



September 28, 2011

Dear Parent,

Thank you for your interest in ANASAZI's DawnStar Expedition, starting November 18, 2011. We are excited for the opportunity to take your child on the trail. Whether he or she is an ANASAZI alum or new to the ANASAZI Way, we are confident that this peaceful walk in the wilderness has much to offer all who participate.

During the four-day program, groups will focus on the Path of We from the Seven Paths of the ANASAZI Way and discover what nature teaches about leadership. Included you will find an approximate schedule outlining the main events of each day. In general, participants will be hiking, teaching/learning a Path, and completing skills. The remainder of the time will be spent cooking, eating, and playing.

The cost for each participant is \$650, and we need a minimum of six participants to conduct the program. We will have separate groups for adolescents (12-17) and adults (18+).

Please complete the included enrollment packet and return it to ANASAZI with a non-refundable (unless canceled by ANASAZI) deposit of \$100 to secure your child's participation. The balance will be due one week prior to your child's admission date and will not be refundable should you choose to cancel. Please make checks payable to:

ANASAZI Foundation
1424 S. Stapley Drive
Mesa, Arizona 85204

Reservations will be made on a first-come, first-served basis with only nine slots available per group--so ACT SOON! For more information or to pay by phone, please contact us at 800-678-3445. **Fax or e-mail the completed forms to 480-892-6701 or alumni@anasazi.org.**

Sincerely,

Tate Peschka
Alumni Director



DAWNSTAR EXPEDITION COURSE DESCRIPTION AND OUTLINE

The ANASAZI DawnStar Expedition is an opportunity to participate in a unique and memorable outdoor experience. Designed by Ezekiel Sanchez and Larry Olsen, author of the National Bestseller, Outdoor Survival Skills, this course utilizes a primitive living experience, quiet time in the wilderness, and the teaching of the ancient ones to invite awakenings and commitments to “walk forward” in the ANASAZI Way. Participants will utilize The Seven Paths of the ANASAZI Way as part of their course curriculum.

Friday (November 18)

Gather at ANASAZI by 8 a.m.
Greeting by Ezekiel
Introductions/pack up gear
Travel to trail
Blanket stepping into expedition
Hike to campsite
Dinner and Path of Light
Fire Circle

Saturday (November 19)

Breakfast
Hike
Lunch and path drawings
Hike
Dinner
Fire circle on Seven Paths

Sunday (November 20)

Breakfast
Skills
Lunch and Path of We discussion
Leadership activity
Dinner
Fire circle on Path of We

Monday (November 21)

Breakfast
Group activity
Hike
Sittings
Pack
Travel to office



DAWNSTAR EXPEDITION ENROLLMENT FORM

Date of Expedition: _____

Participant's Name: _____ **Home Phone:** _____

Address: _____ **Work #:** _____

City: _____ **State:** _____ **Zip:** _____ **E-Mail:** _____ **Cell #:** _____

Father's Name: _____ **Home Phone:** _____

Address: _____ **Work #:** _____

City: _____ **State:** _____ **Zip:** _____ **E-Mail:** _____ **Cell #:** _____

Mother's Name: _____ **Home Phone:** _____

Address: _____ **Work #:** _____

City: _____ **State:** _____ **Zip:** _____ **E-Mail:** _____ **Cell #:** _____

How did you learn about DawnStar Expeditions? _____

Purpose for attending (what you would like to accomplish, to be written by the participant): _____

Emergency Contact: _____ **Phone:** _____

Emergency Contact: _____ **Phone:** _____

Name of Insured: _____ **Social Security Number:** _____ - _____ - _____

Insured's Employer: _____ **Employer's Phone:** _____

Employer's Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Insurance Company: _____ **Phone:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Policy, Group, or Certificate Number: _____



CONSENT FOR EMERGENCY MEDICAL TREATMENT FOR MINORS

Participant's Name: _____ DOB: _____ Age: _____ Gender: M F
Social Security Number: _____ - _____ - _____ Admit Date: _____
Parent(s)/Guardian Name: _____ Phone: _____

We, the undersigned parent of/or, guardian of/or, court appointed guardian of

_____ do hereby consent to any x-ray, examination,
Name of Minor

Anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to

_____ under the general or special instructions of
Name of Minor

_____ or physician named by ANASAZI, when the
Name of Physician Telephone

need for such treatment is clear and when efforts to contact me are unsuccessful, whether such diagnosis or treatment is rendered at the office of a physician or at a licensed hospital.

