



Trail Life USA Troop FL-0613 Registration Checklist

- _____ Read AHG/TL FL0613 Troops: Policies, Principles, and Partnering Agreement.
- _____ Read and signed Trail Life USA Consent, Waiver and Release Agreement.
- _____ Read and co-sign (guardian & youth) Troop Behavior Agreement form.
- _____ Have your doctor fill out the High Adventure Form for each youth (10 thru 17 years), and for each parent/guardian participating in such high adventure events.
- _____ Register for your your Realm Connect account, which will be the primary source for event reservation, access to troop specific files, chat functions, attendance, electronic payments, and more. Download of the Realm Connect application is highly recommended.
- _____ Fill out dues/uniform form and turn it along with the payment to Treasurer. You can use Cash, Check (to Emmanuel Baptist Church with note for # of kids in Trail Life (and AHG, if you want to combine payments)), or cash app [talk to leadership].
- _____ Register with National Trail Life via TrailLifeConnect.com for one each adult and boy. Adult complete Child/Youth Safety Protection Training & submit for criminal background check.
- _____ Agree to complete Peak 1 training via TrailLifeConnect.com w/in 1 mo. of registration.
- _____ Upload copy of CPR/AED and First Aid certification info, if you have one, to your TrailLifeConnect.com profile.
- _____ Sign up for Volunteer Position that has a year commitment. Contact Troopmaster or Committee Chair with any questions at Troop0613@EBCParrish.org.

EBC Realm Page



This contents of the following packet will need to be turned in by our first meeting in August or within 2 weeks of receipt. You can drop it off at any meeting or coordinate a time to deliver to troop leadership (or you can use troop email above.



American Heritage Girls (AHG) and Trail Life (TL) USA FL-0613 Troops: Policies, Principles, and Partnering Agreements:

Corporate Agreement: *AHG and TLUSA signed a Memorandum of Ministry Alliance to support one another in their shared mission for Christ-centered spiritual character development of youth. While closely aligned, the adult and youth memberships of AHG and Trail Life USA are separate. A Trail Life USA Adult member who is not AHG Adult member cannot be substituted for an AHG adult member, including for 2-deep and supervision purposes.*

Local Agreement of Principles of Partnering: *The AHG FL-0613 and TL FL-0613 (sometimes called 0613 Troops) agree to support one another in a mutually beneficial relationship, as they separately minister to girls and boys, respectively, as God has called them to do. There are Biblical reasons for this distinctive focus for boys and girls. There are also Biblical reasons for interaction, including the development of a proper understanding, appreciation, and honor of the opposite sex. Our shared Christ-centered values can guide both experiences of interaction between the sexes and our normal ministry to boys and girls separately.*

Because of this understanding, the AHG and TL FL-0613 Troops agree to the following:

Meeting Policies:

- Opening Ceremonies will generally be a shared event each meeting night. While, each Troop will have separate meeting areas designated ahead of time for meeting space for each level of the respective Troop. All Leaders will be given a list of where each unit will be meeting. If this changes, it will be communicated to all leaders as appropriate.
- No boy or girl will leave the designated meeting space until an authorized adult comes to pick them up. (The youth's parent/guardian will be told where to pick up their child by the designated patrol/unit leader at the start of each meeting).
- All Activities will have designated separate boys' and girls' restrooms in which both troops are to follow the Buddy system when traveling to use.
- While we will celebrate and honor each other's accomplishments over the year, Court of awards/honors will be held separately to respect the importance for each Troop.
- When attending events not at the charter organization with both AHG and TLUSA Troops, youth are to report to their respected leaders in their Troop and remain with those leaders until released to authorized adults at end of the activity.

Specific Partnering Goals:

- Unless by mutual agreement, we will partner for joint opening ceremonies with the goal of completion within 15 minutes of meeting start. Typical order of events will be:
 - Prayer
 - Flag Ceremony with Pledge of Allegiance
 - AHG Oath and Creed
 - TL Oath
 - Announcements (relevant to both troops)
- Hit the Trail (HTT) activities where there is mutual benefit to do jointly, will be collaborated on. For example, local HTT opportunities, such as museum visits and park hikes can be fun to do together. However, each troop is to be responsible to follow their own policies, including the requirement to have separate camp sites.
- Service activities may be collaborated on. For example, partnering for Operation Christmas Child and Operation Christmas Child.



