

# Outdoors Network International Inc.

## 2022 Youth Hunt Registration Form

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

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

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Grade Fall of 2022 \_\_\_\_ (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:

Med # 1 _____	Dosage _____	Specific times taken each day _____
Reason for taking _____		
Med # 2 _____	Dosage _____	Specific times taken each day _____
Reason for taking _____		

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