



GUIDE in TRAINING APPLICATION

|          |        |
|----------|--------|
| Name:    | Phone: |
| Address: |        |
| E-Mail:  |        |

Current Emergency Medical Certifications

| Certification              | Source | Expiration |
|----------------------------|--------|------------|
| First Aid                  |        |            |
| CPR                        |        |            |
| EMT                        |        |            |
| Wilderness First Aid       |        |            |
| Wilderness First Responder |        |            |
| Life Guard/WSI             |        |            |
| Swift Water Rescue         |        |            |

Type of Trek you would enjoy

| Activity          | Lead | Assist | Special Experience you bring to activity |
|-------------------|------|--------|--|
| Day <u>Hiking</u> |      |        |  |
| Backpacking       |      |        |  |
| Camping           |      |        |  |
| Rock Climb        |      |        |  |
| Biking            |      |        |  |
| Swimming          |      |        |  |
| Canoeing          |      |        |  |
| Caving            |      |        |  |
| White water       |      |        |  |
| Geocaching        |      |        |  |
| Orienteering      |      |        |  |
| Nordic skiing     |      |        |  |
| Tele skiing       |      |        |  |
| Alpine skiing     |      |        |  |
| Other             |      |        |  |



**Experience with Children**

| Date | Experience | Age level | Group Size | Your role |
|------|------------|-----------|------------|-----------|
|      |            |           |            |           |
|      |            |           |            |           |

**Past Wilderness Experience**

| Date/season | Location | Duration | Group Size | Led/Guided by |
|-------------|----------|----------|------------|---------------|
|             |          |          |            |               |
|             |          |          |            |               |
|             |          |          |            |               |
|             |          |          |            |               |



Areas of Competency (Defined as able to perform and/or teach)

| Skill                      | Learning | Can Do | Competent |
|----------------------------|----------|--------|-----------|
| Set up tents               |          |        |           |
| Fly/tarp set up            |          |        |           |
| Survival shelter           |          |        |           |
| Leave no trace ethics      |          |        |           |
| Fire building              |          |        |           |
| Map reading                |          |        |           |
| Compass use                |          |        |           |
| GPS use                    |          |        |           |
| Weather Knowledge          |          |        |           |
| Wildern. food prep/storage |          |        |           |
| Equipment maintenance      |          |        |           |
| Water filtration           |          |        |           |
| Packing                    |          |        |           |
| Plant/tree identification  |          |        |           |
| Animal track id            |          |        |           |
| Knots                      |          |        |           |
| Trip planning              |          |        |           |
| Survival strategies        |          |        |           |
| Geology                    |          |        |           |
| Limnology/riparian knowl.  |          |        |           |
| Astronomy                  |          |        |           |
| Outdoor photography        |          |        |           |



ADIRONDACK TREKS GUIDE MEMBERSHIP APPLICATION

|          |        |
|----------|--------|
| Name:    | Phone: |
| Address: |        |
| E-Mail:  |        |

Current Emergency Medical Certifications

| Certification              | Source | Expiration |
|----------------------------|--------|------------|
| First Aid                  |        |            |
| CPR                        |        |            |
| EMT                        |        |            |
| Wilderness First Aid       |        |            |
| Wilderness First Responder |        |            |
| Life Guard/WSI             |        |            |
| Swift Water Rescue         |        |            |

Other Relevant Certifications/Licenses/Trahting

| Certification | Source | Expiration |
|---------------|--------|------------|
| Guide         |        |            |
| Rock Climbing |        |            |
| White Water   |        |            |
| NOLS          |        |            |
| Outward Bound |        |            |
| Other         |        |            |



Type of Trek you would enjoy

| Activity      | Lead | Assist | Special Experience you hiring to activity |
|---------------|------|--------|---|
| Day Hiking    |      |        |   |
| Backpacking   |      |        |   |
| Camping       |      |        |   |
| Rock Climb    |      |        |   |
| Biking        |      |        |   |
| Swimming      |      |        |   |
| Canoeing      |      |        |   |
| Caving        |      |        |   |
| White water   |      |        |   |
| Geocaching    |      |        |   |
| Oidentearing  |      |        |   |
| Nordic skiing |      |        |   |
| Tele skiing   |      |        |   |
| Alpine skiing |      |        |   |
| Other         |      |        |   |

Experience with Children

| Date | Experience | Age level | Group Size | Your role |
|------|------------|-----------|------------|-----------|
|      |            |           |            |           |
|      |            |           |            |           |

Past Wilderness Experience

| Date/season | Location | Duration | Group Size | Led[Guided by |
|-------------|----------|----------|------------|---------------|
|             |          |          |            |               |
|             |          |          |            |               |
|             |          |          |            |               |
|             |          |          |            |               |



