



Missouri River Academy Registration Packet



Dear Potential Student and Parent,

Thank you for choosing to enroll in the Missouri River Academy. This packet contains important forms that need to be completed and returned, the majority of the forms will need to be signed by two parents and/or guardians as well as the student attending the Missouri River Academy.

Forms include:

- Student Medical Form
- Request for Medication to be Given
- General Risk Release Form
- Student Standards of Behavior Agreement
- Travel Form

You CANNOT participate unless these forms are returned. Please mail or e-mail all forms by June 28th, 2017 to Missouri River Relief, PO Box 463, Columbia, MO 65205, or e-mail: kristen@riverrelief.org

If you can't find what you are looking for, please visit our information packet which includes (a) summary of the Academy, (b) registration process, (c) schedule of the Academy, (d) lodging and dining information, (e) packing list, (f) driving directions, and (g) general policies.

We look forward to seeing your student at the Missouri River Academy this summer!

Kristen Schulte

Kristen Schulte, Education Coordinator
Missouri River Relief
www.riverrelief.org



Missouri River Academy

STUDENT MEDICAL INFORMATION

*All information on this form must be complete, including signatures, prior to participation.
Participants over the age of 12 yrs. **AND** one or preferably both parents/guardians must sign this form*

General Student Information

This information will be shared only with Missouri River Relief (MRR) personnel, consulting and treating medical personnel and other individuals working with MRR. Otherwise, the information will remain confidential.

Students Name _____ Date of Birth _____ Age ____ Height ____ Weight ____ Gender? M F

Home Phone _____ Family E-mail _____

Parent(s)/Guardian(s) Name(s) _____ Language Spoken _____

Mailing Address _____ City _____ State _____ Zip Code _____

Parent/Guardian 1 Bus. Phone _____ Parent/Guardian 2 Bus. Phone _____

Parent/Guardian 1 Cell Phone _____ Parent/Guardian 2 Cell. Phone _____

Student's Physician _____ Phone _____

Student's Dentist _____ Phone _____

INSURANCE: Each participant is responsible for her/his own medical expenses. Medical insurance is recommended but not required.

Medical Insurance Company Name _____

Insurance Co. Phone _____ Policy Number _____

If parents are divorced who has legal custody of child? _____

Are there any restrictions on information given to non-custodial parents? Yes ____ No ____

If yes, this information must be documented and attached to the Students Medical Information Form.

In the event of an emergency, if parent/legal guardian cannot be reached, who should be called?

Name _____ Home Phone _____

Relationship to Student _____ Work/Cell Phone _____

Name _____ Home Phone _____

Relationship to Student _____ Work/Cell Phone _____

Significant Medical History/Pre-Existing Conditions: Please list your student's medial history including hernias, ulcer, head injuries, cancer, arthritis, scoliosis, hearing/vision problems, learning differences, eating disorders or other illnesses (use extra pages if necessary). In addition, please note if your student has any pre-existing medical conditions. If pre-existing medical conditions may be affected by participation in daily activities at the Missouri River Academy, please have your doctor document these conditions and give approval or agree to discuss the condition with a Missouri River Relief representative.

Date(s)	Condition	Implications/Accommodations

Students Medical History

Activities such as sports or outdoor pursuits can be strenuous depending on a student's physical condition. The following information is important and will help us prevent medical problems before they occur. **Please explain any Yes answers on lines provided on the right. Attach additional sheet(s) if necessary.**

1. Any adverse reactions to medication?	YES	NO	1. _____	
2. Are they currently taking any medication?	YES	NO	2. _____	
If yes, what type/dosage?			_____	
What is the medication specifically for?			_____	
3. Any allergies to foods, medications, environment?	YES	NO	3. _____	
If yes, please describe the allergic reaction <u>in detail</u> .			_____	
4. Any food/dietary restrictions?	YES	NO	4. _____	
If yes, please describe restrictions <u>in detail</u> .			_____	
5. Have you ever been stung by a bee?	YES	NO	5. _____	
If yes, please describe the allergic reaction			_____	
6. Tetanus shot series up to date?	YES	NO	6. _____	
7. Any respiratory problems or asthma? (Students who use inhalers are required to carry them at all times.)	YES	NO	7. _____	
8. Any heart defects or heart disease?	YES	NO	8. _____	
9. Any history of seizures, convulsions, epilepsy or other medical disorders?	YES	NO	9. _____	
10. Any ankle/knee/hip or other joint problems?	YES	NO	10. _____	
11. Does student have diabetes? Describe Type.	YES	NO	11. _____	
12. If female, has student menstruated?	YES	NO	12. _____	
If no, does she know about it?	YES	NO	_____	
13. Has student consulted a mental health care professional in the past two years? Please explain.	YES	NO	13. _____	
14. Do you have any other medical conditions that may preclude strenuous activities?	YES	NO	14. _____	
15. Does student wear glasses or contacts?	YES	NO	15. _____	
16. How well does your student know how to swim?	Expert	Intermediate	Beginner	No Experience
17. How well does your student know how to ride a bike?	Expert	Intermediate	Beginner	No Experience

