



# 2024 Youth Summer Program Application

**NO COST ▲ GEAR, FOOD, GUIDANCE INCLUDED ▲ CO-ED**

Applicant Name: \_\_\_\_\_

**Applications Due May 15th**

Please select all the trips you'd like to attend, if you select more than one trip, indicate your first preference here: \_\_\_\_\_

*Applicants may be put on a waitlist. Families will be notified as changes to waitlist occurs.*

Ascend receives more applications than can be accommodated. Acceptance is not guaranteed.

## Youth Day Hikes

Placement is first-to-sign-up, first served

- Ages 6-9 • June 24**
- Ages 9-11 • June 26**
- Ages 12-15 • June 28**

## Teen Internship

Ages 14-18, separate application and interview required. Fill out packet and request an application. Resume skill building, stipend & certificates upon completion.

- 7-Day Trail Building • June 24-30**  
Trail building work experience with direct training from agency employees.

- 5-Day Field Science • July 15-19**  
Field science work experience in botany and geological surveys in Stuarts Fork and Emerald Lake area with botanists and Cal-Poly Humboldt professors.

## Youth Backpacking

Orientation Meeting **required** either June 18 or June 20 for new participants.  
Pack Meeting 2 days before each trip required for all participants.

- Ages 9 -11 • July 10-12** (Pack July 8)
- Ages 9-11 • July 16-18** (Pack July 14)
- Ages 10-13 • July 22-26** (Pack July 20)
- Ages 12-14 • July 29-Aug 2** (Pack July 27)

## Multigenerational Stewardship

All Ages • Family Friendly\*

- Lake Eleanor Day Hike • July 20**
- East Weaver Lake Day Hike • July 27**
- Boulder Lake Overnight • Aug 3-4**

\*Children under 16 must be accompanied by an adult. Please name accompanying adult:

\_\_\_\_\_  
Adult must fill out separate adult application

### **Parents, check out our Adult Stewardship Opportunities!**

Day Hike: June 29, Swift Creek

Weekends: May 18-19, June 15-16, Sept 21-22, Oct 19-20

Backcountry: Canyon Creek June 15-16 & June 17-21, Coffee Creek Sept. 29-Oct 5

### **\*IMPORTANT\***

Please submit application to Ascend directly, either at our office or online. If you do not receive an email conformation from Ascend within 2 weeks, please contact us. Space is limited, sign up early.

**(530)739-1177 • WWW.ASCENDWILDERNESS.ORG**

**INFORMATION.ASCEND@GMAIL.COM**

**PO BOX 3263 • 420 MAIN STREET, WEAVERVILLE (NEXT TO WHITE WOLF GYM)**



YOUTH'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ GENDER: \_\_\_\_\_

YOUTH'S SCHOOL \_\_\_\_\_

**Parent/Guardian Information:**

PREFERRED CONTACT NUMBER: \_\_\_\_\_ DO YOU RECEIVE TEXTS? YES \_\_\_ NO \_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_ Would you like to join our email news? YES \_\_\_ NO \_\_\_

BEST WAYS TO COMMUNICATE ABOUT TRIP DETAILS (e.g. text, phone, email) \_\_\_\_\_

**\*FATHER/GUARDIAN**

**\*MOTHER/GUARDIAN**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Physical Address & Phone (If different than above)

Physical Address & Phone (If different than above)

\_\_\_\_\_

\_\_\_\_\_

Work Place: \_\_\_\_\_

Work Place: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Best ways to reach me in case of emergency: \_\_\_\_\_

Best ways to reach me in case of emergency: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about Ascend? \_\_\_\_\_

**Emergency Contacts** Parents/Guardians above are contacted first. The following are in case guardians are unreachable:

**\*Emergency Contact Person #1:** \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

**\*Emergency Contact Person #2:** \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

**\*Physician to be called in an Emergency:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

\*\*If Physician can not be reached, what action should be taken? \_\_\_\_\_

\_\_\_\_\_

\*Permission for Medical Treatment: Administrative procedures vary among medical personnel and medical facilities with regard to provision of medical care for a child in the absence of the parent. The exact procedure required by the physician or hospital to be used in emergencies should be verified in advance.

