

Thanks for your interest in Phase II of the Jackson Hole Leadership Program!

Our Phase II trips are designed for participants who are looking to increase the challenge and adventure of their experience with JHLP. During these single gender backpacking trips open to young people ages 12-15, participants spend five days and four nights exploring the valley’s beautiful backcountry while fostering leadership, group cohesion and outdoor skills. The experiences culminate with an exciting day of outdoor rock climbing (no experience required) or a white water rafting trip. These sessions tend to fill quickly, so don’t hesitate to reserve a spot for your son or daughter this summer!

Trip leaders have extensive knowledge of backcountry skills and etiquette and are selected based on their ability to encourage and support participants through this challenging experience. In order to provide a safe trip for your child, they are also CPR certified, have a minimum certification of Wilderness First Aid, and are trained in facilitation and safety on the Doug Walker Challenge Course.

**How to Submit**

|  |  |  |
| --- | --- | --- |
| **USPS Mail** | **Online** | **Drop Off** |
| VAN VLECK HOUSE  JHLP  PO BOX 2631  JACKSON, WY 83001 | http://tyfs.org >  Van Vleck House>  Jackson Hole Leadership Program | TYFS Admin Office  (Downstairs)  510 S. Cache St.  Jackson WY 83001 |

Please feel free to contact us with any questions that may come up during the registration process!

**Phone: (307) 733-6440**

**Fax: (307) 733-6374**

**Email: leadership@tyfs.org**

**Registration Information**

**Note to Parents**

Please be aware that although these trips can be a ton of fun, they are rigorous, asking participants to test their physical capabilities and mental fortitude to reach the top. They may not be right for everyone. Students will be away from their homes and families, sleeping outdoors for five days and four nights. During the hike, participants are responsible for carrying their own packs full of individual and group supplies for the duration of the journey and are also expected to assist in group tasks such as setting up camp, gathering firewood and filtering water. Although backpacking experience is not required, boys and girls should have a reasonable level of physical fitness to be able to meet the needs of this adventure. Before enrolling your son or daughter, we encourage you to have a discussion with him or her about what is entailed in being a part of JHLP’s Phase II program. With greater challenge, though, there is certainly greater reward, and little can match the sense of accomplishment that young people achieve when they complete this expedition.

**First-come, First-served Registration**

In recent years, JHLP has grown significantly in popularity resulting in a competitive application process. There is a limited number of spaces available in each session, and these are offered on a first-come, first-served basis. Registration materials will be processed in the order that they are received.

Given the limited number of spaces and in hopes of making our program available to as many participants as possible, we can offer each child a space in no more than one session of programming per summer.

**Session Confirmations**

There is a minimum number of participants that must register in each session in order for it to run. Once this number has been reached we will send out a message to all registered participants confirming your registration in the specified session.

**Waiting List**

With high volumes of registrants and a limited number of available spaces in each session, there may be instances in which we are unable to secure a space for your child in a specified session. If this is the case, we will maintain your application and contact information and add your child to a Waiting List for your session of choice. If there is a cancellation in the specified session, registrants on the Waiting List will be offered the space in the order that their application materials were received.

**Cancellations**

In registering for a particular session, we ask that you be certain your child will be able to participate in it. Once you have registered and *received confirmation* of your child’s space in the session you can cancel at no cost up until 30 days prior to the start date of that session. If you cancel within those 30 days your money will not be refunded. Concessions may be made in the case of medical issues or family emergency. Please contact the Program Coordinator in these situations.

**Payment Information**

The Jackson Hole Leadership Program (JHLP) offers fun summer experiences in the outdoors for more than 160 young people each year. The purpose of JHLP is to improve children’s lives by helping them develop interests and skills while forming strong positive peer relationships.

We would like to continue to keep this program affordable and accessible to all families. In order to do so we ask that you reflect on what your family can afford and make a decision on the amount you will pay based on that. We do receive generous donations to help subsidize some of the cost to make this affordable to all families.