Parents/Legal Guardians of Minor Students- Medical Authorization and Permission

Missouri River Relief is concerned about inappropriate use of both prescription and non-prescription medications by minors. Persons under 21 are not permitted to use medication without written permission from a parent, legal guardian, physician or an authorized Missouri River Relief staff person. Persons under 21 are not permitted to share medications under any circumstances. We give permission for Missouri River Relief to administer the following over-the-counter medications to our minor daughter/son:

PLEASE CHECK THOSE MEDICATIONS WE MAY PROVIDE YOUR MINOR DAUGHTER/SON:

____Tylenol ____Aspirin ____Ibuprofen ____Maalox ____Ex-lax____Benadryl ____Loratadine (Claritin) ____Delsym (cough)

I authorize Missouri River Relief (MRR) staff or other medical personnel to obtain or provide medical care for my child, to transport my child to a medical facility and to secure treatment (including but not limited to routine or emergency health care, hospitalization, injection, anesthesia or surgery) they consider necessary for my child's health. I agree to pay all costs associated with that care and transportation and agree to the release (to or by MRR) of any medical records necessary for treatment, referral, billing or insurance purposes. Note to parents: except to the extent limited by this form, my child has permission to participate in all MRR activities.

Signatures

Parent/Guardian 1 Signature _____	Print Name _____	Date _____
Parent/Guardian 2 Signature _____	Print Name _____	Date _____



REQUEST FOR MEDICATIONS TO BE GIVEN AT THE MISSOURI RIVER ACADEMY

All information on this form must be complete, including signatures, prior to participation.
One or preferably both parents/guardians must sign this form

General Medication Information

This information will be shared only with Missouri River Relief (MRR) personnel, consulting and treating medical personnel and other individuals working with MRR. Otherwise, the information will remain confidential. If your child requires any prescription medication or over the counter medication during the Missouri River Academy it will be administered by the Missouri River Relief staff. In the "Student Medical Information" form you may give written permission to administer the following over the counter medications: Tylenol, Aspirin, Ibuprofen, Maalox, Ex-lax, Benadryl, Claritin, and/or Cough Drops. Missouri River Relief will have a supply of these over the counter medications.

All other over the counter and prescription medication administrators will need the "Request for Medication to be Given at the Missouri River Academy" form completed. Please place all medications you are sending with your child in a plastic bag marked with the child's name, with a doctor's order or prescription label attached. Send only enough medication for the days your child will be gone. If your child requires an asthma rescue inhaler or EpiPen®, please send two, if possible. Your child will carry one with them and the Missouri River Relief staff will carry the second as a backup. If only one inhaler or EpiPen® is supplied, it will remain with your child for the entire trip and there will not be a backup. Please check expiration dates of all medications before sending them with your child, especially asthma rescue inhaler or EpiPen®.

I request that (child's name printed) _____ be allowed to take the following medications during the Missouri River Academy.

Medication Description

Name of Medication: _____
Reason for Medication: _____
Dosage to be Given: _____
Frequency/ Time of Day: _____
Notes: _____

Medication Description

Name of Medication: _____
Reason for Medication: _____
Dosage to be Given: _____
Frequency/ Time of Day: _____
Notes: _____

If additional space is needed for medication descriptions, please print and complete an additional form.