In case of an accident or an emergency, I authorize a staff member or contractor of the Ascend Wilderness Experience to take my child to the above named physician or to the nearest emergency hospital for such emergency treatment and measures as are deemed necessary for the safety and protection of the child, at my expense.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



**Youth:** Have you ever been backpacking before? Yes \_\_\_ No \_\_\_

If yes, how far did you hike (miles/hours)? \_\_\_\_\_

How many nights? \_\_\_\_\_

With Ascend? Yes \_\_\_ No \_\_\_

Have you ever been on a day hike? If yes, how many? How far in one day? With Ascend?

**Parents and Guardians:** Is there anything else you would like to share about the applicant? For example, "My child is on the mature side of 11" or "my child is nervous about outdoor activities."

**TO BE COMPLETED BY YOUTH FOR OVERNIGHT TRIPS (NOT REQUIRED FOR DAY HIKES):**

Please write a short description of relevant experiences you've had, along with hobbies, sports, or activities that you participate in that have prepared you for the physical and mental challenges of a Wilderness Trip.

- Backpacking is a physically demanding task. Are you willing and able to participate in the physical challenge?
- Can you maintain a good attitude even if you get tired or homesick?
- Please also share any concerns that you might have about the physical and mental challenges of a Wilderness Trip.

**REFERENCES TO BE PROVIDED FOR OVERNIGHT TRIPS (NOT REQUIRED FOR DAY HIKES):**

Please provide two names and phone numbers of adults who know the youth and who would recommend the youth for participation in a backpack trip. **The adult should not be related to the youth.** An appropriate reference would be a teacher, coach, troop leader, youth group leader, etc.

NAME \_\_\_\_\_

NAME \_\_\_\_\_

CONTACT NUMBER \_\_\_\_\_

CONTACT NUMBER \_\_\_\_\_

RELATIONSHIP TO YOUTH \_\_\_\_\_

RELATIONSHIP TO YOUTH \_\_\_\_\_



**PERSONAL DISCLOSURES, MEDICAL INFORMATION and  
MEDICAL RELEASE**

**\*\*YOUTH AND GUARDIAN BOTH READ AND SIGN \*\***

(All medical information is confidential)

1. Are you under treatment for any illness or conditions? If yes, please describe.
  
2. Are you currently taking any medications? If yes, please describe.
  
3. List any specific activities that the participant SHOULD NOT take part in.
  
4. Do you have any allergies to medications, foods, or insects? Other dietary restrictions? If yes, please describe.
  
5. Do you have any pre-existing medical conditions that may affect your ability to participate in the wilderness activity?  
 Examples include, but are not limited to: heart disease, previous heart attack or stroke, seizures, respiratory problems, or any other condition that limits your ability to participate in strenuous exercise. If yes, please describe.
  
6. **For teen participants only:** The teen stewardship trip with Ascend provides an opportunity to do stewardship in the Alps. Much of this work can be arduous. Are you able to participate physically and mentally to help with trail reconstruction and basic use of hand tools? And/or if you cannot participate fully, what are your limitations so that we may accommodate you?

I have answered the above questions accurately and completely. I hereby grant permission for the performance of any emergency medical treatment that may be required in the case of an accident wherein I am rendered unconscious or unable to approve the required medical treatment. In the event that I become the victim of an accident I will hold the Ascend Wilderness Experience harmless from any liability or negligent actions which may arise in connection with the rescue, stabilization, evacuation, transportation and emergency care I receive while secondary aid resources are being sought.

PARTICIPANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT OR GUARDIAN SIGNATURE: \_\_\_\_\_



**RELEASE WAIVER OF LIABILITY, INDEMNITY AGREEMENT**  
**\*\*YOUTH AND GUARDIAN BOTH READ AND SIGN \*\***

I am aware that during the Ascend Wilderness Experience activity in which I am enrolling, I will be exposed to certain risks and hazards which could result in property damage, personal injury, or death.