- Celebrations, such as Christmas parties, are outstanding to do jointly and will be pursued.

Note: Due to specific troop needs, regular meeting closing ceremonies will not be done jointly.

Camping Policies and Principles

- Each AHG Troop will typically camp by itself or with other AHG Troops, each TLUSA troop would typically camp by itself or with other TLUSA Troops. For purposes of this policy, “camping” will include tent camping, cabin camping, hammock camping, camping under the stars, and/or any other overnight activity.
- Interactive camping involving both 0613 Troops will be encouraged as an occasional and purposefully coordinated experience. Joint camping with both AHG and TLUSA Troops must be designed and executed to advance specific Christian virtues of mutual value, such as honor, purity, respect, cooperation, service, and fellowship.
- Joint AHG / TLUSA camping must comply with all the following parameters:
 - There must be 1 registered adult for each AHG and TLUSA specifically always designated with oversight authority at the camp. They have the right to expel any person or Troop for violating camp rules.
 - Two-deep leadership, and girl/boy to adult ratios, must be always maintained, by Adult Members, for both troops.
- No one (adult, boy or girl) may camp who is not registered with AHG or TLUSA.
- Boys and Girls may engage in all activities together, with direct adult supervision, except as limited below. Boys and girls must:
 - Not be alone together and all should be observable by adults. They will function typically as teams without our Troops, patrols, etc.
 - Not touch each other in any inappropriate or questionable manner.
 - Not haze, harass, intimidate, stalk, objectify, entice, or tease each other. Boys and girls must treat each other with respect, compassion, and honor always.
 - Have separate and concealed bathroom and shower areas, or if only such area is available, then specific times for separate use will be scheduled and monitored by adult leaders.
 - Be housed/sleep in separate campsites, with their respective gender-specific Troops. Boys and girls must never share (or be in) the same tent, cabin, tarp, or other sleeping area, and must not be able to see each other from their respective sleeping quarters. Boys and girls must not enter the sleeping area (campsite) of the opposite sex but must not enter the sleeping area (campsite) of the opposite sex but must remain with their own Troops during all hours. Sleeping areas must be supervised by adults. No youth will sleep alone in tents or set up away from the rest of the Troop.
 - Must dress appropriately, in uniform or as otherwise determined by Troop leaders. Boys and girls must never dress or undress within view of each other. Generally, swimming is discouraged as a joint activity, unless closely monitored by adult leaders, but other water activities may be engaged in, such as canoeing or kayaking or water rescue skills.



AHG and Trailman Youth Policy

- Do not bring your child if they have had any fever in the last 24 hours. Child may also not attend if they have any of the following: excessive cough, excessive nasal drainage, sore throat, rash, diarrhea, discharge from eyes or inflammation, head lice, earache and/or open sores.
- Youth will wear their Class A uniform to Monday night meetings with closed toe shoes. Shorts/skirts for girls need to be fingertip length. Class B uniforms will be worn on field trips and hit the trails unless otherwise mentioned. Youth attending First Fridays do not need to wear a uniform.
- Youth are encouraged to use the restroom before AHG and Trail Life. We lose a lot of valuable time when we must stop and take kids in groups of three to the restroom.
- There will always be two deep leadership with proper child ratios. Youth below 11 years of age will travel in packs of 3, those older in packs of 2.
- Youth are not permitted to use cellphones or other electronics during troop time without an exception granted.



Troop Member Behavior Agreement

Purpose

To clarify behavior expectations of Trailmen Youth consistent with the Trail Life Oath, Motto, and Troop Policies and Guidelines.

Behavior Agreement

As a Trailman Youth, I agree to:

- Live out and uphold the Trail Life Oath and Motto
- Use language appropriate for a Christian community
- Respect the rights, privacy and property of others
- Wear appropriate and modest clothes for activities
- Not possess or use weapons, tobacco, alcohol, or any illegal substance or paraphernalia (including vaping, Juuling, etc.)