Areas of Competency (Defined as able to perform and/or teach)

| Skill                      | Learning | Can Do | Competent |
|----------------------------|----------|--------|-----------|
| Set up tents               |          |        |           |
| Fly/tarp set up            |          |        |           |
| Survival shelter           |          |        |           |
| Leave no trace ethics      |          |        |           |
| Fire building              |          |        |           |
| Map reading                |          |        |           |
| Compass use                |          |        |           |
| GPS use                    |          |        |           |
| Weather Knowledge          |          |        |           |
| Wildern. food prep/storage |          |        |           |
| Equipment maintenance      |          |        |           |
| Water filtration           |          |        |           |
| Packing                    |          |        |           |
| Plant/tree identification  |          |        |           |
| Animal track id.           |          |        |           |
| Knots                      |          |        |           |
| Trip planning              |          |        |           |
| Survival strategies        |          |        |           |
| Geology                    |          |        |           |
| Limnology/riparian knowl.  |          |        |           |
| Astronomy                  |          |        |           |
| Outdoor photography        |          |        |           |



## PARENT INFORMATION

Parent's name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

### Medical History and Release

*Please check any that apply to participant.*

- |  |  |
|--|--|
| <input type="checkbox"/> Hay Fever         | <input type="checkbox"/> Asthma                            |
| <input type="checkbox"/> Bee Sting allergy | <input type="checkbox"/> Poison Ivy                        |
| <input type="checkbox"/> Convulsions       | <input type="checkbox"/> Penicillin allergy                |
| <input type="checkbox"/> Diabetes          | <input type="checkbox"/> Other (specify on separate sheet) |

Date of last tetanus booster: \_\_\_\_\_

Current prescribed medication: \_\_\_\_\_

Any other medical condition the leaders should be aware of? \_\_\_\_\_

---

### Health Insurance Information

Insurance Company: \_\_\_\_\_

Identification/Policy Number: \_\_\_\_\_

Family Physician's Name and Phone Number: \_\_\_\_\_

---



## Annual Consent Form

Participant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Parent/Guardian Printed Names: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### Water Activities

In the event that the trip or activity takes place in total or in part on or near water, I certify that this youth participant/guest is a (check one):

Non-Swimmer

Beginner Swimmer (swim 25 ft., then make a sharp turn and swim back 25 ft.)

Advanced Swimmer (Swim 75 yards, then make a sharp turn and swim back 25 yards using good strong strokes)

Lifeguard Certificate

All water activities will be conducted with reasonable safety guidelines. When feasible, a certified lifeguard will be on the trip.





### **Waiver of Claims**

In consideration of the benefits to be derived from participation in Adirondack Treks trips or activities, any and all claims against Adirondack Treks, Learning for Life (Boy Scouts of America), Town of Johnsbury Youth Committee, the group, and the participating organization, or against the officers, employees, agents or other representatives of any of them, or any other persons working under their direction or engaged in the conduct of their affairs, arising out of any accident, illness, injury, damage, or other loss or harm to/or incurred or suffered by the applicant named above or to his or her property, in connection with or incidental to the Treks trip or activity, including preliminary training and travel, are hereby expressly waived by the applicant and the applicant's family or guardians. We have read over the informed consent page and recognize the potential risks in the Treks' activities.

YES  NO

### **Talent Release**

I hereby assign and grant to Adirondack Treks and Learning for Life the right and permission to use and publish the photographs/film/videotapes/electronic representation and/or sound recordings made of me or my child by Learning for Life (BSA) or Adirondack Treks, and I hereby release Learning for Life or Adirondack Treks from any and all liability from such use and publication. I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/video/electronic representations and/or sound recordings without limitation at the discretion of Learning for Life and Adirondack Treks, and I specifically waive any right to any compensation I may have for any of the foregoing.

YES  NO

### **Equipment Use**

**I will assume responsibility for any damage or loss for the value of the repairs or replacement for any Treks equipment that my child borrows. I understand that there is no charge for single day use, but a \$1 donation is happily accepted.**

YES  NO

## Medical History and Release



*Please check any that apply to participant.*

- |  |  |
|--|--|
| <input type="checkbox"/> Hay Fever         | <input type="checkbox"/> Asthma                            |
| <input type="checkbox"/> Bee Sting allergy | <input type="checkbox"/> Poison Ivy                        |
| <input type="checkbox"/> Convulsions       | <input type="checkbox"/> Penicillin allergy                |
| <input type="checkbox"/> Diabetes          | <input type="checkbox"/> Other (specify on separate sheet) |

Date of last tetanus booster: \_\_\_\_\_

Current prescribed medication: \_\_\_\_\_

I grant permission to the leader of the activity to dispense to my child any prescribed medication he/she is currently taking- Yes  No

### Health Insurance Information

Insurance Company: \_\_\_\_\_

Identification/Policy Number: \_\_\_\_\_

Family Physician's Name and Phone Number: \_\_\_\_\_

I give permission for my child to be treated by a physician or medical facility as needed.

