

**Mountains Restoration Trust  
Youth Naturalist Registration And  
Emergency Medical Information/Release**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

School \_\_\_\_\_

Mother/ Father/ Guardian's Name: \_\_\_\_\_

E-Mail (for notification of future programs) \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Alternate Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Who will be responsible for picking up your child? \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital / Doctor \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies or other special concerns: \_\_\_\_\_

Medical problems or limitations: \_\_\_\_\_

Medications currently prescribed: \_\_\_\_\_

Will your child have this medication with him/her at our facility? \_\_\_\_\_

I approve of the minor in my custody, participating in \_\_\_\_\_

**CONSENT TO TREATMENT OF MINOR:** In the event of sudden illness, accident, or injury which may occur while said minor is engaged in any activity supervised by The Mountains Restoration Trust staff and its representatives, agents, or assignees, when neither the parent nor the guardian can be contacted, I hereby give my consent pursuant to California Family Code Section No. 6910 for emergency treatment as shall be necessary under the circumstances by any physician licensed under the laws of the State of California. As parent/guardian I further agree to pay any and all costs incurred as a result of said treatment.

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

The undersigned hereby agrees to defend, indemnify, and hold harmless Mountains Restoration Trust (MRT) and its officers, employees and agents from and against any and all loss, liability charges and expenses (including attorney's fees) and cost which may arise by reason of participation in any program. (MRT does not provide accident, medical, liability, workers' compensation insurance or any other insurance for program participants). I understand that the MRT retains the right to use photos taken during activities for publicity purposes.

MRT reserves the right to deny further rights of participation to children whose behavior is disruptive or otherwise unacceptable.

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