Signatures

Parent/Guardian 1 Signature _____ Print Name _____ Date _____

Parent/Guardian 2 Signature _____ Print Name _____ Date _____



Missouri River Academy

GENERAL RISK RELEASE FORM

Missouri River Relief: Acknowledgment and Assumption of Risks & Release and Indemnity Agreement

INTRODUCTION

Please read this entire Acknowledgment and Assumption of Risks & Release and Indemnity Agreement (hereafter 'Document') carefully before signing. All participants 12 years of age and older must sign this Document. For participants under 18 yrs. of age (hereafter sometimes 'minor' or 'child'), one or both parent/s or legal guardian/s (hereafter collectively 'parent/s') must also sign and parent/s may print the name (instead of a signature) for those participants under 12 yrs. of age. In consideration of the services of Missouri River Relief and its officers, directors, employees, representatives, agents, volunteers, independent contractors and all other persons or entities associated with it (collectively referred to in this Document as 'MRR'), I (participant and parent/s of a minor participant) acknowledge and agree as follows:

Missouri River Relief contracts with individuals or organizations that are independent contractors (not their employees) to provide some of the services and to conduct some of the activities in which participants may engage. Although Missouri River Relief has made efforts to locate responsible contractors, it does not supervise or control these contractors and is not responsible for their conduct. Participants (and parent/s) acknowledge that they may independently investigate, these organizations and activities if they desire.

ACKNOWLEDGMENT AND ASSUMPTION OF RISKS

MRR educational and/or river clean up and recreation activities on or off the river and Camp Trinity (which may be scheduled or unscheduled, supervised or unsupervised or occur during free time), including those offered through the variety of MRR programs, may include but are not limited to hiking; biking, motor boating; canoeing; swimming; fishing; river clean ups; research projects; wildlife and nature observation and travel in vans, buses and other vehicles (collectively referred to in this Document as 'activities'). I acknowledge that the inherent and other risks, hazards and dangers (collectively referred to in this Document as 'risks') of these activities can cause injury, damage, death or other loss to participant or others. Parent/s of minor participants agrees to discuss the nature of these activities and risks with their child. The following describes some, but not all of those risks:

1. **Risks associated with travel.** Travel may be on foot; canoe, via mechanized travel such as a vehicle, motorboat, or by other means and may be over rough and unpredictable terrain or via routes, lakes, rivers, hiking trail and roads in rain or other adverse weather conditions.
2. **Risks connected with geographic location.** Activities may take place in remote places several hours from medical facilities, causing potential delays in communication, transportation, evacuation and medical care.
3. **The risk that equipment used** in an activity may be misused or may break, fail or malfunction.
4. **Risks present in an outdoor environment.** These risks include travel on water, on river banks both on and off the trail. Travel may be subject to lightning; strong winds; fast moving rivers or other water bodies; river currents; falling rocks; extremely hot or cold weather or water; fallen timber; stinging, venomous, or disease carrying animals or insects; poisonous plants; wild animals and other natural or man-made hazards. Hazards may not be marked or visible and weather is unpredictable.
5. **Risks involved in decision-making and conduct,** including, without limitation, the risk that an MRR staff member, volunteer or contractor may misjudge a participant's capabilities, health or physical condition or misjudge some aspect of instruction, medical treatment, weather, terrain, water level or river and/or terrain route location.
6. **Personal health and participation risks.** The risk that participant's mental, physical or emotional condition (disclosed or undisclosed, known or unknown) combined with participation in these activities could result in injury, damage, death or other loss. Although MRR personnel will review participant's health information, MRR cannot anticipate or eliminate risks or complications posed by participant's mental, physical or emotional condition.
7. **Risks regarding conduct.** The potential that participant, or other participants or third parties (e.g., driver, rescue squad, hospital) may act carelessly or recklessly.
8. **Risks associated with riding in vehicles.** Participants may ride in vans, cars, buses or other vehicles for program purposes. Risks include, but are not limited to vehicular accidents, rollovers or injury. Participants must remain seated at all times when the vehicle is moving and must wear seatbelts when available.
9. **Risks associated with premises.** Slippery walkways, uneven ground, ruts, boulders, or other conditions may exist in and around Camp Trinity. Participants may engage in MRR chores using MRR tools and materials.
10. **Participants may have free time** before and after the start of the program or class and at various other times, they are with MRR.
11. **Risks associated with travel in areas where firearms** are allowed, including, without limitation, the risk of being shot or struck by accidental discharge or malfunction of a firearm.
12. **Research and service project risks** including, without limitation, risks associated with activities such as handling wild or domestic animals, digging out trash, lifting heavy trash, rolling trash, and searching for trash. Projects may involve the use of hand tools, power tools, and water quality testing equipment.
13. **Such other risks** that are generally associated with educational and/or adventure and recreation activities.

