

Chadash Christian Ministries

—Canoe Trip Registration Form for Young Ladies—

Name: _____ Date of Birth: ____/____/____

Address: _____ Phone: _____

_____ Cell Phone: _____

Email: _____

Parent's Names: _____

Name of Church You Presently Attend: _____

Pastor: _____ Phone: _____

Trusted Person in Your Life: _____ Phone: _____

What would you like to learn/experience on this trip? _____

I hereby authorize Chadash Christian Ministries the right and permission to publish, reproduce, or otherwise use any photos and videos from the trip for promotional purposes.

Signature: _____ Date: _____

Trip applying for:

___ Ages 14-17: Flambeau River in WI, June 30-July 9, 2025

___ Ages 18 & up: Boundary Waters of MN, July 12-19, 2025

To save a spot on one of these exciting trips, we ask that you return this form with a non-refundable application fee of \$250. Checks should be written out to Chadash Christian Ministries, and an additional \$500 is due the day you leave on the trip. This covers food and gear (canoes, tents, permits, transportation, sleeping bags, etc.). Returning students will receive a \$50 discount, and an additional \$50 off for bringing a friend. If you would like to request a sponsorship or if you have any other questions, feel free to contact VaLita Beckett at 715-571-5874, or email staceyforchadashministries@gmail.com.

After we have received and accepted your application, we will be in touch with you about the necessary gear you will need to bring and other details about the trip. We are looking forward to hearing from you, and excited about what God will do!

Send this completed application with the \$250 application fee to:

Chadash Christian Ministries
107037 W. 26th Rd.
Marshfield, WI 54449

Medical Information:

Do you have asthma? Y / N Diabetes? Y / N Epilepsy? Y / N Heart Condition? Y / N

If yes to any of the following questions, please explain further on the line below it:

Are you currently taking any medications? Y / N

Do you have any dietary restrictions? Y / N

Do you have any disabilities? Y / N

Do you have any allergies? Y / N

Do you have any phobias or fears? Y / N

Have you had any past surgeries or injuries? Y / N

Do you have any other medical conditions? Y / N

Have you had struggles with eating disorders? Y / N

Do you have any current or past addictions? Y / N

Have you had a history of using drugs? Y / N

Have you ever taken medication for or been diagnosed with a mental health issue? Y / N

Height: _____ Weight: _____

Emergency Contact Name #1: _____

Relationship: _____ Phone: _____

Emergency Contact Name #2: _____

Relationship: _____ Phone: _____

I authorize by signature that the information provided is truthful and correct. Furthermore, I give my consent to the trip leaders or other medical personnel to treat me in an emergency situation.

Print Name: _____

Signature: _____ Date: _____

Emergency Medical Consent for Minor:

The leaders of this canoe trip with Chadash Christian Ministries have my permission to obtain emergency medical treatment for my child, _____, when I cannot be reached or if a delay in reaching my child would be dangerous for her.

Parent/Guardian's Name: _____

Phone: _____ Cell Phone: _____

I understand that I assume all financial responsibility for any treatment or injuries sustained by my child.

Signature of Parent/Guardian: _____ Date: _____