

## Trail Groups & Medical/Dietary Alerts

To be Completed by the Group Coordinator

School/Group \_\_\_\_\_

Program Dates \_\_\_\_\_ to \_\_\_\_\_

Group Coordinator \_\_\_\_\_

By signing below I agree that I have carefully reviewed all registration forms and participant agreements for each participant and by signing below I verify the following information to be true:

- I have collected all the signed registration forms for each **student and adult** participant and I will deliver them to Yosemite Institute staff.
- I have checked that each form has been filled out completely and signed by a parent or legal guardian.
- I have listed all medical alerts, conditions, health concerns, allergies, and/or medications below next to the appropriate participant in their assigned trail group.
- I have notified Yosemite Institute of any photo release language that has been lined out by a parent or legal guardian on the participant agreement form *and noted this next to the appropriate participant on the trail group list.*
- I am sending this form to NatureBridge at Yosemite at least 30 days prior to the first day of my program.
- I accept full responsibility for any errors or omissions.

Group Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_





Group Name \_\_\_\_\_ Program Dates \_\_\_\_\_  
Make copies of this sheet as needed. Page \_\_\_\_\_ of \_\_\_\_\_