

# Samson's Wilderness Adventure Team



## Registration Form



Gender:



Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov/PC: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_

### Emergency Contact Information

(Please use someone near the primary contact)

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov/PC: \_\_\_\_\_

### Health Information

Manitoba Health #: \_\_\_\_\_ Family Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Medical Insurance:  /  Insurance Company: \_\_\_\_\_  
 Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_  
 Name of Insurance Holder: \_\_\_\_\_

	PLEASE CIRCLE:	PLEASE SPECIFY:
Any pre-existing or present medical conditions?	<input checked="" type="radio"/> / <input type="radio"/>	_____
Any medications in use?	<input checked="" type="radio"/> / <input type="radio"/>	_____
Allergies	<input checked="" type="radio"/> / <input type="radio"/>	_____
Hay fever, heart conditions, diabetes, insect stings, epilepsy/nervous disorder, asthma, stomach upsets, physical handicap, or other (please specify)	<input checked="" type="radio"/> / <input type="radio"/>	_____
Any major illness in the last year?	<input checked="" type="radio"/> / <input type="radio"/>	_____
Contact Lenses	<input checked="" type="radio"/> / <input type="radio"/>	_____
Any activity restrictions?	<input checked="" type="radio"/> / <input type="radio"/>	_____
Date of last tetanus shot:		

Dear Parent/Guardian:

Please make sure you take the time to read over this form and fill in the necessary information. If you have any questions or concerns please contact me at any time. [titus@samsons.org](mailto:titus@samsons.org) or 1-204-669-4205 ext 249

As a year round program, SWAT will run weekly programs and adventure trips such as : Wall climbing, Ice Climbing, Rock Climbing, Hiking, Canoeing, Biking, Snowshoeing, Cross Country Skiing, and Camping trips. Our greatest desire is to provide care and support for your teenager(s) at every level. This means we will give them opportunities to grow physically, emotionally, spiritually, mentally and relationally. We will use the Bible as a guide to explore what it means for us to have a personal relationship with God.

In order to maximize the experience for your son/daughter at Samsons Wilderness Adventure Team outings, **please do not allow them to bring a Discman, ipod, Mp3 Player, CDs or a Cell Phone along or these items will be held by YFC staff for the duration of event.** There will be plenty of activities, games, etc. for them to enjoy.

- Titus Graham, SWAT Director

## **SWAT Code of Conduct 2009-2010**

Dear Parents/Guardians and SWAT members,

We feel it is necessary to clarify our expectations for the conduct of any youth attending SWAT events and trips with us. Please review the following with your child/children and sign at the bottom:

### Our Expectations

We expect that the youth will conduct themselves in a respectful way toward all SWAT leaders, each other, and nature. It is our desire to promote healthy and responsible living. Therefore, we will not tolerate the following on a SWAT event/ trip:

- Non-medicinal drugs, alcohol, or cigarettes
- Swearing (especially at a leader or another camper)
- Inappropriate physical contact of any kind (i.e. sexual or fighting)
- Any object that could be used as a weapon
- Disrespectful attitudes

For the TEENS:

I have read the SWAT code of conduct, and I acknowledge that the SWAT leaders will enforce these expectations. I commit to refraining from inappropriate physical or sexual contact (including fighting), refraining from the use of any dangerous object that could be used as a weapon, and refraining from the use of alcohol, cigarettes, and non-medicinal drugs while on SWAT trips. I understand that if I am caught in these practices or with these items in my possession, I will be sent home immediately at my parent/guardian's expense. I also commit to having a respectful attitude, and refraining from swearing, especially at a leader or another camper. If I choose to violate this code of conduct, I will accept the consequences (push-ups, extra dish duty, or being sent home) for my actions. I understand that interpretation and enforcement of this code of conduct is subject to the

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

For the Parent/Guardian:

I have read the SWAT code of conduct, and I acknowledge that these guidelines will be an expectation for my child while on SWAT trips. I realize that the SWAT staff will confiscate any alcohol, cigarettes, non-medicinal drugs, or weapons found in my child's possession, and that my child will be returned home immediately at my expense if caught with any of these items or caught engaging in any inappropriate physical or sexual contact. I understand that the SWAT staff may administer fair consequences at their discretion (examples may include: push-ups, extra dishes duty) for instances of disrespect of property or persons (swearing, vandalism etc.). I consent to these SWAT guidelines for my child's conduct while on a SWAT trip, and I feel that they are fair and sufficient expectations for my child to meet. I understand that interpretation and enforcement of this code of conduct is subject to the discretion of the SWAT staff.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Thanks for your cooperation. Our SWAT team is looking forward for you to join us for a great year!  
Titus Graham

SWAT Director  
[titus@samsons.org](mailto:titus@samsons.org) 1-204-669-4205 ext. 249

**ACTIVITIES/TRIPS/GAMES/SKILLS**

WANT TO DO IT. THAT WAY WE CAN DO OUR BEST TO PROVIDE THE ADVENTURE YOU CRAVE!!

*(Please circle as many as you want)*

- CAMPING   -CLIMBING (ROCK, ICE, and WALL)   -HIKING   -BIKING   -CANOEING
- CROSS COUNTRY SKIING   -SNOWSHOEING   -FIRST AID   -WILDERNESS SURVIVAL
- SWIMMING   -SCAVENGER HUNTS   -ARCHERY   -ORIENTEERING (COMPASS/GPS)

OTHER ACTIVITIES \_\_\_\_\_.

**DAYS AND TIMES THAT WORK BEST FOR YOU**

WHAT TIME   **Monday**   **Tuesday**   **Wednesday**   **Thursday**   **Friday**   **Saturday**   **Sunday**

AM/PM/  
TIME

I understand that in the event that medical intervention is needed, every attempt will be made to immediately contact the persons listed on this form. In the event I cannot be reached in an emergency during the activity dates shown on this form, I hereby give permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or order an injection, anesthesia, or surgery for my child that is deemed necessary.

I understand all personal safety precautions will be taken at all times by Samson's/Youth for Christ and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent risk. I agree not to hold Samson's/Youth for Christ, its leaders, and its volunteer staff liable for damages, losses, diseases, or injury incurred by the subject form.



Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

As parents/legal guardians of \_\_\_\_\_, I have reviewed the information about the event and give my permission for the subject of this release to be involved in the overall activities and in the program identified above. I also authorize the use of photos or video of my son/daughter by Samson's/YFC for publicity purposes.

I/We understand the need for certain rules to be in place during this activity and agree that the subject of this release will abide by them. I/We acknowledge that if the subject of the release has to return home early for discipline violations, or possession of alcohol or non-prescription drugs, it will be at my/our expense.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# S.W.A.T.

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