It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage ANASAZI and said physician to exercise their best judgment as to the requirements of such diagnosis or treatment. This consent shall remain effective until the client is discharged from ANASAZI, unless sooner revoked in writing and delivered to said physician or said persons entrusted with the custody of said minor.

Mother/Legal Guardian Date Father/Legal Guardian Date

Participant Date ANASAZI Authorized Representative Date



ACKNOWLEDGEMENT OF RISKS / ACCEPTANCE OF RESPONSIBILITY

Participant's Name: _____ DOB: _____ Age: _____ Gender: M F

Parent(s)/Guardian Name: _____ Phone: _____

I recognize that there is a significant element of risk in any adventure, sport or activity associated with the outdoors. Knowing the inherent risks, dangers and rigors involved in the ANASAZI program activities, I certify that my family and I, including any minor children, are fully capable of participating in the program activities.

I assume full responsibility for my family and myself, including any minor children, for bodily injury, death, loss of personal property and expenses thereof, as a result of my negligence or of my family's negligence.

I further understand that ANASAZI reserves the right to refuse any person it judges to be incapable of meeting the rigors and requirements of participating in the program activities.

I have read, understand and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon us during the entire period of participation in the ANASAZI program activities.

_____	_____	_____	_____
Mother/Legal Guardian	Date	Father/Legal Guardian	Date
_____	_____	_____	_____
Participant	Date	ANASAZI Authorized Representative	Date

THIS FORM IS REQUIRED BY THE NATIONAL FOREST SERVICE AND BUREAU OF LAND MANAGEMENT



DAWNSTAR EXPEDITION MEDIA RELEASE FORM

Participant's Name: _____ DOB: _____ Age: _____ Gender: M F

Parent(s)/Guardian Name: _____ Phone: _____

PUBLIC

I hereby give permission to the ANASAZI Foundation to video record, photograph, and/or audio record myself and my comments in a taped presentation to be recorded and shown for research, educational, marketing, and/or public relations purposes including, but not limited to, public display on the ANASAZI Internet website(s). I understand that under no condition will my name be released in affiliation with this presentation without my written permission and further know that if I am a minor, my legal guardian must also approve.

_____ Mother/Legal Guardian	_____ Date	_____ Father/Legal Guardian	_____ Date
_____ Participant	_____ Date	_____ ANASAZI Authorized Representative	_____ Date

STANDARDS OF PARTICIPATION CONSENT

I hereby consent to follow the ANASAZI standards of participation which include no drugs, cigarettes, alcohol or contraband of any kind. If I bring medication it must be approved by ANASAZI and given to staff upon my arrival to the ANASAZI office. I understand that if I take any of the aforementioned items with me to ANASAZI's DawnStar program or violate the medication policy, I will be required to leave the program at my and/or my parents' expense.

_____ Mother/Legal Guardian	_____ Date	_____ Father/Legal Guardian	_____ Date
_____ Participant	_____ Date	_____ ANASAZI Authorized Representative	_____ Date

PERSONAL HEALTH AND MEDICAL HISTORY

Note to Parent(s): Please explain "YES" answers, circle questions you do not know the answers to and give all information needed to provide as safe and full participation as possible. If you answer "YES" to any of the items, a release from your Child's physician must be submitted prior to admission.