In consideration of being permitted to enroll in and participate in the outing, class instruction or other activity, I agree to the following:

1. I hereby release, waive, discharge and covenant not to sue the Ascend Wilderness Experience, their directors, officers, employees, contractors, associated coalition agencies and agents (hereinafter, referred to as "Releasees") from all liability to me, my personal representatives, assigns, heirs and next of kin for any loss or damage in any claim or demands therefore, on account of property damage, personal injury or death, whether caused by the negligence of the Releasees or otherwise, arising out of the outing, trip, class instruction, or other activity.
2. I agree to indemnify, save and hold harmless the Releasees and each of them from any loss, liability damage or cost that they may incur due to my enrollment or participation in the outing, trip, class, instruction or other activity whether caused by the negligence of the Releasees or otherwise.
3. I hereby assume full responsibility and risk of bodily injury, death, or property damage due to the negligence of Releasees or otherwise arising out of the outing, trip, class instruction, or other activity I understand that there are certain risks and dangers that may occur, including but not limited to: exposure of personal injury, rigorous physical activity; such as running, tumbling, and climbing, accident or illness in remote places without medical facilities, forces of nature, and travel by automobile or other conveyances.
4. I further expressly agree that the foregoing Release, Waiver and Indemnity Agreement is intended to be as broad and is inclusive as is permitted by the laws of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall continue in full legal force and effect.
5. I have read and voluntarily signed the Release, Waiver and Indemnity Agreement and further agree that no oral representations, statements or inducements not contained in this document have been made.
6. I agree that while participating in this activity, I agree to conform to all policies of Ascend Wilderness Experience, and to abide by all state and federal laws. I also agree to accept and follow the directions of the outing or activity leader(s) or instructor(s) and to act in a mature and responsible manner. I further agree to follow all facility regulations and adhere to any lodging or camping requirement or precepts. I agree not to leave the group unless first notifying the outing or activity leader. I understand that upon leaving the group, I waive all rights as an outing or activity participant.

**By signing here I acknowledge that I have read and understand the Release, Waiver and Indemnity Agreement and acknowledge the risk and agree to all of the above.**

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent or Guardian Signature:** \_\_\_\_\_



**ACKNOWLEDGMENTS of RISK FORM**

**\*\*YOUTH AND GUARDIAN BOTH READ AND SIGN \*\***

I recognize the element of risk in any adventure sport or activity associated with the outdoors. I am fully aware of the risks and dangers inherent in backpacking, hiking, swimming, rock climbing, river rafting/kayaking, including but not limited to:

\*Exposure to cold water and extreme environmental conditions, becoming lost, and physically injured.

Knowing the risks and dangers, I understand the possible consequences of participating in such activities are as follows:

\*Hypothermia, illness, serious physical injuries, and possibly death.

I certify that I have, or my child has, the necessary skills and abilities to participate in the said activities and assume full responsibility for myself, or my child, for bodily injury, death and loss of personal property and expenses thereof as a result of my, or my child's negligence in participating in said activities except to the extent such damage or injury may be due to the negligence of Ascend Wilderness Experience.

I also agree that my child, or I will abide by the rules or instructions given to us, either orally or in writing by Ascend Wilderness Experience. I further understand that Ascend Wilderness Experience reserves the right to refuse to allow any person to participate who is judged by Ascend Wilderness Experience to be incapable of meeting the rigors and requirements of participating in the said activities.

I have read, understand, and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon me, or my child, during the entire period of participation in the said activities.

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent or Guardian Signature:** \_\_\_\_\_

**Permission to Swim**

I understand that NO CERTIFIED LIFE GUARD WILL BE ON DUTY during the Ascend Wilderness Experience trip. Knowing the risks and dangers involved, including but not limited to hypothermia, drowning, physical injury and possibly death, I give my permission for \_\_\_\_\_ to swim during the Ascend Wilderness Experience trip.  
(name of child)

Please describe your child's swimming abilities (i.e. can you child tread water in one place for 2 minutes, would you rate your child a strong, moderate or weak swimmer, does your child need extra attention while swimming, etc.):

**Parent or Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**OR**

I do NOT give my permission for \_\_\_\_\_ (name of child) to swim during the Ascend Wilderness Experience trip.

