



Hero's Quest
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Hero's Quest Application

Hero's Quest is a 3 day, coming-of-age experience for young males, ages 14-23, on the threshold of adulthood.

Hero's Quest participants undergo a series of experiences designed to open them up to greater self-awareness, mindfulness, personal and community responsibility.



Presented by Gateway Education
with generous support from the
California Endowment.

Please fill out a separate registration form for each child attending.

Registrations must be received by July 23rd. All applicants are required to interview.
Please call 707 954 7666 to make an appointment.



Child's Name: _____ Birth Date: _____ Age: _____

Parent's Name(s): _____

Address: _____

Please provide both and check which one you prefer to be contacted with:

Phone: _____ E-mail: _____

My child is attending: July 26, 27, 28

In sending my child to the Hero's Quest 2019, I understand that pictures of my child may be used to promote Gateway Education Programs.

I give my consent: Yes No

How did you hear about Hero's Quest ? YTA Friend Newspaper Internet School Other _____ -

Does the camper suffer from any allergies? If yes (Circle all that apply)... Hay fever, aspirin, insect bites/stings, penicillin, nuts, dairy/lactose, wheat/gluten, or other: _____ . Symptoms: _____

****Please bring Epi Pens for campers if needed!*** Is the camper currently taking any medications? YES NO
If yes, please include the name of medication (brand name and generic name), dosage and reason below.

Please specify below any dietary restrictions, including vegetarian/vegan, lactose or gluten intolerant, etc.

Second Guardian (Optional) First name: _____ Last name: _____

Relationship to Camper: _____ Cell phone: _____ Other Phone: _____

Address: _____ Email address: _____

Authorization to Consent to Treatment of a Minor (I)(We) the undersigned guardian(s) of a minor, do hereby authorize Gateway Education as agent(s) for the undersigned to consent to any x-ray examination, anesthetic medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician and surgeon licenses under the provision of the Medical Practice Act on the medical staff or any accredited hospital, whether such diagnosis or treatment is rendered at the office of said physical or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgement may deem advisable. The authorization is given pursuant the provisions of Section 25.8 of the Civil Code of California. The authorization shall remain effective until August 31st, 2019 unless sooner revoked in writing delivered to said agent(s). INSURANCE INFORMATION

GATEWAY EDUCATION DOES NOT CARRY ACCIDENT INSURANCE ON YOUR CHILD.

I have health or accident insurance: Yes No

Company Name: _____ Policy or Group Number: _____