



# 2018 REGISTRATION PACKET

**July 8-10, 2018**

**REGISTRATION DEADLINES:** Participants outside of Rota – **June 22, 2018**  
Participants residing on Rota – **June 29, 2018**

**ELIGIBILITY:** Participants must be an enrolled high school student.  
Participants must be involved in a club, organization, or group which focuses on preservation and/or conservation in school or in a community

**FEE:** No Summit Fees  
\*\*All Airfare costs are at the expense of the participant(s) or their representing organization or sponsor  
Ground transportation, lodging, and meals prior to or after the summit dates are at the expense of the individual participant and NOT the Pacific Heritage Youth Summit organization committee

**HOTEL:** **Rota Resort & Country Club**  
**670-532-1155**

*\*(Each Participating Island will be required to prepare a group presentation representing their island culture)*

**For more information, contact:**

**Aubry Hocog**  
Special Assistant for Programs & Grants, Municipality of Rota  
670-783-2829  
[aubryhocog@gmail.com](mailto:aubryhocog@gmail.com)

**Joe Quinata**  
Guam Preservation Trust  
671-472-9439/40  
[Jqpreservation@guam.net](mailto:Jqpreservation@guam.net)

**Website:** [www.pacificpreservation.org/phys](http://www.pacificpreservation.org/phys)



## REGISTRATION FORM

Please submit your registration form via fax ENTER FAX NUMBER or email to:

[cpgorota2015@gmail.com](mailto:cpgorota2015@gmail.com)

Deadline for Registration for Participants residing outside Rota: **June 22, 2018**

Deadline for Registration for Participants residing in Rota: **June 29, 2018**

NAME OF PARTICIPANT: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

I.D. (Social Security (Last 4 digits) or Passport ID#: \_\_\_\_\_

NAME of SPONSORING ORGANIZATION OR GOVERNMENT SPONSOR:

\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER: \_\_\_ MALE \_\_\_ FEMALE

SCHOOL: \_\_\_\_\_

TELEPHONE: ( ) \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Please provide T-Shirt Size: \_\_\_\_\_

\*Each participant will be provided 3 shirts to be worn throughout the Summit.

Sizes available are: Youth Sizes: S / M / L Adult Sizes: S / M / L / XL / XXL

PARTICIPANT \_\_\_\_\_ DATE: \_\_\_\_\_  
(Print & Sign)

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_  
(Print & Sign)

SPONSORING ORGANIZATION \_\_\_\_\_ DATE: \_\_\_\_\_  
(Authorized Representative – Print & Sign)

**PLEASE ANSWER THE FOLLOWING QUESTIONS IN THE SPACES PROVIDED.**

**If you pre-registered and have already answered these questions, please skip this part.**

- 1. How did you learn about this summit? Who/what organization referred you?**
  
- 2. Please describe what interests you most (and why) about participating in the Pacific Heritage Youth Summit 2018?**
  
- 3(a). What clubs/organizations are you a member of that is related to heritage tourism, conservation, and/or preservation? Name projects or programs you have participated in as a member.**
  
- 3(b). If not, please explain why you might like to become involved.**
  
- 4. Please describe preservation efforts (historic buildings, cultural traditions, or natural landscapes) that have taken place in your community. Do you see any opportunities for preservation that have not been addressed? Please give one example.**
  
- 5. How do you plan to use the information from this summit in your community/organization/club/school?**



# HEALTH & MEDICAL FORMS

**INFORMATION FOR:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**DO YOU HAVE MEDICAL PROBLEMS/ALLERGIES?** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

If Yes, please

explain: \_\_\_\_\_

\_\_\_\_\_

<b>Father's Name</b>		<b>Mother's Name</b>	
<b>Place of Work</b>		<b>Place of Work</b>	
<b>Work Phone Number</b>		<b>Work Phone Number</b>	
<b>E-mail Address</b>		<b>Email Address</b>	

**EMERGENCY CONTACT PERSON:**

**NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**PLACE OF WORK:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_

**FOR INSURANCE PURPOSE:**

**BENEFICIARY'S NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **PLACE OF WORK AND PHONE NUMBER:** \_\_\_\_\_

\_\_\_\_\_

## MEDICAL AUTHORIZATION FORM

**NOTE: This form must be completed and signed in the presence of a Notary Public**

I, \_\_\_\_\_, give permission for my child, \_\_\_\_\_  
to participate in the Pacific Heritage Youth Summit to be held on Rota, July 8-12, 2018.

In the event that the Pacific Heritage Youth Summit Committee decides that my child should no longer participate in the summit and return home, due to illness or as a result of disciplinary action, I agree to repay the Guam Preservation Trust any additional expense within two weeks after formal notification of this action.

In the event of illness or injury requiring medical treatment, I hereby appoint **Aubry Hocog and Joe Quinata** and the medical personnel on duty at the nearest medical facility to act as my representative for medical care of my child, \_\_\_\_\_. Any additional cost incurred for any treatment and/or transportation not covered by the insurance, I will be responsible for and will pay the Guam Preservation Trust no later than two (2) weeks after receiving formal notice of action.

\_\_\_\_\_  
SIGNATURE OF PARENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

### EMERGENCY CONTACT PERSON

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home #: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Work Address: \_\_\_\_\_ Work #: \_\_\_\_\_



## PACIFIC HERITAGE YOUTH SUMMIT PARTICIPANT RULES

### **HOTEL**

1. Obey all Hotel Policies as provided in each hotel room
2. A 10:00 p.m. curfew will be enforced for all student participants.  
Each day will begin with activities commencing at 6:00 a.m., so get a good night's rest
3. No outside visitors allowed in any of the rooms
4. No one will be allowed to leave their rooms without supervision
5. Any hotel property damage will be charged equally against each person occupying the room.

