Parent/Guardian Cellular Phone / Teléfono Celular de Padre/Guardián	

Emergency Contact / Contacto de Emergencia

Emergency Contact Name / Nombre del Contacto de Emergencia	Daytime Phone / Teléfono del día	Evening Phone / Teléfono de la noche	Cellular Phone / Teléfono Celular
Address / Dirección	City / Ciudad	State / Estado	Zip / Código Postal

Health Insurance / Seguro Médico

Participant's Family Physician Name / Nombre del proveedor de servicios de salud (doctor) del participante	Physician's Phone / Teléfono del doctor
Health Insurance Company / Compañía de Seguro Médico	Health Insurance ID Number / Número de identificación del seguro médico
Health Insurance Phone / Teléfono del seguro médico	

Health History / Historia de Salud

Have you previously or do you currently have: (Circle Yes or No) / Ha tenido o tiene al presente: (Pon un círculo alrededor de sí o no)

YES / SÍ NO **Heart Problems / Problemas de corazón**

YES / SÍ NO **Low or high blood pressure / Presión arterial alta o baja**

YES / SÍ NO **Allergies (drugs, bees, etc.) / Alergias (drogas, abejas u otra cosa)**

YES / SÍ NO **Asthma (please note if you carry an inhaler) / Asma (Favor de notar si lleva un inhalador)**

YES / SÍ NO **Back problems / Problemas de espalda**

YES / SÍ NO **Recent sprains, fractures, or dislocations / Una torcedura, fractura o dislocación reciente**

YES / SÍ NO **Knee problems / Problemas de rodillas**

YES / SÍ NO **Dizziness, fainting spells / Momentos de mareo o desmayo**

YES / SÍ NO **Severe abdominal or menstrual cramps / Calambres menstruales o abdominales severos**

YES / SÍ NO **Frostbite, hypothermia / Congelación, hipotermia**

YES / SÍ NO **Emotional impairment or disability / Incapacidad o deterioro emocional**

YES / SÍ NO **Diabetes / Diabetes**

YES / SÍ NO **Dietary restrictions / Restricciones de dieta**

YES / SÍ NO **Thyroid trouble / Problema del tiroides**

YES / SÍ NO **Current communicable diseases / Enfermedades contagiosas actuales**

YES / SÍ NO **Epilepsy or convulsions / Epilepsia o convulsiones**

Are you currently **pregnant?** / ¿Está embarazada? YES / SÍ NO

** We are unable to take pregnant women rafting regardless of the stage of the pregnancy ** / **No es posible llevar una mujer embarazada en balsa. No importa la etapa de su embarazo. **

Are you presently using any **medicines, alcohol, or drugs?** / ¿Está usando cualquier medicamento, droga o alcohol ahora? YES / SÍ NO

Immunizations / Vacunas:	Date / Fecha
Tetanus / Tétano YES / SÍ NO	_____
MMR YES / SÍ NO	_____
Hepatitis A YES / SÍ NO	_____
Hepatitis B YES / SÍ NO	_____

Please explain any items circled YES for any condition, injury, or illness requiring medical treatment that might restrict or prevent full participation in the program for which you are applying. / Favor de explicar cualquier cosa marcada SÍ para cualquiera condición, herida o enfermedad que requiera tratamiento médico que podría limitar o impedir su participación entera en el programa de lo cual está aplicando.

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Consent for Treatment / Consentimiento para Tratamiento

I authorize the staff of Youth Dynamics to give consent to emergency examinations and/or diagnostic procedures, procurement of medical treatment, emergency surgery, or administration of necessary anesthetics, when in the opinion of any physicians or surgeon of good standing such medical treatment is deemed necessary for the mental or physical health of the participant and I/we cannot be reached within a reasonable time to obtain my/our consent to treatment. This grant of authority shall not create an independent duty on the part of Youth Dynamics employees to give consent to treatment. / Yo doy permiso al personal de Youth Dynamics que pueden dar su consentimiento a un examen de emergencia y/o procedimiento diagnóstico, adquisición de tratamiento médico, cirugía de emergencia, o administración de anestésicos necesarios, si en el opinión de un doctor o cirujano de buena reputación tal tratamiento médico se ve necesario para el salud físico o mental del participante y no se puede contactar a yo/nosotros en un tiempo razonable para obtener mi/nuestro consentimiento. Este permiso de autoridad no debe crear una responsabilidad independiente de parte del personal de Youth Dynamics para dar consentimiento al tratamiento.

If participant is under 18, parent or legal guardian MUST sign below / Si el participante está bajo la edad de 18 años, el padre o guardián legal tiene que firmar aquí abajo.

Signature / Firma	Date (Month/Day/Year) / Fecha (Mes/Día/Año)
Printed Name / Firma en molde	

Must complete other side / debe terminar el otro lado

You must complete and sign both sides in order to participate.