These and other risks may result in participants: falling; being struck; colliding with objects or people; experiencing vehicle or boat capsizing or collision; weather conditions or increased exertion; becoming lost or disoriented; suffering allergic reactions or experiencing other problems. These and other circumstances may cause dehydration, heat exhaustion, drowning, heart or lung complications, broken bones, paralysis, concussions, sunburn or other burns, mental or emotional trauma or other injury, damage, death or loss.

I (participant and parent/s of a minor participant) agree:

- to accurately complete the appropriate MRR forms, to abide by the terms of those documents and to follow MRR rules and policies;
- to review all MRR program information and materials received, and I understand that MRR staff members are available should I have other questions about the nature and physical demands of these activities or the associated risks;
- If participant has any mental, physical or emotional conditions or limitations which might affect his/her ability to participate, I agree to disclose those to MRR and represent that participant is fully capable of participating without causing harm to him or herself or others;(1) During both supervised and unsupervised activities, all participants share in the responsibility for their own safety; (2) MRR staff or contractors cannot assure participant's safety or eliminate any of these risks.

Participant is voluntarily participating with knowledge of the risks. Therefore, participant (and parent/s of minors) assumes and accepts full responsibility for the inherent and other risks (both known and unknown) of these activities and for any injury, damage, death or other loss suffered by participant (and parent/s of minors) resulting from those risks and/or resulting from participant's negligence or other misconduct.

RELEASE AND INDEMNITY AGREEMENT

Please read carefully. This Release and Indemnity Agreement contains a surrender of certain legal rights. Certain public land agencies (including the Missouri Department of Conservation, Missouri Department of Natural Resources, U.S. Corps of Engineers, U.S. Fish & Wildlife Service and the City of New Haven, Missouri) restrict service providers, including MRR, from seeking releases of liability for negligence, for injuries or other losses occurring while operating under permit on those public lands. Therefore, except to the extent a court determines these federal restrictions are enforceable against MRR as a matter of law, **I (adult participant or parent/s for themselves and for and on behalf of their participating minor child) agree:**

1) **to release and not to sue MRR** with respect to any and all claims, liabilities, suits or expenses (including attorneys' fees and costs) (hereafter collectively 'claim' or 'claim/s') for any injury, damage, death or other loss in any way connected with my/my child's enrollment or participation in these activities or use of MRR equipment, facilities or premises. **I understand that in signing this Document, I, my child and anyone acting on me or my child's behalf surrender all rights to make a claim against MRR as a result of any injury, damage, death or other loss suffered by me or my child;**

2) **to defend and indemnify** ('indemnify' meaning protect by reimbursement or payment) **MRR** with respect to any and all claim/s: (a) brought by or on behalf of me, my child, spouse or other family member for any injury, damage, death or other loss in any way connected with my/my child's enrollment or participation in these activities or use of MRR equipment, facilities or premises; and/or (b) brought by a co-participant or any other person for any injury, damage, death or other loss to the extent caused by my/my child's conduct in the course of participating in these activities or using MRR equipment, facilities or premises.

This Release and Indemnity Agreement includes claim/s resulting from MRR' negligence (but not its willful or wanton misconduct), and includes claim/s for personal injury or wrongful death (including claim/s related to emergency or medical response, assessment or treatment), property damage, breach of contract or any other claim.

CONCLUSION

I (participant and parent/s of a minor participant) agree that Missouri substantive law (without regard to its conflict of laws rules) governs this Document, any dispute I have with MRR and all other aspects of my relationship with MRR and that any mediation, suit or other proceeding must be filed or entered into only in Boone County, Missouri. I agree to attempt to settle any dispute (that cannot be settled by discussion) through mediation before a mutually acceptable Missouri mediator. I authorize MRR staff, representatives, contractors or other medical personnel to obtain or provide medical care for the participant, to transport participant to a medical facility and to provide treatment they consider necessary for participant's health. I agree to pay all costs associated with that care and transportation. I agree to the release (to or by MRR) of any medical records necessary for treatment, referral, billing or insurance purposes. I authorize MRR to use my or my child's photo or image in any manner, for advertising, display, audiovisual, electronic or other use. **This Document is intended to be interpreted and enforced to the fullest extent allowed by law. If any portion of this Document is deemed unlawful or unenforceable it shall not affect the remaining provisions, and those remaining provisions shall continue in full force and effect.**