Zero Tolerance Policy

A zero-tolerance policy has been adopted by this Trail Life USA FL-0613 Troop for the following behaviors:

- Possession or use of weapons, tobacco, alcohol, or any illegal substance or paraphernalia
- Theft
- Physical assault
- Sexually inappropriate behavior or talk
- Openly, actively and without repentance influencing other members to engage in activity in conflict with Biblical truth (including, but not limited to, any redefinition of biological sex and associated gender pronouns)

Examples of appropriate and inappropriate behaviors:

- | | |
|---|--|
| <ul style="list-style-type: none">• Handshake and high-fives• Arm around the shoulders• Pats on the head/shoulder/back• Verbal praise for achievement or behavior• Verbal encouragement• Scripturally-based teaching | <ul style="list-style-type: none">• Private massages• Aggressive touch (hitting, kicking)• Kissing• Lap Sitting• Compliments or questions relating to physique or body development• Sexual jokes, innuendoes, or conversation• Swearing, profanity, or vulgar language• Harassment, bullying, ridicule, excessive teasing, or lying |
|---|--|

The procedures for addressing inappropriate behavior are outlined in the *Trail Life Troop FL-0613 Handbook*.

Please sign below that you have read and agree to this behavior agreement.

Youth Signature(s) _____

Parent Signature _____

Date _____ **Troop Number** _____

****By signing this agreement, parents agree to immediately pick up their daughter upon notification if any of the behaviors noted in the Zero Tolerance Policy have been exhibited.***



TRAIL LIFE USA™

CONSENT, WAIVER AND RELEASE AGREEMENT

All members agree to adhere and subscribe to and comply with the Trail Life USA Oath, Membership Standards, Code of Conduct and Trail Life USA national policies and guidelines. **Adult members also agree with and will adhere to and comply with the Trail Life USA Statement of Faith and Statement of Values.**

The parents of youth members have read the Statement of Faith and Statement of Values and understand, accept and agree that the Trail Life USA program and activities will be conducted consistent with those Statements which will include Christian teaching and biblically-based morality.

Release: In consideration of the benefits of participation in Trail Life USA and/or its related activities, the undersigned, on behalf of my minor child(ren) and myself, including all heirs, personal representatives or assigns of my child(ren) and/or myself, consent to my child(ren)'s participation in Trail Life USA and/or its related activities and further waive all claims or causes of action against Trail Life USA (a Florida non-profit corporation), the Charter Organization, and their respective agents, directors, trustees, employees, volunteers and heirs and successors thereof (hereinafter collectively referred to as the "Releasees") arising out of my minor child(ren)'s and/or my participation in Trail Life USA and its related activities and hereby release, hold harmless and discharge the Releasees from any and all liability, claims, demands, actions and causes of action whatsoever, including attorney fees, arising out of or related to any loss, damage or injury (whether direct, indirect, consequential or otherwise), including death, that my minor child(ren) and/or I might sustain or that any of my minor child(ren)'s and/or my property might sustain while participating in Trail Life USA and/or its related activities.

Assumption of Risks: Knowing, understanding, and fully appreciating all possible risks, I hereby expressly, voluntarily and willingly assume all risks and dangers associated with my minor child(ren)'s and/or my participation in Trail Life USA and/or any related activities. I understand and acknowledge that participation in Trail Life USA and/or its related activities could result in injury and I agree that participation in any such activities shall be at my minor child(ren)'s and/or my sole risk.

Acknowledgment of Understanding: I have read this Consent, Waiver and Release Agreement and understand the terms used in it and their legal significance. This Consent, Waiver and Release Agreement is freely and voluntarily given with the understanding that right to legal recourse against the Releasees is knowingly given up in return for allowing my minor child(ren)'s and/or my participation in Trail Life USA and/or any such activities. I agree that this Consent, Waiver, and Release Agreement shall remain in effect and apply each time my minor child and/or I participate in Trail Life USA and/or any related activities.

The agreement to be bound by Trail Life USA rules and requirement and policies is a condition precedent to Trail Life USA approving registration and granting membership. Through signing and affirming: **"I have read and agree to follow and adhere to the Trail Life USA Child Safety Youth Protection Policy, including all reporting responsibilities thereunder"**, you are agreeing that if membership is granted you will do so.

Trail Life USA Child Safety Youth Protection Policy: I have read and agree to follow and adhere to the Trail Life USA Child Safety Youth Protection Policy, including all reporting responsibilities thereunder.

