

PERSONAL INFORMATION	TUITION INFORMATION
Last Name: _____ First Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Home Phone:() _____ - _____ Work:() _____ - _____ E-Mail Address: _____ Grade Level: _____ Date of Birth: _____ Age: _____ List any physical, psychiatric or medical conditions we should know about: (Also, please complete and attach Participant Medical Form) _____ _____	Tuition is \$150.00 if paid <u>21+ days prior</u> to the Weekend start date. Tuition is \$200.00 if paid <u>within 20 days</u> of the start date. No personal checks accepted within 7 days of the event and tuition must be paid in full prior to participation. No refund policy within 7 days of the start date but can be credited toward any future YMUW events. An additional \$25 will be charged for returned checks. If paying by credit/debit card, you can do so at www.YMUW.org or contact us for a credit/debit payment form. Please check your payment method below: Cash Check Money Order Cashier's Check Credit Card Debit Card Card Payment using: YMUW Website (Paypal) or Card Payment Form If Scholarship request, please indicate how much: _____
PARENT/GUARDIAN INFORMATION	
<p style="text-align: center;"><u>Purpose of the Young Men's Ultimate Weekend</u></p> <p style="text-align: center;">To provide young men a weekend filled with incredible fun and challenges, while building a foundation for a confident and successful adulthood, through learning the importance of teamwork, developing a sense of accomplishment and acquiring leadership skills.</p>	Parent/Guardian Name: _____ Address (if different from participant) _____ Relationship to participant: _____ Home Phone: () _____ - _____ Work Phone: () _____ - _____ E-Mail Address: _____ Emergency Contact: _____ Emergency Phone: () _____ - _____ I have read and agree to all of the terms and conditions on the front and the back of this form. Parent/Guardian Signature: _____ Date ____/____/____
SPONSOR INFORMATION (optional)	
<p style="text-align: center;">MY COMMITMENTS</p> <ol style="list-style-type: none"> 1. I understand the Young Men's Ultimate Weekend may take place in a wilderness setting and will be physically demanding. I will give my best to this challenge. 2. I will not bring any electronic equipment, non-prescription drugs, illegal materials, weapons, tobacco or alcohol. I will not smoke tobacco/anything during this event. 3. I will ensure the safety for myself and other young men at all times. 4. I am enthusiastic about this weekend and I agree to participate fully with a positive attitude! 5. I understand I am making a commitment to be prepared for and attend the Young Men's Ultimate Weekend on ____/____/____. 6. I understand that I may be removed from the Weekend if I fail to comply with any of these commitments. I have read and agree to all of the terms and conditions on the front and the back of this form. Participant Signature: _____ Date ____/____/____	Sponsor Name: _____ Home Phone: () _____ - _____ Work Phone: () _____ - _____ Address _____ E-Mail Address: _____ Organization: _____ Sponsor Signature: _____ Date ____/____/____

PLEASE RETURN THIS FORM by Mail or Fax with checks (or other form of payment) payable to "YMUW" as follows:

For June 17-19 YMUW: send to 1050 Northgate Drive, Suite 1, San Rafael, CA 94903 Phone: (415) 479-4100 Fax: (415) 491-1847 Email: info@ymuw.org
 For August 12-14 YMUW: send to 14275 Branham Lane, San Jose, CA 95124 Phone: (408) 559-9338 Fax: (408) 879-0473 Email: ymuwsouthbay@yahoo.com

PARENTS, LEGAL GUARDIAN or PARTICIPANT (if adult): PLEASE READ THE FOLLOWING TERMS, CONDITIONS AND AGREEMENTS CAREFULLY.

You will receive an acknowledgement upon approval of your completed Registration Form. A letter with the necessary equipment and clothing needs as well as the site address and directions will be given to you before the weekend. Meals and snacks will be provided for all participants during the weekend.

SAFETY

For the safety and comfort of all the participants, it is important that parents or legal guardians and participants understand and agree to all information herein. Participants must obey safety rules established for the Young Men's Ultimate Weekend™ (hereafter referred to as "YMUW") at all times. Abusive, destructive, violent or unsafe behavior, excessive swearing or theft will not be tolerated. Violation of these rules or other rules as directed by YMUW staff will result in dismissal from the weekend without a refund of any kind. Any costs to transport the participant home will be borne by the parents or legal guardian.