YES  NO

**APPROVAL (if two parents/guardians, both need to sign.)**

**For any Treks trip or activity during the school year of:** \_\_\_\_\_

**Parents/Guardians.** Please read all of the above statements before giving your approval for participation in Adirondack Treks activities. I hereby approve and agree to all of the terms, conditions, and waiver of claims of this consent form and certify its correctness. Further, I agree that this participant or guest can meet the health and physical fitness requirements of Adirondack Treks trips and activities.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Informed Consent for all Treks Activities**

| <b>RISKS</b>                                    | <b>PREVENTION</b>  | <b>Treatment/Solutions</b>   |
|---|--|--|
| Strains, sprains, dislocations, or broken bones | Look where you walk.<br>Climb, ski, paddle within abilities.             | Inform staff of injury for first aid assistance  |
| Blisters, hot spots, muscle soreness            | Wear properly fitting footwear, clothing, and equipment                  | Inform staff of the discomfort for assistance  |
| Frostnip, frostbite, hypothermia                | Wear proper clothing (wool socks, gloves) ; Eat and drink proper amounts | Get to warm area and slowly warm affected areas  |
| Dehydration                                     | Drink plenty of water (a liter/hour)                                     | Rest and slowly drink plenty of water  |
| Sore muscles                                    | Climb slower, carry less weight, take more breaks                        | Inform staff of the discomfort for assistance  |
| Scrapes and cuts                                | Look where you walk; don't run; climb within abilities                   | Inform staff for assistance  |
| Heat exhaustion or heat stroke                  | Wear proper clothing; rest if too hot; drink plenty of fluids            | Rest in shaded area; drink fluids; if signs of heat stroke evident, seek medical attention |
| Hit by falling objects                          | Be alert; wear helmet  | Inform staff of injury for first aid help  |
| Death or serious injury                         | Wear proper safety gear, double check the situation for safety           | Inform staff of injuries   |

1. I have read and understand the risks listed above.
2. I will follow all safety guidelines given by the staff and will not use equipment without proper supervision.
3. I agree to take an active part to protect myself and my fellow participants during activities. I will inform staff of my dangers known to me that may cause injury to other or me. I will take care of myself by letting others know what I need.

\_\_\_\_\_  
Signature of participant  
Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent



### Code of Conduct for all Trekkers

1. I agree to respect the rights and feelings of other participants and staff.
2. I understand that I should do nothing that may harm the environment or destroy its natural beauty. I will carry my trash out to a suitable trash container.
3. I agree not to bring a radio, cell phone, beeper, or any other electronic device.
4. I will not bring or use tobacco, alcohol, or drugs on a trip with Adirondack Treks.
5. I acknowledge the necessity to respect the leaders' authority and do as they tell me to do.

I have read this Code of Conduct and understand that I may be dismissed from participation for refusing to abide by the code.

---

Date

---

Signature of participant

---

Signature of Parent



## Trip Description

Trip Name: \_\_\_\_\_

Date: \_\_\_\_\_

Cut Off Date: \_\_\_\_\_

Adventure

Difficulty Level: \_\_\_\_\_

Trip Leader: \_\_\_\_\_

Phone: \_\_\_\_\_

Trip Essentials:

---

Logistics/Travel Plan:

• Time to Meet: \_\_\_\_\_ Place: \_\_\_\_\_

Directions to start:

---

Estimated return time: \_\_\_\_\_ Drop Off: \_\_\_\_\_

Trip Plan:

---





## Time Control Plan

**Trip:**

**Date:**

| Leader               | Guides             | Phone                | # of Participants |        |  |
|----------------------|--------------------|----------------------|-------------------|--------|--|
|                      |                    |                      | Children          | Adults |  |
|                      |                    |                      |                   |        |  |
| Trip Objectives      | RT Miles           | Total Time Estimated |                   |        |  |
| Vehicle Travel Plans | Beginning Location | End Location         | Route             |        |  |

### Contingency Plans

|                               |  |
|-------------------------------|--|
| Anticipated Obstacles/hazards |  |
| Projected causes for delay    |  |

### Communications/Help

| Source                   | Location                       | Number   |
|--------------------------|--------------------------------|----------|
| Nearest Medical Facility |                                |          |
| Closest phone            |                                |          |
| NYS DEC                  | Emergency Dispatch 24hrs/7days | 891-0235 |
| Local Emergency Services |                                |          |
| TREKS contact            |                                |          |

Evacuation Route(s): \_\_\_\_\_

# Backcountry Emergency

(To be kept in First Aid Bag)

Can: **Forest Ranger Steven Ovitt g 251-4330 leave a message**  
**Forest Ranger Dispatch g 891-0235 24 hrs. 1 7 days week**

Date                      Time of call                      Person Reporting Incident                      Call Back #

---

Location of Person Reporting Incident

---

## Subject Profile

Full Nam                      Address                      Phone#

---

Age      Sex      Ht.      wt.      Eye Color      Hair Color/Length      Complexion

---

Health Problems

---

## Rescue Information

Date +Time Injuries Occurred                      Exact Location of Subject                      Guide to Subject Available

---

Nature of Injuries:      Urgent      Priority      Routine      Convenience

---

First Aid Already Applied

---

Evacuation Needs:      Walk out with Assistance      Carry Out      Air Lift/Hoist      Other

---

On Scene:      Type of Terrain      Equipment Available      #Individuals w/ Subject +Abilities

---

## Search Information

Place Last Scene                      Last Scene By                      Time + Date

---

LastKnownPoint

---

Clothing description

---

Footwear and Tread Type

---

Equipment Carried

---

What were stated plans or intentions of the subject?      Emergency Pre-plans?      Experience?