Photograph, Film or Vocal Recording Media Release

I authorize this release based on the following conditions:

1. This consent and release remains in effect for the duration of membership in Trail Life USA
2. These records become the property of Trail Life USA and/or the Charter Organization
3. This release is given without promise of compensation
4. This is effective until terminated by a retraction in writing from the person granting the authorization
5. The parent/legal guardian and Trail Life USA member do release to Trail Life USA any right, title and/or interest of any kind they may have in the records produced.

I hereby grant to Trail Life USA and the Charter Organization the right and authority to photograph, film and/or record vocally participation in Trail Life USA and/or any related activities. These records may be used for promotional or publicity purposes and may be published in mass media publications, in Trail Life USA newsletters and other Trail Life USA publications, on Trail Life USA's internet site, or shown on television or movie presentations. Member and family's names may not be used without specific member/parental permission. This release is in effect until revoked in writing by the undersigned. Such revocation shall only be effective to prevent any expanded future use of the records.

By signature below, I acknowledge and accept all terms and conditions of this Consent, Waiver, and Release Agreement. If I am signing this Consent, Waiver, and Release Agreement on behalf of a minor, I certify that all representations are true and that I am the minor's legal guardian or custodial parent with full authority to bind the minor and myself to the terms and conditions of this Consent, Waiver and Release Agreement.

Full Name Signature

Date

Activity Permission Form

Participant Name: _____ Troop #: _____ Date: _____

Emergency Contact Name: _____

Relationship to Participant: _____ Phone #: _____



Each participant is also required to have on file a medical form. If the activity or event is likely to exceed 72 hours, or the Trail Life activities or events include high altitude or high-exertion activities, then the TLUSA High Adventure Medical (which requires the examination by and the signature of a doctor or health care professional) form is required for each participant.

Participant's Date of Birth: _____
(MM/DD/YYYY)

Age: _____

Address: _____

Phone # : _____

City: _____

State: _____

Zip: _____

Troop Leader Name: _____

Phone # : _____

I understand that my child's participation in Trail Life activities involves the risk of potential personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. I have had the opportunity to obtain such information about those activities from the Troop leadership, venue activity coordinators, or other sources. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct, and have explained that to my child.

In case of an emergency involving my child, I understand that efforts will be made to contact me. In the event I cannot be reached, permission is hereby given to the medical provider to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose protected health information to the adult in charge and/or any physician or health care provider involved in providing medical care to my child. Protected Health Information/Confidential Health Information (PHICHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164,501, etc. seq., as amended from time to time, includes examination findings, test results, treatment provided for purposes of medical evaluation of my child, follow-up and communication with me, and/or determination of my child's ability to continue in the program activities.

With appreciation of the dangers and risks associated with programs and activities including preparations for and transportation to and from the activity, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims against Trail Life USA, the Charter Organization, the Troop leadership, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with Trail Life USA and/or any program or activity for personal injury, death, or loss that may arise.

I have listed below any restrictions imposed on my child's participation in connection with programs or activities and have advised my child to comply with those restrictions.

Restrictions (if none, indicate "none"):

None

Signature

Alternative emergency contact info:

Name: _____

Relationship: _____

Home Phone #: _____

Cell Phone #: _____



This High Adventure Medical Exam Form is required for Trail Life USA activities or events that exceed 72 hours in duration or include high altitude or high-exertion activities. A current completed Youth or Adult Participant Health and Medical Form MUST accompany this form.

HIGH ADVENTURE Medical Exam Form

Participant's Name

Date of birth

Age

(MM/DD/YYYY)

Emergency Contacts:

Name

Relationship

Home Phone #

Cell Phone #

Name

Relationship

Home Phone #

Cell Phone #

Health Examination:

To be completed by a Licensed Health Care Provider

Date of Exam: _____

Vision

Hearing

Height (inches): [][] . []

Weight (pounds): [][][] . []

Normal _____

Normal _____

Blood Pressure: [][][] / [][][]

Pulse: [][][]

Glasses _____

Contacts _____

Abnormal _____

Table with 8 columns: Exam Category, Normal, Abnormal, Explain, if abnormal, Exam Category, Normal, Abnormal, Explain, if abnormal. Rows include Growth, development; Skin, glands, hair; Head, neck, thyroid; Eye, ears, nose; Teeth, tonsils; Respiratory; Cardiovascular; Abdomen, hernia; Genitourinary; Skeletomuscular; Neuropsychiatric; Other (specify).