PARTICIPANT'S NAME _____ DOB _____ AGE _____ GENDER: M / F
 HEIGHT _____ WEIGHT _____

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or sports physical?	<input type="checkbox"/>	<input type="checkbox"/>	10. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been hospitalized overnight? Have you ever had a surgery?	<input type="checkbox"/>	<input type="checkbox"/>	11. Have you had any problems with your eyes or vision? Do you wear glasses, contacts, or protective eyewear?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler? Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	<input type="checkbox"/>	<input type="checkbox"/>	12. Have you ever had a sprain, strain, or swelling after injury? Have you broken or fractured any bones or dislocated any joints? Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? <i>If yes, check appropriate box and explain below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? Have you ever had a rash or hives develop during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head <input type="checkbox"/> Elbow <input type="checkbox"/> Hip <input type="checkbox"/> Neck <input type="checkbox"/> Forearm <input type="checkbox"/> Thigh <input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Knee <input type="checkbox"/> Chest <input type="checkbox"/> Hand <input type="checkbox"/> Shin/Calf <input type="checkbox"/> Shoulder <input type="checkbox"/> Finger <input type="checkbox"/> Ankle <input type="checkbox"/> Upper arm <input type="checkbox"/> Foot	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever passed out during or after exercise? Have you ever been dizzy during or after exercise? Have you ever had chest pain during or after exercise? Do you get tired more quickly than your friends do during exercise? Have you ever had racing of your heart or skipped heartbeats? Have you had high blood pressure or high cholesterol? Have you ever been told you have a heart mummer? Has any family member or a relative died of heart problems or of sudden death before age 50? Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? Has a physician ever denied or restricted your participation in sports for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	13. Do you want to weigh more or less than you do now? Do you lose weight regularly to meet weight requirements for your sport?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>	14. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever had a head injury or concussion? Have you ever been knocked out, become unconscious, or lost your memory? Have you ever had a seizure? Do you have frequent or severe headaches? Have you ever had numbness or tingling in your arms, hand, legs, or feet? Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	15. Record the dates of your most recent immunizations (shots) for: Tetanus _____ Measles _____ Hepatitis B _____ Chickenpox _____	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>	Females Only 16. When was your first menstrual period? _____ When was your most recent menstrual period? _____ How much time do you usually have from start of one period to the start of another? _____ How many periods have you had in the last year? _____ What was the longest time between periods in the last year? _____		
9. Do you cough, wheeze, or have trouble breathing during or after activity? Do you have asthma? Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>	Explain "Yes" answers here: _____ _____ _____ _____		



INFORMED CONSENT TO CONTINUE MEDICATION(S)

Participant's Name: _____ DOB: _____ Age: _____ Gender: M F
Parent(s)/Guardian Name: _____ Phone: _____

I/WE hereby authorize, consent and direct the staff of ANASAZI Foundation, Inc. (hereinafter, ANASAZI) to continue to administer medications that have been prescribed for my/our son/daughter. I/WE further acknowledge and certify that risks, if any, associated with using such medications in a wilderness environment may be significant and have been thoroughly explained to, and accepted by, me/us.

I/WE have informed the prescribing physician of our intent to admit my/our son/daughter into ANASAZI Foundation and of the nature of the program.

I/ WE accept the risk associated with this decision and hold ANASAZI harmless from any negative affects of such administration of medication.

Mother/Legal Guardian

Date

Father/Legal Guardian

Date

PHYSICAL EXAMINATION FORM
(To be completed within 30 days of admission)

Name of Client: _____ Date of Course: _____
 Height: _____ Weight: _____ BP: _____ / _____
 Lab: Urinalysis (Dipstick) Albumin: _____ Sugar: _____
 Vision: Normal _____ Glasses _____ Contacts _____
 Hearing: Normal _____ Abnormal _____

	Normal	Abnormal Findings	Initials*
Medical			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Musculoskeletal			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand			
Hip/thigh			
Knee			
Leg/ankle			
Foot			

*Station-based examination only

CLEARANCE

Client plans to participate in physical activities including backpacking and hiking 5 to 15 miles over three to four days in remote areas in a variety of terrains, temperatures and elevations.