ASSUMPTION OF RISK

I confirm that I have/ the Participant has voluntarily agreed to participate in the YMUW. I/We understand that the YMUW may take place in a wilderness setting and may include such activities as hiking, campfires, games, using tools, swimming and traveling to and from the site and possibly other activities. I understand that the activities involved in the YMUW will be physically demanding at times, and that personal injuries or property damage may occur. I understand that not all of the risks associated with group activities occurring during the weekend are known or predictable. I have no reservation about my/the Participant's physical fitness or health that would prevent me/him from participating in demanding activities, except as noted on the first page of the YMUW Registration Form or the Participant Medical Information Form. In addition to authorizing participant to participate in the YMUW, I/We authorize the participant to participate in any post weekend program or event with the understanding that all of the terms and conditions contained on this form will apply.

RELEASE

I acknowledge the risks inherent in the above mentioned settings and activities and recognize that serious personal injuries, damage to personal property or even death may occur and I agree to accept these risks. I/We, for myself, my spouse, any child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, specifically and forever release and discharge any and all claims for damages I may have or which may occur to me or my children as a result of my/his participation in this event, the YMUW board of directors and officers, event managers, organizers, volunteers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, owners and lessors of premises used to conduct the event, from any and all actions as they relate to injury, disability, death, loss or damage to person or property, whether arising from negligence of the releases or otherwise to the fullest extent of the law. These actions include obligations, costs, expenses, attorney's fees, damages, loss, claims, liabilities and demands of whatever nature, known or unknown, suspected or unsuspected, predictable or unpredictable, arising directly or indirectly related to Participant's participation in the Weekend.

CONSENT TO VIDEOTAPING

I/We understand that the weekend may be photographed, videotaped, and/or audio taped by our YMUW staff, and the YMUW does hereby have my permission to use the photographs, videotapes and/or audiotapes in any way YMUW chooses and I/We have no rights to any compensation or remuneration of any kind.

ARBITRATION CLAUSE

I agree to have any claim, controversy or dispute relating to the enforcement or interpretation of this document or arising or relating to my/Participant's attendance at the YMUW, submitted to binding arbitration under the rules and regulations of the American Arbitration Association. The arbitration shall take place in San Francisco, California. I do hereby waive my right to bring an action before a judge or jury in any court and I understand that I am giving up my rights to discovery and appeal. Any award rendered in any arbitration may be made by a judgment by any court of competent jurisdiction. I understand that if I refuse to submit to arbitration after agreeing to the provision, I may be compelled to arbitrate under the authority of the California Code of Civil Procedure.

EMERGENCY MEDICAL TREATMENT AUTHORIZATION FOR MINORS

In the event of an emergency, injury, or illness to my child, I understand that reasonable effort will be made to contact me, my spouse, or next of kin (if an adult) by means of telephone as listed on the registration form. In the event I cannot be reached, or our own doctor is not readily available, I hereby authorize a representative from YMUW to act as agent with full power in my name to take the Participant to the closest appropriate medical facility for evaluation and treatment. Treatment could include anesthesia, surgery, or injection of medication for my child (or for me, if adult). I agree to be responsible for the payment of the emergency medical treatment.

This document contains all of the agreements and understanding between the parties and no representation other than those contained herein have been relied upon by any of the parties. This agreement shall be construed in accordance with the laws of the State of California. In the event that any provision herein shall become unenforceable or declared invalid the remaining provisions shall remain in full effect. I hereby acknowledge that I have carefully read and that I understand the terms and conditions of the above agreement. I am aware that this is a release from liability regarding the parties listed above and an assumption of risk by myself.

**YOUNG MEN'S ULTIMATE WEEKEND
PARTICIPANT MEDICAL INFORMATION FORM**

2011 Weekend (circle one or both): June 17-19 YMUW August 12-14 YMUW

Name: _____

DOB: _____ Age: _____

Doctor's Name: _____ Dr.'s Phone: _____

Insurance Carrier Name: _____

Insurance/Group Plan #: _____ ID#: _____

List any medication you will be taking during the weekend: _____

Special dietary requirements: _____

Allergies: _____

Check all items that apply, past or present, to your health history. Explain any checked items.

Asthma _____	Diabetes _____	Kidney Disease _____
Cancer/Leukemia _____	Heart Trouble _____	
Convulsions _____	Hemophilia _____	
Seizures _____	High Blood Pressure _____	

Explain: _____

List any physical or behavioral conditions that may affect or limit full participation in swimming, backpacking, hiking or strenuous physical activities: _____

Do you have a history of walking in your sleep? _____

List special equipment needed such as wheelchair, braces, glasses, contact lenses, etc. _____

**Parent/Guardian (if under 18) OR
Participant signature (if age 18+)** _____

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