COMMENTS

Dietary Restrictions _____

Approved for participation in:

Hiking

Competitive Sports

Water Activities

All Activities

Specific exceptions & recommendations (explain any restrictions OR limitations) _____

MEDICATIONS:

To be completed by a Licensed Health Care Provider

List all medications currently prescribed. (If additional space is needed, please use the back of this page.) Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only. If none, please write "None" below.

Table with 4 columns: Medication, Strength, Frequency, Reason. Includes empty rows for data entry.

The applicant will be participating in strenuous activity/activities that will include one or more of the following conditions: athletic competition, adventure challenge, or wilderness expedition (afloat or afoot) that may include high altitude, extreme weather conditions (including, but not limited to high humidity, heat and/or extreme cold), cold water, exposure, fatigue, and/or remote condition where readily available medical care cannot be assured. I hereby affirm that upon my examination and the information provided to me by the participant, there are no restrictions or limitations to his participation in the fore stated strenuous activity/activities.

Signature

Licensed Health Care Provider

Date

Print Name of Licensed Provider

Phone

Address

City, State, Zip

This High Adventure Medical Exam Form is good for one year from the date of the exam by a Licensed Health Care Provider.





An additional medical form is **required** for Trail Life USA activities or events that exceed 72 hours in duration or include high altitude or high-exertion activities. That High Adventure Medical form requires the examination by and the signature of a doctor or health care professional.

ADULT Member/Participant Health and Medical Record

Participant's Name _____ Date of birth _____ Age _____
(MM/DD/YYYY)

Address _____

City _____ State _____ Zip _____ Phone # _____

Troop Leader _____

Emergency Contacts:

Name _____ Relationship _____

Name _____ Relationship _____

Home Phone # _____ Cell Phone # _____

Health/accident insurance information:

Participant does not have health care coverage at this time (Please skip to next section – Physician Information)

Participant has health care coverage as listed below

Health/accident insurance company _____ Policy # _____

Policy Holder _____ Group # _____ Effective Date _____

ATTACH A PHOTOCOPY OF BOTH SIDES OF INSURANCE CARD.

Physician Information:

Primary Care Physician _____ Phone # _____

Physician's address _____

Dentist's name _____ Phone # _____

Preferred Hospital _____

| | |
|------------------|--|
| ALLERGIES | Please list all known allergies including those to medications, food and environment. If none known, please write "none known". Attach additional page to this form if needed. |
| Allergy to: | Normal reaction and management of the reaction: |
| | |
| | |
| | |



Full Name:

Emergency Contact #:

Troop #:

| HEALTH HISTORY | | Do you currently have, or have you ever been treated for any of the following? | | | |
|----------------|----|--|--------------------------|--|---------|
| Yes | No | Condition | | | Explain |
| | | Asthma | Last attack: (MM/YY) | | |
| | | Diabetes | Last HbA1c: (Percentage) | | |
| | | Hypertension (high blood pressure) | | | |
| | | Heart disease/heart attack/chest pain/heart murmur | | | |
| | | Stroke/TIA | | | |
| | | Lung/respiratory disease | | | |
| | | Ear/sinus problems | | | |
| | | Muscular/skeletal condition | | | |
| | | Psychiatric/psychological and emotional difficulties | | | |
| | | Behavioral/neurological disorders | | | |
| | | Bleeding disorders | | | |
| | | Fainting spells | | | |
| | | Thyroid disease | | | |
| | | Kidney disease | | | |
| | | Sickle cell disease | | | |
| | | Seizures | Last seizure: (MM/YY) | | |
| | | Sleep disorders (e.g., sleep walking, sleep apnea) | Use CPAP? | | |
| | | Abdominal/digestive problems | | | |
| | | Surgery | Last surgery: (MM/YY) | | |
| | | Serious injury | | | |
| | | Excessive fatigue or shortness of breath with exercise | | | |
| | | Other | | | |

Full Name:

Emergency Contact #:

