



Send This Form To:
 Camp Fire USA - Xploreregon
 619 SW 11th Avenue, Suite 234
 Portland, OR 97205
 FAX # (503)223-3916

XPLOREGON APPLICATION FORM

SECTION A –PERSONAL INFORMATION

Participant's Last Name _____ First Name _____ MI _____ Preferred Name _____

Address _____ City _____ State _____ Zip _____

Home Phone # (____) _____ Cell Phone # _____ E-mail _____

Female Male Birth Date _____ Grade in 9/08: Freshman Sophomore Jnr. Snr.

School _____ T-shirt Size _____ Have you previously been on Xploreregon Yes No

Please name any of your friends or family who have been on or are applying to Xploreregon? _____

African American Asian Caucasian Hispanic Multi-racial Native American Other

Parent/Guardian 1 _____ Work Phone # (____) _____ Cell Phone # (____) _____

Address _____ E-mail _____

City _____ State _____ Zip _____ Home Phone # (____) _____

Parent/Guardian 2 _____ Work Phone # (____) _____ Cell Phone # (____) _____

Home Phone # (____) _____

In case of emergency, if neither parent/guardian is available, whom should we contact? The child must be able to be released to this person.

Name _____ Home Phone # (____) _____ Work Phone # (____) _____

Cell Phone # (____) _____ Relation to participant _____

How did you learn about Xploreregon?

Brochure Word of mouth Web site: _____ Friend: _____ At School: _____

SECTION B – TRIP PREFERENCE SELECTION

Trip #	Age	Start Date	End Date	Length	Start Time	End Time	Itinerary	2hr Mandatory Pre-Trip Meeting	Please List Preferences 1 st 2 nd 3 rd 4 th Leave those trips you can't attend blank
XPL09-1	14-17	7/5/09	7/16/09	12 Days	2pm	5:30pm	*T.B.D.	10am 6/21/09	_____
XPL09-2	14-17	7/19/09	7/30/09	12 Days	2pm	5:30pm	*T.B.D.	2pm 6/21/09	_____
XPL09-3	14-17	8/2/09	8/13/09	12 Days	2pm	5:30pm	*T.B.D.	10am 6/27/09	_____
XPL09-4	14-17	8/16/09	8/27/09	12 Days	2pm	5:30pm	*T.B.D.	2pm 6/27/09	_____

SECTION C - PAYMENT INFORMATION & SCHEDULE

The 2009 Xploreregon 12 day trip full fee is \$1,200 (including the \$200 non-refundable deposit).

The Xploreregon trip fee covers all transportation, food and accommodation, equipment, program fees, guides, staffing, supplies, field trips and administration for the 12 days and 11 nights of the program.

Payment Schedule

- 1) Participants should submit a \$200 deposit within 10 days of their selection in to Xploreregon.
- 2) 50% of the remaining balance is due by the 30th of May
- 3) 100% of the remaining balance is due 2 weeks prior to the road trips start date.

Payment in full upon acceptance into the program is also encourage where possible and please contact the Xploreregon Program Director if you are unable to meet this payment schedule and need to make alternate arrangements.

Are you submitting an Application for Financial Assistance Funds? Yes No

If yes, what dollar amount of Financial Assistance Funds are you applying for? \$ _____

SECTION D – QUESTIONS & ANSWERS

In the space or on a separate piece of paper please answer the following questions to the best of your ability.

Why do you wish to participate in an Xplorejon Road Trip this summer?

How would you describe yourself in fifty words?

What do you expect the greatest challenge of Xplorejon would be for you and why?

SECTION E – REFERENCE

Please provide the details requested below for two references to support your application to Xplorejon Teen Road Trips. This person may be contacted if needed as a part assessing your application. Your reference should be from a teacher, counselor, coach etc.

Name _____ Work Phone # (_____) _____ Email _____

In what capacity do they know the applicant? _____ Length of time they have known the applicant? _____

Name _____ Work Phone # (_____) _____ Email _____

In what capacity do they know the applicant? _____ Length of time they have known the applicant? _____

SECTION F – PARTICIPATION AGREEMENT

Please read and sign the following. BOTH youth and adult signatures are required for registration confirmation.

Participation Agreement: We (child and parent/guardian) wish the child who signs below to participate in the Xplorejon program sponsored by Camp Fire USA Portland Metro Council, including participation in challenge course activities, aquatics activities, and all other program sponsored activities. We recognize there may be risk of injury during such participation and certain dangers and accidents may occur. We further agree each child participating in the program must follow safety instructions, remain in areas designated by staff and refrain from behavior that is harmful to him/herself or others. Failure to do so will be cause for the child's dismissal from the program without refund. In consideration of the benefits to be received as the result of my child's participation in the program, the receipt and sufficiency of which I (parent/guardian) hereby acknowledge, I hereby release, acquit and forever discharge Camp Fire USA Portland Metro Council and the officers, directors, trustees, employees, agents and insurers of each of them, from any and all claims, responsibility of liability of whatever kind and nature, whether arising from negligence, breach of contract or otherwise, on account of or arising from and injury or damage which may be sustained by my child as a result of my child's participation in the program. In addition, I agree to defend and indemnify Camp Fire USA Portland Metro Council and the officers, directors, trustees, employees, agents and insurers of each of them, against any and all manner of actions, claims, demands, damages, liability or expense of every kind and nature which may be incurred or arise by reason of my child's participation in the program, including but not limited to any injuries my child may cause to other participants. I give permission to the physician selected by the program manager to secure and administer treatment, including hospitalization for my child as named above. I agree to be responsible for any expenses, which may be incurred in providing emergency medical or surgical treatment to my child.

My child has my permission to participate in all program activities and receive information regarding Camp Fire USA. I understand that in order to provide a safe and cooperative group experience, a child may be dismissed from the program without refund for reasons including behavior, illness or injury, or homesickness. Still and moving pictures of my child, and his/her name and voice may be used for publicity, including Camp Fire's website.

Check here if you do not want your child's image used in promotional and publicity materials.

I have read and understand the fee structure, refund policies and participation agreement.

Signature of Parent or Guardian _____ ***Date*** _____

I understand and agree to follow the health and safety guidelines of the Xplorejon.

Signature of Youth (Participant) _____ ***Date*** _____