

STLF High School Pay It Forward Tour!

April 1-5, 2009 – Spring Break



Destination: Bozeman, MT

The STLF Pay It Forward Tour from Dickinson, Bismarck, and Mandan will be traveling to Bozeman, MT, from April 1-5, 2009. Students will travel to four cities, carry out four service projects, and visit up to two college campuses on the Tour.

ND Midwest – Midget Tour:

Dickinson, ND
Billings, MT
West Yellowstone, MT
Idaho Falls, ID
Bozeman, MT

ND Midwest – BisMan Tour:

Bismarck-Mandan, ND
Miles City, MT
Gardiner, MT
Jackson, WY
Bozeman, MT

Students from any school are welcome! The Tour leaving from Bismarck will also stop in Dickinson to pick up students along their way.

* See www.stlf.net for a route, itinerary, packing list and more information.

All Tours are open to students from *any* high school. All are welcome!

Each Tour includes service projects in four different cities, in addition to one or two college tours, leadership activities each night, enrichment, and much more.

***Registration is First Come, First Served. Register Today!**

Early Bird Price (before February 27):	\$265
Regular Price:	\$280
Late Registration Price (after March 23)	\$300

Contact Cody Nelson at 218-280-3441 or at cody@stlf.net for more information.

STLF HIGH SCHOOL PAY IT FORWARD TOUR 2009!

Register Online at www.STLF.net or by completing the included forms!

Service: An opportunity to travel and serve in four communities in just five days.
You will gain a first hand experience in unique social issues.

Education: You will learn how these social issues affect the community and our country. One or two college visits will be planned to experience a University setting.

Reflection: Reflect on your experiences to better understand those around us and ourselves.



*Registration fee includes all travel, lodging (one night hotel), t-shirts, enrichment, and two meals per day.
\$100 non-refundable down payment required upon registration. Limited need-based financial aid is available upon request.



STLF's High School Pay It Forward Tour Registration Form

Please complete and return it to STLF at the address at the top right of this page. Be sure to enclose a minimum non-refundable down payment of \$100 to reserve your spot on the Pay It Forward Tour!

General Information:

Full Name: _____

Email: _____

Phone: _____

Gender (Please Circle): Male Female

Today's Date: _____

Student Email: _____

Student Phone: _____

School: _____

Grade: _____

T-Shirt Size: _____

Note: You are not guaranteed this T-shirt size.

Parent Information:

Parent/Guardian Name(s): _____

Parent/Guardian Address: _____

City: _____

State: _____

Zip: _____

Parent Email(s): _____

Parent Phone: _____

Tour Route Selection (The Bus Leaving from Bismarck will stop in Dickinson too):

ND Midwest – BisMan Tour:

Dickinson, ND
Miles City, MT
Gardiner, MT
Jackson, WY
Bozeman, MT

ND Midwest – BisMan Tour:

Bismarck-Mandan, ND
Miles City, MT
Gardiner, MT
Jackson, WY
Bozeman, MT

How did you find out about the Pay it Forward Tour?

- Please mail registration form and a check to the address on top of page, or submit to your school.
- Please make all checks payable to Students Today Leaders Forever.
- *Tour Payments and Pricing Information:*
 - Full Payment (including down payment) is due one week prior to your Tour departure.
 - Early Bird Reduced Price Special Before February 27 - \$265
 - **Regular Price - \$280**
 - Late Sign-up Price on or after March 23 - \$300
- Want to Make a Donation in support STLF? Any amount in addition to the Tour price is tax-deductible! Thanks for your support!

I, _____, state that all of the above is true. I agree to complete all of the financial obligations **before** getting on the bus:

Signature

Date



STLF Health Information Form

Students Today Leaders Forever (STLF) requires that the following health information and liability waiver form be completed and returned before you attend this STLF program. For any questions regarding any aspect of the form, please email info@stlf.net. This is an information record to ensure for your safety and to assist STLF in making appropriate accommodations throughout your experience.

Program Attending: _____

Name: _____

Date of Birth: _____ Age: _____ Sex: _____

Emergency Contact Information

Parent/Guardian: _____

Address: _____

Phone (Home/Cell): _____

Phone (Work): _____

2nd Emergency Contact: _____

Address: _____

Phone (Home): _____

Phone (Work): _____

Health History

- Asthma: Yes: ___ No: ___
- Diabetes: Yes: ___ No: ___
- Heart Problems: Yes: ___ No: ___
- Mono: Yes: ___ No: ___
- Orthopedic Problem: Yes: ___ No: ___
- Depression: Yes: ___ No: ___
- Head Injury: Yes: ___ No: ___
- Migraine: Yes: ___ No: ___