**Parent or Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



### Promotional Release Form

In an effort to promote the Ascend Wilderness Experience’s community programs, photographs and videos may be taken of children as they participate. These are mostly used in grant reports in order to continue receiving outside funds and may be published in a variety of promotional materials such as newspapers, brochures, or on the AWE web site. Please allow us to photograph and/or video your child for this purpose. Check the applicable box below.

YES  My child’s picture may be used for promotional purposes.      NO  Do not use my child's picture

CHILD’S NAME: \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

### Private Drive Permission

I give my permission for a driver that has been screened and determined by Ascend Wilderness Experience to be an Acceptable Driver, to transport \_\_\_\_\_ (name of child) to, from, and, as needed, during the Ascend Wilderness Experience Trip. I understand that the driver will drive a privately owned vehicle and that in the event of an accident or incident, the insurance coverage for the privately owned vehicle will bear primary responsibility for any losses or claims of damage.

Parent or Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

**PARENTS/GUARDIANS:** Ascend often needs transportation support to and from trailheads. Would you be interested in helping to drive groups to and/or from trailheads?

YES  I would be happy to volunteer my time and vehicle to help transport children to and/or from a trailhead.

Type of Vehicle: \_\_\_\_\_ My vehicle has \_\_\_\_\_ (#) seatbelts.

### Cancellation and No-Show Policy

Although Ascend offers our trips at no cost to participants, cancellations and no-shows always come at a cost to the organization. We understand life throws curve balls and plans change. If this happens and you need to cancel, **we need to know as soon as possible so that we can offer the trip to another applicant who is on the waiting list.** If you cannot attend a trip you've been confirmed for, there is no fee if you inform us at least two weeks prior to your departure date. If you cancel within the 14 day window of your trip, Ascend will charge you \$200 for an overnight trip and \$50 for a day hike. This is to cover the costs of non-refundable supplies such as food and administrative time.

We hope this does not deter you from applying. Exceptions to the fee will be considered on a case-by-case basis, should a last minute unavoidable circumstance lead to last minute cancellation. We're happy to work with you, just give us a call.

**I agree to the cancellation and no-show policy above.**

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

Please provide your credit card information:

**Applications will not be accepted if this is left blank.**

Name on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV # \_\_\_\_\_



## Suggested Donation

Ascend believes everyone should have access to safe and meaningful experiences in wilderness. To this end, Ascend offers all wilderness trips free of charge. At the same time, **donations and community support are essential to keeping Ascend’s programs alive.**

The dollar amounts that Ascend must raise for summer programs are:

**Day Trips: \$55 per participant**

**Overnight Trips: \$140 per day per participant**

These amounts cover food, transportation, insurance, safety equipment, permits, gear, supplies, trained guides, some administrative expenses, and even access to boots and clothing as needed but do not reflect the entirety of the efforts, resources and volunteer hours necessary to make Ascend programs possible. If you are able, please consider contributing to the cost for the trip you are interested in. Ascend will follow up with you about the donation only if participation in a summer program is confirmed. **Any amount helps.**

**An applicants success in being selected for a trip does not depend on your ability or size of donation you make. Please apply even if you are unable to donate at this time.**

I commit to a donation of \$\_\_\_\_\_ if I/my family/my child is confirmed for participation.

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

- I have included a check
- ~or~
- Charge to my provided credit card number in the Cancellation Policy section.
- Please send me a tax deductible receipt for my donation to this email or mailing address:

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**Thank you for helping to ensure the future sustainability of Ascend!**

**WAIT!! BEFORE SENDING IN THIS APPLICATION:**

- Sign ALL permission slips and releases (Parents/guardians AND youth participants)
- A method of payment in the event of last minute cancellation or no-show is required.
- Fill out ALL sections.
- If applying for more than one youth, fill out separate applications.
- If you don't get a confirmation of this application within two weeks, **get ahold of Ascend.** We may have missed your application or it went to spam, etc.

**Mail Application To:**

Ascend Wilderness Experience  
PO Box 3263  
Weaverville, CA 96093

**Or Email:**

information.ascend@gmail.com

**Drop Off Location:**

Ascend's Downtown Weaverville Office  
420 Main St. (backside of building and  
downstairs next to White Wolf Gym.  
Look for door with mail slot along the  
covered walkway facing Forest Ave.)