

Chadash Christian Ministries
—Wilderness Trip Registration Form for Young Ladies—

Name: _____ Age: _____ 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 14-18: Canoe Trip on the Flambeau River in WI, Aug. 5-14, 2026

_____ Ages 18 & up: Hiking the Superior Lake Trail, MN, Aug. 17-23, 2026

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, with an additional \$500 for the canoe trip, \$650 for the backpacking trip, due two weeks prior to leaving. 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
106926 26th Rd.
Marshfield, WI 54449

Or you can pay through Zeffy:
<https://www.zeffy.com/en8-US/ticketing/chadash-wilderness-application-fee> (for canoe trip)

<https://www.zeffy.com/en-US/ticketing/application-fee-10>
(for backpacking trip)

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:

Do you have any dietary restrictions? Y / N

Do you have any other medical conditions? Y / N

Do you have any allergies? Y / N

Have you had struggles with eating disorders? Y / N

Are you currently taking any medications? Y / N

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

Do you have any disabilities? Y / N

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

Do you have any phobias or fears? Y / N

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

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

Do you have trouble sleeping? Y / N

Are there any vitamins or supplements you take? If yes, for what reason? 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: _____