Minor Registration & Minor-Specific Registration Forms

If a volunteer is under 18 years old on the start date of a project, they will be required to submit additional information and sign additional forms in order to complete their registration. This is the same information formerly collected on the printable Emergency Medical Release for Minors and Participant Waiver and Release for Minors.

The additional fields are:

- Parent/Guardian Name, Relationship, Home/Mobile/Work Phone Number, Email Address (this may or may not be their emergency contact)
- Name of additional person authorized to pick up the minor and/or to contact in case of an illness or emergency, Relationship, Phone Number
- Name of minor's physician, phone number
- Name of insurance company, policy/medical #

These fields are on the same page as other registration requirements, and are located in their own section:

**Parent/Guardian Information**

According to the birthdate you provided, you'll be under 18 years old at the start of this volunteer project. PCTA collects additional information when minors are volunteering in order to protect their safety. Please complete the following questions about parents/guardians and medical information.

Visit https://www.pcta.org/volunteer/new-volunteers/#age_requirements for more information on volunteering as a minor.

*Parent/Guardian Name*  

Parent/Guardian Home Phone  

(####) ####-####

Parent/Guardian Work Phone

Parent/Guardian Email

*Parent/Guardian Relationship*

Parent/Guardian Mobile Phone  

(####) ####-####

The additional registration forms (Emergency Release and Participant Waiver/Release) will be automatically generated along with the Sign-in/JHA/COVID Waiver, which are emailed to the volunteer after they register for a project.

The new forms are found together, after the COVID-19 waiver page (i.e. they constitute an additional step in the workflow).

v. March 2022
Emergency Release for Minors

If, in the judgment of the Pacific Crest Trail Association, the above named minor needs immediate care and treatment as a result of any injury or sickness, and I, or other authorized person, cannot be reached, I hereby give permission to secure proper treatment for the minor at the nearest medical/dental facility. I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services. It is understood that a good faith attempt shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs. I do hereby agree to indemnify and hold harmless the Pacific Crest Trail Association (including its officers, directors, members and/or volunteers) from any claim by any person whatsoever on account of such care and treatment of said minor.

Participant Waiver and Release for Minors

The above named minor has my permission to participate in activities sponsored by the Pacific Crest Trail Association, including trail maintenance projects on the Pacific Crest National Scenic Trail and/or associated.

These forms require a parent/guardian name and relationship. Minors will also need to have their parent/guardian provide the e-signature at the end of the signature workflow.

Parent/Guardian's First Name *

Parent/Guardian's Last Name *

Parent/Guardian's Relationship to Volunteer *

Please note: for volunteers under 18 years old, a parent or legal guardian should provide the following e-signature.

v. March 2022