- Cleared
- Cleared after completing evaluation/rehabilitation: _____

Not cleared for: _____ Reason: _____

Recommendations: _____

Signature: _____ Date: _____
 Print Name: _____ M.D./D.O./DC*/NP/PA
 Address: _____ Phone: _____

PHYSICIAN'S ORDER

Client's Name: _____ DOB: _____ Age: _____ Gender: M F

PRN Medications may be provided for pain, fever, insect bite, stings, respiratory allergies, hay fever, allergic reactions, minor skin irritations, minor cuts, scrapes, rashes, burns, stuffy nose, anaphylaxis, severe allergic reactions, cough, sore throat, mouth pain, minor throat irritations, asthma, or as determined otherwise by RN working with Physician.

Ibuprofen 400 mg PO every 4 hours PRN pain / swelling / fever.

Ibuprofen 800 mg PO every 8 hours PRN pain / swelling / fever.

Diphenhydramine 25-50 mg PO every 4 hours PRN insect bite / stings / upper respiratory allergies / allergic reaction / hay fever.

Bismuth Subsalicylate 262 mg PO two tablets every 6 hours PRN upset stomach / heartburn / indigestion / diarrhea / nausea.

Bacitracin Zinc ointment apply topically to cleaned affected area 1 to 3 times daily PRN minor cuts / scrapes.

Hydrocortisone cream 1% apply to cleaned affected area 3 to 4 times daily PRN itching/ minor skin irritations / rashes.

Sodium Chloride 0.9% 1L IV bolus PRN severe dehydration.

Epinephrine (adrenaline), epipen 1:1000, 0.3 ml (0.3 mg) IM lateral mid thigh may be repeated every 5 to 20 minutes as needed for severe allergic reaction / anaphylaxis / status asthmaticus. Client will be evacuated and evaluated by physician if this medication is used.

Current active orders (Please **attach the prescription(s)** for order by ANASAZI Staff):

Prescription	For Treatment of	Dosage
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Change Orders: (Please **attach the prescription(s)** for order by ANASAZI Staff)

CLEARANCE:

- Cleared to use ALL PRN medications
- Cleared to use ALL PRN medications **except:** _____
- PRN medications NOT cleared: Reasons: _____

Practitioner Signature: _____ Date: _____

Print Name: _____ M.D. /D.O. / DC*/NP/PA



DAWNSTAR EXPEDITION EQUIPMENT LIST – FALL/WINTER (October - April)

DawnStar Expedition participants should plan to bring the following items in addition to what they are wearing upon arrival: **(Note: If you are a former Young Walker, please bring your ANASAZI Trail Gear and let Alumni Services know if you are missing anything.)**

- Sleeping bag (-20°F recommended)
- 1 Pair of fleece pants for sleeping/relaxing
- 1 Pair of poly-blend hiking pants – NO COTTON PANTS OR JEANS
- 1 Heavy long-sleeved fleece or wool pullover/sweater – NO COTTON
- 1 Short-sleeved poly-blend t-shirt (light colored, plain, No Tank Tops)
- 1 Plain long-sleeved t-shirt or button-up shirt (light colored, plain)
- 2 Sets of personal undergarments
- 1 Set of thermal underwear (wool, polypropylene, fleece, silk) – NO COTTON
- 2 Pairs of wool/synthetic blend hiking socks – NO COTTON OR ATHLETIC SOCKS
- 1 Pair of heavyweight loose fit wool socks for sleeping
- 1 Pair of well-fitting hiking boots (broken in)
- 1 Pair of river sandals (no flip-flops)
- 1 Fleece, wool, or wool blend stocking cap/beanie
- 1 Pair simple wool/wool-blend knit or fleece gloves/mittens
- 1 Scarf
- 2 Large bandannas
- 1 Lightweight rain poncho
- 1 Lightweight belt
- Camera
- Sunscreen

NOTE: In addition, bring a clean set of clothing for traveling home. Any items not on this list will be stored at the ANASAZI office. All other gear will be issued by ANASAZI. Please place your name on all clothing items with a permanent marker or laundry pen. Do not bring expensive or sentimental items.