

2016

Dear Parent,

Thank you so much for your interest in the New Trier Freshman Adventure Program. We are looking forward to a wonderful program and are excited that your child may be joining us.

To register for the 2017 trip, please complete the following paperwork and send the payment in to secure your child's registration. The paperwork includes: The student profile, medical information sheet, and waiver along with a check made out to New Trier High School for \$225.00 Please mail this to:

Ted Koulentes: Adventure Program Coordinator
New Trier High School
385 Winnetka Ave
Winnetka, IL 60093

Payments can also be made with credit card from the New Trier website under the Payments link.

As a reminder, the summer portion of this program will begin **Monday, June 12th - Thursday, June 15th, 2017**. In late May, you will receive a letter detailing the trip as well as times and places to drop off and pick up your child. Please feel free to contact Ted Koulentes at 847-784-2229 or koulentt@nths.net if you have any questions or concerns.

Sincerely,

The New Trier Adventure Program Staff

**FRESHMAN ADVENTURE PROGRAM
STUDENT PROFILE**

Directions: Please fill out as much of the information below as is applicable. Thank you.

Student's Name :

My child's most wonderful quality is :

My child displays this by :

I become most exasperated at my child when :

Most of my child's free time is spent :

My child gets most excited about :

Although possibly unwilling to admit it, my child really :

My child's three greatest strengths are:

- 1.
- 2.
- 3.

My child's three greatest weaknesses are:

- 1.
- 2.

3.

Events (death, divorce, moves, etc.) that have affected my child include:

This year at New Trier I hope my child will:

With regard to the Adventure Program, my child is most excited about :

With regard to the Adventure Program, my child is most nervous about :

Is there anything else that you would like us to know about your child?

Parent Signature_____

Parent Signature_____

New Trier Freshman Adventure Program
Medical Information Sheet

Name _____ Birth Date _____

Home Address _____

City _____ Zip _____

Home Phone () _____ email _____

Father's (Guardian's) Name _____

Father's Work Phone () _____

Father's Cell Phone () _____

Mother's (Guardian's) Name _____

Mother's Work Phone () _____

Mother's Cell Phone () _____

Emergency Contact Name _____ Relationship _____

Emergency Contact Phone Number () _____

Physician's Name _____

Physician's Phone () _____

Please indicate ANY medical conditions: allergic reactions, contact lenses (hard/soft), asthma, previous injuries, current medications (and why), etc.

Parent/Guardian Signature: _____ Date: _____



New Trier High School
Office of Student Activities



Freshman Adventure Program

Name of Participant: _____

WAIVER AND RELEASE OF ALL CLAIMS FOR PARTICIPATION

As a participant or parent/guardian of a participant in the activity, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or losses which I or the above participant may sustain as a result of participation in any and all activities connected with or associated with such an activity.

I do hereby fully release and discharge New Trier Township High School, including the Board of Education, its members, officers, agents, servants, independent contractors, and employees from any and all claims from injuries, including death, damages, or losses which I or the above participant may have or which may accrue on account of participation in the activity.

I do hereby as a parent or guardian specifically release and discharge New Trier Township High School, including the Board of Education, its members, officers, agents, servants, independent contractors, and employees from any and all causes of action I may have as a parent or guardian for support, mental or emotional damage or otherwise arising out of my relationship to the participant.

I further agree to indemnify and hold harmless and defend New Trier Township High School, including the Board of Education, its members, officers, agents, servants, independent contractors, and employees from any and all claims resulting from injuries, including death, damages and losses sustained by me or the above participant and arising out of, connected with, or in any way associated with the activities of the program.

I fully understand the nature of Freshman Adventure Program, and the terms and conditions of this Waiver and Release.

The above-named participant also agrees, as a condition of their continued participation, to act respectfully and adhere to all policies, rules, and restrictions established by New Trier Township High School and the Freshman Adventure Program.

PARTICIPANT SIGNATURE: _____ DATE: _____

PARENT/ GUARDIAN SIGNATURE: _____ DATE: _____