



Participant Registration Form



Fall 2017

Last Name _____ First Name _____

Birth Date ___/___/___ Age _____ Grade 3 4 5

Address _____ City _____ Zip Code _____

Home Phone (____) _____ School of Attendance _____

Race/ Ethnicity: American Indian/ Alaska Native Caucasian Multi-racial Hispanic / Latino
 Native Hawaiian or Other Pacific Islander Asian Black/ African American Other

T-shirt size: Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult X-Large

Parent/Guardian Name (s) _____

Phone (home or cell) _____ Work _____ Email _____

Emergency Contact Person (if you can not be reached) _____

Emergency Contact Phone _____ Relationship to child _____

Parental/Guardian Consent

Introductory Statement: You have chosen to enlist your son in the **Total Trek Quest** program. The following information explains that program. Please read it carefully, and do not hesitate to ask questions about the program or the information below.

Purpose of the Program: The purpose of the program is to increase your son's activity/fitness level, and self-esteem while teaching life skills that will help to empower him to make healthy choices. With your permission, your son will complete a confidential pre/post test. While he will be asked for his name and school on the forms, this will be held strictly confidential, and will only be used in connecting the pre and post tests in order to ensure accurate data. The purpose of the survey is to measure group attitudinal changes that may (or may not) occur because of participation in the **Total Trek Quest** program. All forms with your son's name on them will remain in locked file cabinets for 7 years. You may ask to see these forms at any time. We will not release this information to anyone not associated with or working directly on the **Total Trek Quest** Program. Your contact information will be provided to the volunteer coach at your school for team information and emergency use only. All volunteers and staff have signed confidentiality forms. In addition to these Pre/Post surveys, the TTQ program is being evaluated for long term effectiveness. Over the next three years, your son will receive a survey 4 different times to complete. The survey will come at 6 months, one year, two years after the season has finished, as well as at the completion of your sons 8th grade school year. These are designed to ensure TTQ is an evidence based program. The evaluation will be completed by September 30, 2018. The surveys will fall under the same guidelines outlined for the pre/post survey.

More Information You Should Know: Attendance is very important. Please make sure your son does not miss more than three times (unless they are excused absences from school) or he may not be able to finish the program. If your son does need to miss a practice, please be sure his coach or program staff knows. TTQ activities are mostly on school grounds but some coaches will run off campus. Your coaches will inform you of possible routes and locations when running off campus. It is also important to let the coach know how your son will get home after practice if a parent is not picking him up. All of our coaches are volunteers; please be respectful of their time and pick your child up promptly at the dismissal time. Your cooperation is appreciated.

Total Trek Quest participants are accountable for their behavior. Volunteer coaches reserve the right to have a child sit out during part of practice or contact you to pick him up early if he is not participating appropriately. He may also be asked to NOT attend the next practice. The program coordinator reserves the right to remove any boy from the program. Refunds will not be given to any boy who drops out or is removed from the program. The registration fee is non-refundable; however, if Pathways, A Program of Arbor Circle cancels a school's program, we will provide refunds to all of the participants not choosing to participate with another school.

Consent: As parent/ guardian I give my consent to share name and birth date of participant to race officials and coordinator.

Authorization: I have read this form and understand there are inherent risks associated with physical activity and recognize it is my responsibility to provide accurate and complete health history information. To the best of my knowledge there are no contraindications to my son's participation in the **Total Trek Quest** program and the culminating 3.1 mile running challenge. I release **Total Trek Quest**, coaches, and all other agencies and organizations associated with this program from all debts, claims and liabilities of any kind arising out of the Total Trek Quest program. I provide permission for my son to be treated in the event an emergency occurs. My son's completed health history form provides all pertinent information for him to be treated. This information may be provided to volunteer coaches in order to provide my son with the best possible care in the event an emergency arises.

Participant's name (print please)

Signed by parent or guardian

____/____/____
Date

Please complete back side →

For more information about the Total Trek Quest Program, please contact Brandon Melnyk at 616-396-2301 Extension 132, or by email at bmelnik@arborcircle.org



News & Article Publication Release

I understand Total Trek Quest participants are sometimes photographed or videotaped for use in promotional and educational materials.

Name of Child: _____

_____ I hereby agree and consent to the use of my child's name and/ or photograph for promotional and educational purposes for Pathways, MI Inc. and the Total Trek Quest Program. I waive all claims for any compensation for such use or damages. I (We) understand that by agreeing to this participation, Pathways, MI cannot protect our privacy or the confidentiality that I (We) have been served or are participants in an agency program. OR

_____ I do not give consent to have my child's name or photo used for the above mentioned purposes.

Name of Parent/ Legal Guardian: _____

Signature of Parent/ Legal Guardian: _____ Date: _____



Health History

Please check any conditions that your child may have:

Heart disease or heart problems Hypertension - High blood pressure Stroke
Diabetes or abnormal blood sugar Epilepsy or seizures Abnormal chest X ray
Asthma Orthopedic or muscular problems
Allergies _____

Use of prescription drugs _____

***Please list any special health concerns or special needs and/or considerations staff and volunteers may need to know about. Use separate sheet if necessary.**

Do you live with or spend a lot of time with someone who smokes cigarettes? Yes No

Do you have close relatives who have a history of heart disease? Yes No

Who is your child's pediatrician/family physician?

Name _____ Phone _____

Is the participant covered by family medical/hospital insurance? Yes No

Carrier or Plan Name _____ Group # _____

Name of Insured _____ Relationship to Participant _____

I hereby give permission to medical personnel selected by Total Trek Quest staff and coaches to provide transportation and obtain medical care for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Total Trek Quest to secure and administer treatment, including hospitalization for the person named above.

Signature of Parent/Guardian _____ Date _____

Please send **\$40.00** nonrefundable registration fee with completed registration form to:
Total Trek Quest, Pathways, A Program of Arbor Circle Attn: Brandon Melnyk 412 Century Lane Holland, MI 49423 Fax: 616 396 8070

Please make checks payable to: Pathways, A Program of Arbor Circle

Limited scholarships are available. Please contact Brandon Melnyk at bmelnyk@arborcircle.org or call 616 396 2301 x132 if requesting a scholarship. Scholarships are awarded based on need and availability. Recipients will be notified if approved.

Payment Information

- Total Amount Paid: \$ 40.00 Scholarship Requested (call Brandon)
- CASH receipt # _____ Check Number _____ Credit Card (call Brandon Melnyk directly with cc Information)

Recipients of substance abuse services have rights protected by state and federal law and promulgated rules. For information, please contact Tillie Cazares at tczares@arborcircle.org, or 616-396-2301, or the Bureau of Health Systems, Division of Licensing and Certification, Substance Abuse Licensing Section, Recipient Rights Coordinator, P.O. Box 30664, Lansing, MI 48909

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