Participant's Acknowledgment of Risks and Assumption of Risk and Responsibility

Form Revised 8/1/2009

WARNING: Although **YOUTH DYNAMICS** has taken reasonable steps to provide me with the appropriate equipment and skilled guides so I can enjoy an activity for which I may not be skilled, Youth Dynamics has informed me this activity is not without risk. Certain risks are inherent in each activity and cannot be eliminated without destroying the unique character of this activity. These inherent risks are some of the same elements that contribute to the unique character of this activity and can be the cause of loss or damage to my equipment or accidental injury, illness, or in extreme cases, permanent trauma or death. Youth Dynamics does not want to frighten me or reduce my enthusiasm for this activity, but believes it is important for me to know in advance what to expect and to be informed of the inherent risks.

ACKNOWLEDGMENT OF RISKS: The following describes some, but not all, of those risks: 1) Falling; 2) Cold weather and heat related injuries and illnesses including frostnip, frostbite, heat exhaustion, heat stroke, hypothermia, and dehydration; 3) An "act of nature" which may include avalanche, rockfall, inclement weather, lightning, severe and/or varied wind, temperature or weather conditions; 4) River crossings, fording, portaging, or travel including travel to or from the activity; 5) Risk associated with crossing, climbing, or down-climbing rock, snow and/or ice; 6) Equipment failure and/or operator error; 7) Altitude related illnesses including acute mountain sickness, pulmonary edema, and/or retinal hemorrhage; 8) risks typically associated with watercraft including change in water flow or current; submerged, semi-submerged and over hanging objects; capsizing, swamping or sinking of watercraft and resultant injury, hypothermia, or drowning; 9) My sense of balance, physical coordination, and ability to follow instructions and the actions of others; 10) Attack by or encounter with insects, reptiles, or animals; 11) Accidents or illnesses occurring in remote places where there are no available medical facilities; 12) Fatigue, chill and/or dizziness which may diminish my/our reaction time and increase the risk of accident; 13) Discharge of weapons; 14) Risks associated with riding on or being around horses, including feeding, grooming, exercising, and/or sleigh or wagon rides. Horses can be unpredictable animals so activities involving horses can be dangerous.

EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY: I understand that recreational and adventure activities entail risks of injury, illness, or death to myself and minor children for which I may be responsible. I understand the description of those inherent risks is not complete and that other unknown or unanticipated inherent risks may result in injury or death. I agree to assume and accept full responsibility for all risks identified above, those known and unknown, inherent or otherwise. My/our participation in this activity is purely voluntary, no one is forcing me/us to participate and I/we elect to participate in spite of and with full knowledge of the inherent risks. I am (we are) physically and mentally capable of participating in the activity and/or safely using the equipment. I accept that wearing a U.S.C.G. approved personal flotation device for waterborne activities or helmet for climbing activities (for example) are basic safety precautions.

I acknowledge that engaging in this activity may require a degree of skill and knowledge different than other activities and that I have responsibilities as a participant. I acknowledge that the staff of Youth Dynamics has been available to more fully explain to me the nature and physical demands of this activity and the inherent risks, hazards, and dangers associated with this activity.

MEDIATION: I further agree that if I have a legal dispute with Youth Dynamics which cannot be settled through discussions between the parties, I will attempt to settle the dispute through mediation before a mutually acceptable mediator whose name appears on the registry of names recognized by Washington courts as qualified persons for mediation assignments. To the extent mediation does not result in a resolution, I agree to submit the dispute to binding arbitration through the American Arbitration Association in Washington. I also agree that I will pay all costs and attorney's fees incurred by Youth Dynamics in defending a claim or suit, if the claim or suit is withdrawn by me or to the extent a court or arbitration determines that Youth Dynamics is not responsible for the injury or loss. If any portion of this agreement is found by a court or other appropriate authority to be invalid, the remainder of the agreement nevertheless will be in full force and effect.

NO GUARANTEES: I recognize that Youth Dynamics may find it necessary to terminate an activity or refuse or terminate the participation of any person for the safety of myself and/or other participants. I acknowledge that no guarantees have been made with respect to achieving objectives.

AUTHORIZATION: I also hereby authorize any medical treatment deemed necessary in the event of any injury while participating in the activity. I either have appropriate insurance or, in its absence, agree to pay all the costs of rescue and/or medical services as may be incurred on my/our behalf.

ACKNOWLEDGMENT: In consideration of the services of **YOUTH DYNAMICS**, their officers, agents, employees and all other persons or entities associated, I certify that I am fully capable of participating in this activity. Therefore, I assume and accept full responsibility for myself, and on behalf of all minor children in my care, custody and control, for bodily injury, death or loss of personal property and expenses as a result of those inherent risks and dangers not specifically identified and, as a result of my negligence in participating in this activity.

PUBLICITY RELEASE: I grant permission to Youth Dynamics to use any video footage, photographs or written testimony taken through my child's involvement with Youth Dynamics in public relations and fundraising materials both in print and online. We agree to receive no compensation for use of these videos, images, and testimonies.

I have carefully read, clearly understood and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon myself, my heirs, assigns, personal representative and estate and for all members of my family, including minor children.

Participant's Printed Name / Firma en molde de Participante

Participant's Age / Edad de Participante

Participant's Signature / Firma de Participante

Date (Month/Day/Year) / Fecha (Mes/Día/Año)

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