Please explain all "yes" answers: _____

Other physical limitations: _____

List all current medications (Prescription, Over-the-counter and Herbal): _____

Are you CPR and/or First Aid Certified? _____

Health Insurance

Health Insurance Provider: _____

Policy/ID Number: _____

Insurance Phone: _____

Insurance Address: _____

Allergies

Aspirin: Yes: ___ No: ___

Penicillin: Yes: ___ No: ___

Sulfa: Yes: ___ No: ___

Bee Sting: Yes: ___ No: ___

If yes, do you carry an Epi Pen? Yes: ___ No: ___

Food, please list: _____

Other: _____

Please indicate Yes or No for over-the-counter medications that may be administered if indicated due to injury and/or illness, according to the manufacturer's recommendations, by the leadership of Students Today Leaders Forever. STLF cannot guarantee these medications will always be available.

Ibuprofen: Yes: ___ No: ___

Tylenol: Yes: ___ No: ___

Robitussin DM: Yes: ___ No: ___

Benadryl: Yes: ___ No: ___

Pepto Bismol: Yes: ___ No: ___

Hydrocortisone Cream 1%: Yes: ___ No: ___

Authorization

I give my permission to be treated by a First Responder, EMT, Paramedic, Certified Nurse Practitioner, Registered Nurse or Licensed Physician. I further agree that STLF and its leaders will be held harmless from and indemnified against any and all liability, cost, claims, loss, or damage which may incur as a result of any accident or injury. I authorize that all information on this form is true to the best of my knowledge.

Signature _____ Date _____

Print _____

Parent/Guardian Signature (if under 18 or in High School) _____ Date _____



STLF Participant Waiver Form

I have chosen to participate in the Students Today Leaders Forever (STLF) Pay It Forward Tour. I agree to abide by any decision of STLF relative to my ability to safely complete this experience. I assume all risks associated with participating in this program. Having read this waiver and, knowing these facts, and in consideration of your accepting my registration, I for myself and anyone entitled to act for my behalf, waive and release STLF, affiliated educational institutions, organizational partners, and their representatives and successors from all claims or liabilities of any kind arising out of my participation in this Tour.

Photo/Video Release:

I understand that from time to time, trip participants may appear in photographs, videotapes and publications on behalf of Students Today Leaders Forever. In consideration of my participation in the Pay it Forward Tour, I grant full permission to STLF, and/or the agents authorized by them to make and use any such record for publication, public relations, and/or advertising purposes, without limitation, reservation or any additional compensation.

Health Insurance:

I understand that I am required to have adequate health insurance coverage to participate in this STLF program. By signing below, I authorize that I have proper health insurance coverage.

In consideration of the benefits of the activities listed above, I _____, hereby release and discharge STLF, affiliated educational institutions, organizational partners, and their representatives and successors from all claims or liabilities of any kind resulting from complication arising out of a current health problem or personal negligence in this STLF Program.

Signature: _____

Date: _____

Print Name: _____

A parent/guardian signature is required if student participant is under the age of 18 or is still in high school.

Parent/Guardian Signature: _____

Date: _____

Print Name: _____



STLF High School Program Safety and Participation Requirements

I am voluntarily participating in an STLFL program. By signing this document, I am stating that I have read this document in its entirety. I understand and will cooperate with each item listed. I will abide by the rules, regulations, and requests set forth by STLFL leadership. I understand that the following is in place to ensure for the safety and well-being of all involved in this STLFL program.

STLF High School Pay It Forward Tour Participant Requirements:

- I am participating on the STLFL High School Pay it Forward Tour knowing that I must abide by the organization and Tour guidelines.
- I agree to participate in all activities and service projects associated with this STLFL experience whenever physically capable.
- I understand the STLFL Leaders are here as guides, organizers, and leaders.
- I understand that their directions and requests are done with the group and my personal well-being in mind; thus, I will cooperate to the best of my ability.
- I understand that the rules of any places we stay or serve are also rules that I must abide by, as they are indirect rules of STLFL.
- I understand that there is a Zero Tolerance Policy regarding the possession and use of alcohol, drugs, or other illegal substances, regardless of age, gender, culture, etc.
- I understand that the possession or use of a weapon or other item that might cause bodily harm to persons is prohibited on this program.
- I understand that the use or possession of tobacco products, (smoking or chewing), during any High School STLFL program is prohibited, regardless of age, gender, culture, etc.
- I understand that if I do not comply with the abovementioned policies regarding drugs and alcohol, weapons, tobacco products, and other requirements, I may be asked to leave the program early. In addition, an incident report will be filed with my school and my parent/guardian(s) will be contacted immediately.
- I understand that if, for any reason, I must leave the program, I am then responsible for finding, confirming, and paying for all fees my departure may incur, including transportation, lodging, food, etc.

Full Name (printed)

Signature

Date

Parent/Guardian Name (printed)

Parent/Guardian Signature

Date