Troop #:

| IMMUNIZATIONS | | The following immunizations are recommended. Tetanus immunization is required and must have been received within the last 10 years. For each item, indicate if you have been immunized, the date of the immunization (MM/YY), if you have had the disease, and the date (MM/YY). | | | | |
|---------------|----|---|----------------------|---|----|-----------------|
| Yes | No | Immunization | Date of Immunization | Please indicate if you have had the disease | | Date of Disease |
| | | | (MM/YY) | Yes | No | (MM/YY) |
| | | Tetanus | | | | |
| | | Pertussis | | | | |
| | | Diphtheria | | | | |
| | | Measles | | | | |
| | | Mumps | | | | |
| | | Rubella | | | | |
| | | Polio | | | | |
| | | Chicken Pox | | | | |
| | | Hepatitis A | | | | |
| | | Hepatitis B | | | | |
| | | Meningitis | | | | |
| | | Influenza | | | | |
| | | Other (i.e., HIB) | | | | |
| | | Exception to immunizations claimed (form required) | | | | |

| MEDICATIONS | | List all medications currently used. (If additional space is needed, please photocopy this part of the health form.) Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only. If none, please write "None" below. | | | |
|-------------|----------|---|--------------------------|--------|--|
| Medication | Strength | Frequency | Approximate Date Started | Reason | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Administration of the above medications is approved by (if required by your state):

Adult participant signature

Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You **SHOULD NOT STOP** taking any maintenance medication unless instructed to do so by your doctor.

Full Name:

Emergency Contact #:

Troop #:

I understand that, if any information I have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity.

This Health and Medical Record is correct and complete, as far as I know. I hereby give permission for Trail Life USA leadership to administer prescribed and noted over the counter medications in the event that I am personally unable to do so.

In case of emergency, I understand every effort will be made to contact my spouse or next of kin. In the event that they cannot be reached, I hereby give my permission to the licensed health-care provider selected by the Trail Life adult leader(s) to secure proper treatment, including related transportation, hospitalization, anesthesia, surgery, or injections of medication for me, except as noted below. I agree to the release of records necessary for treatment.

Notes:

Participant's name

Participant's signature

Date

This Health and Medical Record is valid for 12 calendar months.



Adventure › Character › Leadership

An additional medical form is **required** for Trail Life USA activities or events that exceed 72 hours in duration or include high altitude or high-exertion activities. The High Adventure Medical form requires the examination by and the signature of a doctor or health care professional.

YOUTH Weekend Health and Medical Record

Participant's Name _____ Date of birth _____ Age _____
(MM/DD/YYYY)

Address _____ Grade completed _____

City _____ State _____ Zip _____ Phone # _____

Troop Leader _____ Troop# _____

Emergency Contacts:

Mother's Name _____

Home Phone # _____ Cell Phone # _____

Father's Name _____

Home Phone # _____ Cell Phone # _____

Other emergency contact if parents cannot be reached:

Name _____ Relationship _____

Home Phone # _____ Cell Phone # _____

Health/accident insurance information:

- Member does not have health care coverage at this time (Please skip to next section – Physician Information)
 Member has health care coverage as listed below

Health/accident insurance company _____ Policy # _____

Policy Holder _____ Group # _____ Effective Date _____

ATTACH A PHOTOCOPY OF BOTH SIDES OF INSURANCE CARD.

Physician Information:

Primary Care Physician _____ Phone # _____

Physician's address _____

Dentist's name _____ Phone # _____

Preferred Hospital _____

| | |
|------------------|--|
| ALLERGIES | Please list all known allergies including those to any medications, food and environment. If none are known, please write "none known". Attach additional page to this form if needed. |
| Allergy to: | Normal reaction and management of the reaction: |
| | |
| | |
| | |
| | |

| HEALTH HISTORY | | Do you currently have, or have you ever been treated for any of the following? | | | |
|----------------|----|--|--------------------------|--|---------|
| Yes | No | Condition | | | Explain |
| | | Asthma | Last attack: (MM/YY) | | |
| | | Diabetes | Last HbA1c: (Percentage) | | |
| | | Hypertension (high blood pressure) | | | |
| | | Heart disease/heart attack/chest pain/heart murmur | | | |
| | | Stroke/TIA | | | |
| | | Lung/respiratory disease | | | |
| | | Ear/sinus problems | | | |
| | | Muscular/skeletal condition | | | |
| | | Psychiatric/psychological and emotional difficulties | | | |
| | | Behavioral/neurological disorders | | | |
| | | Bleeding disorders | | | |
| | | Fainting spells | | | |
| | | Thyroid disease | | | |
| | | Kidney disease | | | |
| | | Sickle cell disease | | | |
| | | Seizures | Last seizure: (MM/YY) | | |
| | | Sleep disorders (e.g., sleep walking, sleep apnea) | Use CPAP? | | |

