



ReCreation Adventure Ministries
REGISTRATION FORM



Date of Registration: _____

Expedition _____ Date of Expedition _____

Participant's Name _____

Participant's Email Address _____

If under 18, Parent's Name _____

Parent's Email Address _____

Participant's Address _____ Apt# _____ City _____

State _____ Zip Code _____ Phone Number _____

Parent's Address (if different) Address _____ Apt# _____

City _____ State _____ Zip Code _____ Phone Number _____

Physical Condition:

Check below your general physical strength and endurance:

| | | | | | | | |
|--------------------------|------|--------------------------|------|--------------------------|------|--------------------------|-----------|
| <input type="checkbox"/> | Poor | <input type="checkbox"/> | Fair | <input type="checkbox"/> | Good | <input type="checkbox"/> | Excellent |
|--------------------------|------|--------------------------|------|--------------------------|------|--------------------------|-----------|

Please describe your daily exercise or other physical conditioning program:

Dietary Requirements

Please list any foods that you cannot or will not eat (please write n/a if not applicable)

Please list any special dietary requirements: (please write n/a if not applicable)

Health Information

Height: ___ ft. ___ in. Weight: _____ lbs. Birthdate: ___/___/___ Age: ___

___ Male ___ Female Primary Doctor's Name/Phone Number: _____

Medical Insurance Name Group #/Individual ID# (or attach a copy of insurance card front/back)



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Do you have a history of heart problems or have you had any recent illnesses, injuries, hospitalizations or surgeries? If so, please list below:

Heart Information:

| DATE | ILLNESS/INJURY/HOSPITALIZATION/SURGERY | REASON/OUTCOME |
|------|--|----------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Please share any additional information that we need to know about you:



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EXPEDITION RELEASE AND AGREEMENT

I understand and agree that the ReCreation Adventure Expedition involves certain known risks, including but not limited to, transportation accidents, personal injuries and loss or destruction of my property. I understand and agree that ReCreation Adventures cannot be expected to control all of said risks. In consideration of the benefits I will receive through participating in a ReCreation Adventure Expedition I hereby expressly and knowingly release ReCreation Adventures, its staff and volunteers from any and all claims and causes of action I may have for property damage, personal injury or death sustained by me arising out of any travel or activity conducted by ReCreation Adventures.

_____INITIALS

I hereby give my consent for any medical treatment that may be required during my participation in a ReCreation Adventure Expedition with the understanding that the cost of any such treatment will be my responsibility.

_____INITIALS

Tuition Policy

For expeditions of 3 days or less in length, the full expedition price is due at the time of tuition in order to reserve a space. For expeditions four or more days in length, a 25% (of full expedition price) tuition fee is due in order to reserve a space. The balance for expeditions of four or more days is due two weeks prior to expedition departure. Some extended expeditions will require a larger tuition fee and/or an earlier final payment deadline. This information will be stated on the individual expedition information flyer.

_____INITIALS

Cancellation Refund Policy:

Prospective expedition participants who cancel from a expedition will automatically forfeit a \$25 tuition fee. This tuition fee CANNOT BE REFUNDED for any reason or under any circumstances. Any participants who cancel before the sign-up deadline of the expedition will receive a refund of the expedition cost minus the tuition fee. ***Any Cancellation made after the sign-up deadline will forfeit the total cost of the expedition.**** Some expeditions will require an earlier deadline for cancellation and will be stated on the individual expedition brochure. Refunds or transfers can only be approved and issued by the expedition leader for that specific expedition. If for any reason, we, ReCreation Adventure Ministries, cancel a expedition, a full refund will be issued (including the tuition fee). If you have any questions regarding our policies, please call or submit an email.

_____INITIALS



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Transfer Policy: All transfers from one ReCreation Adventure Ministries expedition to another are subject to the same conditions as the “Cancellation/Refund Policy”. After registering for an expedition, you may transfer that specific expedition one time only. _____INITIALS

Medical Emergencies: In the event of a medical emergency and upon receipt of a written statement from a doctor attesting to your inability to participate on the expedition, the ReCreation Adventure Ministries will retain the \$25 tuition fee as a cancellation fee and the rest of the expedition tuition will be refunded. _____INITIALS

All refunds will be issued within 10-15 business days of the documented request. Documented requests can be received in writing or in an email from the email on file for the expedition. _____INITIALS

Mandatory Meetings

All participants **MUST ATTEND** the pre-expedition meetings. Failure to attend the pre-expedition meetings constitutes a cancellation. _____INITIALS

Due to ethical standards and safety concerns, alcohol, recreational drugs, illegal drugs and/or smoking ARE NOT PERMITTED on RAM expeditions.

My signature below indicates that I have read, understand and agree to abide by the policies, release agreement, refund and cancellation policies outlined above.

Participant’s Signature

Date

If under 18, Parent must also sign below:

I have read, understand and agree to my child, _____, participating in the ReCreation Adventure Ministry Expedition outlined in this registration form. I have also read, understand and agree to abide by the policies, release agreement, refund and cancellation policies outlined above.

Parent/Guardian Signature

Date