

# Outdoors Network International Inc.

## 2017 Youth Hunt Registration Form

Your Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Grade Fall of 2017 \_\_\_\_\_ (Circle one) Male/Female

### Parents/Guardians with whom you live:

Father \_\_\_\_\_ Wk Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother \_\_\_\_\_ Wk Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ E-Mail \_\_\_\_\_ @ \_\_\_\_\_

Youth Cell Phone ( ) \_\_\_\_\_ Youth E-Mail \_\_\_\_\_ @ \_\_\_\_\_

### Medical History:

Serious illnesses, surgeries, recent broken bones, childhood diseases, etc.—include dates:

History of psychological or behavioral problems (violence, attempted suicide, uncontrolled anger, sexual misconduct, etc.)

Allergies (medications, food, animals, etc):

Restrictions (activities, diet—what & why):

Medical or behavioral problems for us to watch for:

**MEDICATIONS BEING TAKEN:** Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name, dosage, and frequency of administration of medication.

\_\_\_\_\_ **This person takes NO medications on a routine basis.**

\_\_\_\_\_ **This person takes medications as follows:**

<b>Med # 1</b> _____	<b>Dosage</b> _____	<b>Specific times taken each day</b> _____
<b>Reason for taking</b> _____		
<b>Med # 2</b> _____	<b>Dosage</b> _____	<b>Specific times taken each day</b> _____
<b>Reason for taking</b> _____		

**Identify any medications taken during the school year that participant does/may not take during the summer.**

**Permission To Provide Necessary Treatment or Emergency Care**

I give my permission to the adult leaders selected by ONI to provide routine health care, to dispense needed over-the-counter drugs and prescription drugs brought by the participant, and give any emergency medical attention necessary for \_\_\_\_\_

Any exceptions to this are specifically listed here \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or guardian must sign unless participant is over 18 years old and able to sign for himself/herself.

**Please complete this form and when you have filled it out, mail it to the address below:**

Outdoors Network International Inc – PO Box 4502 – Missoula, MT 59806