Participant and parent/s of a minor participant agree: I have carefully read, understand and voluntarily sign this Document and acknowledge that it shall be effective and binding upon me, my minor children, spouse and other family members and my heirs, executors, representatives, and estate. *One or preferably both parent/s must sign below for any participating minor*

Students Signature _____	Print Name _____	Date _____
Parent/Guardian 1 Signature _____	Print Name _____	Date _____
Parent/Guardian 2 Signature _____	Print Name _____	Date _____



Missouri River Academy

STUDENT STANDARD OF BEHAVIOR AGREEMENT

Your signatures at the bottom of this form are required for participation in Missouri River Academy. Your signatures certify that you agree to the following standards set by Missouri River Relief:

- To show respect to self, others, and the environment.
- To share equally in group responsibilities
- To perform equal to your academic ability
- To possess no weapons of any kind.
- To abstain from using or possessing alcohol, illegal drugs or tobacco in any form.
- To exhibit no violent behavior, chronic misbehavior or actions that create an unsafe situation.
- To abstain from intimate or exclusive relationships.
- To the appropriate and respectful use of digital cameras.

We understand that failure to maintain these standards will result in dismissal and forfeiture of tuition.

Signed: _____ **Date:** _____
Participant

Print Name: _____ **Date:** _____
Participant

Signed: _____ **Date:** _____
Parent/Guardian 1

Signed: _____ **Date:** _____
Parent/Guardian 2

What NOT to Bring:

- Weapons of any kind. This includes guns, knives (including pocket knives), mace, etc.
- Non-prescription medications. Such medication will be dispensed by Missouri River Relief staff as necessary. No prescription medication should be brought or used unless noted on the participant medical form.
- Tobacco products, illegal drugs and alcohol.
- Soda, candy, and electronics.



Missouri River Academy TRAVEL FORM

Students Name _____ Parent/Guardian _____ Phone: _____

Arrival/Departure by Personal Vehicle

My child will arrive by private vehicle on July 9th, 2017 at _____ pm (between 3:30pm - 4:00pm, please)

My child will depart by private vehicle on July 13th, 2017 at _____ pm (between 3:30pm - 4:00pm, please)

If someone other than a parent/guardian will pick up on departure day, please note there, thus providing your permission:

Name: _____ Phone: _____

Arrival/Departure by Bus at Columbia, MO Greyhound Station

Arrival	Departure
Date: _____	Date: _____
Bus #: _____	Bus #: _____
Time: _____	Time: _____
Arrival shuttle needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Departure shuttle needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Child's Cell Phone : _____	

Arrival/Departure by Airplane at Columbia Regional Airport

Arrival	Departure
Date: _____	Date: _____
Airline: _____	Airline: _____
Flight #: _____	Flight #: _____
Time: _____	Time: _____
Arrival shuttle needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Departure shuttle needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Child's Cell Phone : _____	Pick-up person's information at home airport: Name: _____ Address: _____ Cell Phone: _____

How Do I Know If I Need To Purchase Unaccompanied Minor Service?

Depending on the airline or the bus conditions and your comfort level with your child traveling alone. For a fee, airlines and the bus will provide the service for any minor regardless of age if you request it, but it is mandatory for certain ages depending on the airline. Fees vary. Please call the airline or the bus if you are unsure of the requirements fees.

Unaccompanied minor service is mandatory for:

Delta, American Airlines, US Airways: 14 years old or younger. Greyhound: 14 years old or younger

Confirmation of Flight Itinerary & Unaccompanied Minor Service

1. I have attached a copy of my child's flight itinerary: <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No, I will e-mail kristen@riverrelief.org this info before June 28 th .
2. I have purchased or will purchase unaccompanied minor service for my child: <input type="checkbox"/> Yes <input type="checkbox"/> No, my child is both over the airlines and bus age requirement and I feel comfortable with them traveling.
3. If purchased, I have attached proof of payment for the unaccompanied minor service: <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No, I will e-mail kristen@riverrelief.org this info before June 28 th .