***Why has an alternative cost been added to the Application Form?***

By adding an alternative cost option, we hope to communicate the level of support each Leadership child receives and inspire families to support JHLP at Old Bill's Fun Run or other fundraising events.

**Phase II Cost**

Required Minimum Cost: **$400**

Actual Cost: **$700**

*Please note that your choice of payment options will not influence your child’s admission to the program.*

**Scholarship Information**

Many scholarships are available upon request, and we aim to serve **all** children who wish to participate. Please do not hesitate to apply, regardless of financial situation. In order to request a scholarship, please include the completed Youth Scholarship Request form with your registration materials. This form can be accessed at the TYFS offices or on our website.

Thank you for taking the time to thoroughly read this packet with your child. We ask that participants be able to attend every day of the session they select. If this is not possible, please choose a different week that will not interfere with alternate engagements.

**Jackson Hole Leadership Program 2022**

**Phase II Application**

\_\_\_\_ Girls: August 1-5, 2022 \_\_\_\_ Boys: August 8-12, 2022

\_\_\_\_ Girls: August 15-19, 2022 \_\_\_\_ Boys: August 22-26, 2022

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender\_\_\_\_\_\_ Age\_\_\_\_\_ Birthday\_\_\_\_\_\_\_\_\_\_\_\_ Grade in School (Fall 2022)\_\_\_\_\_\_\_\_

Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/s Name/s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best Contact Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternative Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please Circle “YES” or “NO” to answer the following questions:**

Has your child ever hiked in the woods before? YES NO

Has your child ever spent a night away from home (without parents)? YES NO

Has your child ever been on an overnight backpacking trip? YES NO

Does your child know how to swim? (circle one) YES NO

Does the youth have any dietary restrictions? YES NO

If yes, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What sports/physical activities does your child participate in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any other concerns you would like to bring to our attention?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If your child has a history of emotional, behavioral, family or school issues, please discuss them with a program leader prior to your session so we can best support your child’s needs.

**Participation Consent**

I/we, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, *(parent’s name)* as parent(s) and/or guardian(s) hereby give consent for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(child’s name)* to participate in the Jackson Hole Leadership Program.

I am aware that the Teton Youth and Family Services, Grand Teton National Park, Bridger-Teton National Forest, or the Jackson Hole Leadership Program leaders may not be held liable for property destruction, injuries, or accidents that occur while my son/daughter is involved in any activities that are related to or sponsored by the Jackson Hole Leadership Program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

I request that my child’s photo **NOT** be used in future promotions for the Jackson Hole Leadership Program (program materials, brochures, etc.)

**Payment**

I will be paying the subsidized Phase II rate of **$400.**

I will be paying the full unsubsidized Phase II rate of **$700.**

I will be paying another amount between $400 and $700: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I will be applying for a full or partial scholarship and have included the ***scholarship application forms*** with my registration forms.

*Please note that your choice of payment options will not influence your child’s admission to the program.*

**Medical Consent**

Consent and permission is hereby given for the Jackson Hole Leadership Program staff to obtain emergency care including anesthesia, surgery, hospitalization, or other treatment that may be deemed necessary. I understand that no procedures of an experimental nature shall be performed under this authorization. I also understand that every reasonable effort will be made to contact me before medical treatment is rendered.

The Jackson Hole Leadership Program staff carries the following over-the-counter medications to be used as necessary with the above-mentioned program participant: **Ibuprofen**, **Benadryl**, **Children’s Pepto Bismol**, **Imodium A-D**, and **Claritin**. All medications will be used as directed by the manufacturer. If you would prefer that your child not be administered any of these medications, please inform Jackson Hole Leadership Program staff.

Please note on the back side of this page if your child has any allergies or has medications to be administered by staff during the duration of the Jackson Hole Leadership Program.

**Emergency Contacts (other than parents)**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is youth limited to any physical activity?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If yes, please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies: Please list all allergies, mild or serve, that your child experiences (medications, foods, bites, stings, etc.).

Allergy Reaction Medication

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Medications:** Please list all medications that your child is currently taking, including over-the-counter or homeopathic medications.

Medication Dosage Condition Side Effects

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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