| | | | | |
|--|--|--|--------------------------|--|
| | | Abdominal/digestive problems | | |
| | | Surgery | Last surgery: (MM/YY) | |
| | | Serious injury | | |
| | | Excessive fatigue or shortness of breath with exercise | | |
| | | Other | | |

| IMMUNIZATIONS | | The following immunizations are recommended. Tetanus immunization is required and must have been received within the last 10 years. For each item, indicate if you have been immunized, the date of the immunization (MM/YY), if you have had the disease, and the date (MM/YY). | | | | |
|---------------|----|--|----------------------|---|----|-----------------|
| Yes | No | Immunization | Date of Immunization | Please indicate if you have had the disease | | Date of Disease |
| | | | (MM/YY) | Yes | No | (MM/YY) |
| | | Tetanus | | | | |
| | | Pertussis | | | | |
| | | Diphtheria | | | | |
| | | Measles | | | | |
| | | Mumps | | | | |
| | | Rubella | | | | |
| | | Polio | | | | |
| | | Chicken Pox | | | | |
| | | Hepatitis A | | | | |
| | | Hepatitis B | | | | |
| | | Meningitis | | | | |
| | | Influenza | | | | |
| | | Other (i.e., Hib) | | | | |
| | | Exception to immunizations claimed (form required) | | | | |

Full Name: _____

Emergency Contact #: _____

| MEDICATIONS | | List all medications currently used. (If additional space is needed, please photocopy this part of the health form.) Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only. If none, please write "None" below. | | |
|--------------------|----------|---|--------------------------|--------|
| Medication | Strength | Frequency | Approximate Date Started | Reason |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Administration of the above medications and such over-the-counter medications as may be deemed necessary for the health and safety of Participant is approved by (if required by your state):

_____ and/or _____
 Parent/guardian signature MD/DO, NP, or PA signature (where required by state law for the dispensation of medications by a non-parent)

Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You **SHOULD NOT STOP** taking any maintenance medication unless instructed to do so by your doctor.

No Trail Life youth member is allowed to self-medicate while participating in a Trail Life event. The only exceptions include emergency use medications such as by an inhaler, insulin syringe, or epi-pen, provided that the Trailman understands its proper use. Parents must indicate in writing that the youth is in possession of such medication and possesses the knowledge and ability to administer it to himself.

I do hereby attest that the youth participant is able to self-administer the above listed emergency use medications in case of emergency if no approved adult leader is present to administer.

_____ Parent/guardian signature

ADULTS AUTHORIZED TO TAKE YOUTH TO AND FROM EVENTS:

You must designate at least one adult. Please include a telephone number.

1. Name _____ Telephone _____

2. Name _____ Telephone _____

3. Name _____ Telephone _____

Adults NOT authorized to take youth to and from events:

1. Name _____ Telephone _____

2. Name _____ Telephone _____

3. Name _____ Telephone _____

Full Name: _____

Emergency Contact #: _____

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity.

I give permission for full participation in Trail Life USA activities, except where specifically limited in writing herein.

This Health and Medical Record is correct and complete, as far as I know. I hereby give permission for Trail Life USA leadership to administer prescribed and over the counter medications.

In case of emergency, I understand every effort will be made to contact me. In the event that I cannot be reached, I hereby give my permission to the licensed health-care provider selected by the Trail Life USA adult leader(s) to secure proper treatment, including related transportation, hospitalization, anesthesia, surgery, or injections of medication for my child, except as noted below. I agree to the release of records necessary for treatment.

Notes:

Participant's signature

Date

Parent/guardian's signature
(if participant is under age 18)

Date

Second parent/guardian
signature
(if required, for example, CA

Date

This Weekend Health and Medical Record is valid for 12 calendar months.



Welcome to Trail Life Troop FL-0613 of Parrish!