### **ZERO TOLERANCE**

6. Absolutely zero drug or alcohol tolerance for the duration of the Summit
7. No Smoking Rule is enforced at all times for ALL PARTICIPANTS/CHAPERONES.

### **SCHEDULE**

8. The daily activity schedules will be provided to you on the 1<sup>st</sup> day of the Registration Process. Please be prompt and ready on the times indicated.
9. Please be ready to load buses 15 minutes prior to the scheduled departure

### **GENERAL RULES**

10. At no time will any participant/chaperone be allowed to leave the group or Summit activities unless approved by the Summit Organizer
11. Respect one another
12. Please report any unusual activity to your chaperone and/or a Summit Coordinator

### **DISCLAIMER:**

The Pacific Heritage Youth Summit Organizers and Sponsors are not responsible for loss or theft of any electronic or personal belongings during the Summit.

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*I have read and agree to abide with the Rules as stated above:*

**Participant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## PACIFIC HERITAGE YOUTH SUMMIT Informed Consent & Waiver Form

\_\_\_\_\_

Participant's Last Name,                      First Name                      Date of Birth

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian's Last Name,                      First Name

Home Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

\_\_\_\_\_

Address City State Zip

**Emergency Contact Info: Please check whom to contact first**

(     ) Contact Father: \_\_\_\_\_

Name                                              Cell Phone                      Other Phone

(     ) Contact Mother: \_\_\_\_\_

Name                                              Cell Phone                      Other Phone

**Medical History/Special Needs**

Does your child have an IEP (Individual Education Plan) at his/her school? Y\_\_\_ N\_\_\_ If yes, please give us related information (below) so that our instructors can best serve your child. In addition, please list medical history (allergies, physical needs/issues, etc.):

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

**Health Insurance #** \_\_\_\_\_ **Family Doctor Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**CONSENT FOR EMERGENCY MEDICAL TREATMENT**

In the event of a medical emergency, the undersigned Parent(s)/Guardian(s) of the above named participant(s), hereby grants authorization to the Pacific Heritage Youth Summit Committee and its representatives, to employ any legally licensed physician or health care facility on behalf of each of the undersigned, and to direct and/or order emergency medical treatment for the above named participant(s). Each of the undersigned further agrees that neither Pacific Heritage Youth Summit Committee nor any of its representatives shall be liable under any circumstances to anyone for exercising the foregoing authority in the event of an emergency, or perceived emergency.

**INFORMED CONSENT AND WAIVER/RELEASE**

I, the undersigned, as the parent or legal guardian of the child listed on this form in consideration of the request and permission of my son/daughter to participate in the Pacific Heritage Youth Summit Programs, including, but not limited to swimming and snorkeling, hereby assume full responsibility for all risks of injury or loss which may result from my son's/daughter's participation in this activity, and hereby agree to hold harmless, release, and forever discharge the Pacific Heritage Youth Summit Committee from and waive any and all claims and demands whatsoever which the undersigned and any of them or any third person of any accident, illness, injury, or death of any person and persons, or damage to or loss or destruction of any property arising or resulting from any related activity of my son's/daughter's participation in the aforementioned program, and occurring before, during, or after said participation or any time subsequent thereto, save and except that the above provisions shall not be applicable to injury to or death of persons, or damage to or loss of property arising out of the sole negligent acts or omissions of the Pacific Heritage Youth Summit Committee. The terms of this release shall serve as a release and assumption of risk for my son/daughter, heirs, executors and administrators and for all my family members.

I understand, agree, and acknowledge that there are risks inherent in the water and land activities conducted by the Pacific Heritage Youth Summit Programs including, but not limited to, paralyzing injuries, brain injuries, and death. These activities may be of a hazardous nature and/or may include activities such as swimming, a variety of strenuous exercise, and vigorous physical activities. With the full understanding of the facts, I state that, to the best of my knowledge, my son/daughter listed on this application has no medical, physical, mental or emotional health condition which would hinder or prevent his/her active participation in the Pacific Heritage Youth Summit Programs.

**PHOTOS**

I also understand that Photos are occasionally taken during the Pacific Heritage Youth Summit Program activities and that any photo taken of my child may be used for the Pacific Heritage Youth Summit Program reporting and publicity purposes.

I have read and understand, and I agree with the informed consent and release and the emergency medical authorization outlined above as it relates to my son/daughter.

**Parent or Guardian**

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

Witness (PHYS): \_\_\_\_\_ Date: \_\_\_\_\_





**JULY 8-12, 2018**

**WHAT TO BRING CHECKLIST**

**Toiletries: Toothbrush, Toothpaste, Deodorant, Shampoo, Bath Soap  
Brush/Comb**

**Personal Medication**

**Clothes: (Note you will be provided 3 T-shirts for use during the Summit),  
Sleep wear/Pajamas, socks, undergarments, swim wear,  
Hiking/Walking Attire (Comfortable Casual Clothes, Shorts, T-  
Shirts/Blouses, Jeans/Slacks)**

**Shoes: Sneakers, Slippers (For ocean water activity and hotel use)**

**Optional: Mosquito Repellant/Sunscreen/Sunglasses/Hat  
Cameras/Laptops/Tablets**

**\*\*\*\*PLEASE SECURE AND BE MINDFUL OF YOUR PERSONAL BELONGINGS!!!!\*\*\*\***

**For more information contact:**

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670-783-2829  
[aubryhocog@gmail.com](mailto:aubryhocog@gmail.com)

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