Member Onboarding – here are the sign-up steps:

1. Register Once you are ready to join, ask a leader to send you a text or email invite. You will receive an email or text from TrailLifeConnect.com with a direct link to our troop.

a. National Dues: (Youth Fee \$42.98, Adult Fee \$46.55) which covers base fees (per child) for the operations of the home office and Annual Insurance. *These fees are paid when you register online at TrailLifeConnect.com and go to the Trail Life USA national organization.*

2. Local Dues and Uniform: Paid with check or potential cash app after turning in the Member Order and Payment form to the Treasurer.

a. Dues: \$125.00 per youth per year. Dues cover all awards/badges, backpacks, regular event fees, 50% of Navigator/Adventurer ceremonial standards, and annual troop re-chartering.

b. Trail Life Uniforms: To simplify matters, the troop will purchase the following uniform items after receiving payment for local dues and uniforms. Here are the prices per group:

- **\$130 per Woodlands Trail (5 thru 10 years) Youth:** covers Class As (Uniform Shirt & Belt, Epaulets, Troop Patch, hat) and Troop T-Shirt
- **\$145 per Navigators or Adventurers (11 thru 17 years) Youth:** Class As, Troop T-Shirt, hat, and the Trailman's Handbook
- **\$135 per Registered Adult (females are \$70; they get Polo Shirt instead of Class A):** covers Class As, hat, Troop T-Shirt, and Lanyard. (Unit Leaders will have free access to handbooks.)

Other optional items can be purchased through the troop twice a year in bulk orders or shop at <https://shop.trailifeusa.com> . Note: Uniforms only need to be re-purchased as the youth grows or select items (epaulets), as he promotes to higher levels.

- Wet wicking t-shirt: \$28
- Hat: \$23
- Belt: \$20
- Epaulets: \$12
- Uniform Shirt: \$50
- Patch: \$5

4. Forms to complete as soon as possible and turned into the Onboarding Chair:

- a.** Youth Weekend/Member/Participant Health and Safety Form (this includes Emergency contact form and authorized guardians). Provide copy of insurance card
- b.** Adult Weekend/Member/Participant Health and Safety Form – please one for each adult that plans to come to events with Youth. Provide copy of insurance card.
- c.** Other forms that may be required: Statement of Faith, High Adventure Form (Mtn Lions, Nav's/Adv's), Consent & Waiver Form, Behavior Statement



Trail Life Member Order and Payment Form

Please fill out this form and be ready to pay with a Check or potential cash app. Then, turn it into the Onboarding Treasurer, who will fill out the fee and cost information.

Registered Adult Info:

Full Name: _____ E-mail: _____

Phone #: _____ Role/Position and Patrol you will work most with: _____

Shirt Size: AS AM AL XL XXL Full or Slim Cut (circle one)
Extra uniform pieces: _____

Troop Fee: n / a
Full Adult Uniform Cost: \$ _____
or Female Uniform Cost: \$ _____
Extra Uniform Total: \$ _____

Youth 1

Full Name: _____ Age: _____

Patrol Level: F, H, M, N, A
Shirt Size: YXS YS YM YL AS AM AL Full or Slim Cut (circle one)
Extra uniform pieces: _____

Troop Fee: \$125
Cost: _____
Extra Uniform Total: _____

Youth 2

Full Name: _____ Age: _____

Patrol Level: F, H, M, N, A
Shirt Size: YXS YS YM YL AS AM AL Full or Slim Cut (circle one)
Extra uniform pieces: _____

Troop Fee: \$125
Cost: _____
Extra Uniform Total: _____

Youth 3

Full Name: _____ Age: _____

Patrol Level: F, H, M, N, A
Shirt Size: YXS YS YM YL AS AM AL Full or Slim Cut (circle one)
Extra uniform pieces: _____

Troop Fee: \$125
Cost: _____
Extra Uniform Total: _____

Youth 4

Full Name: _____ Age: _____

Patrol Level: F, H, M, N, A
Shirt Size: YXS YS YM YL AS AM AL Full or Slim Cut (circle one)
Extra uniform pieces: _____

Troop Fee: \$125
Cost: _____
Extra Uniform Total: _____

Total Cost: \$ _____

Local Dues per youth: \$125

New Member Uniform Cost: \$130 for Woodlands Trail (WT) [Foxes(F), Hawks(H), Mountain Lions(M)], \$145 for Navigators (N) and Adventurers (A)

Returning Member Uniform Options: Wet wicking t-shirt: \$28, Hat: \$23, Belt: \$20, Epaulets: \$12, Uniform Shirt: \$50, Patch: \$5, Lanyard: \$5