



**PLEASE COMPLETE AND RETURN
TO YOUR GROUP LEADER BEFORE
YOUR VISIT TO CAMP**

PARTICIPANT FORM

Participant Name: _____ Group Name: _____

Dates this participant will be at Camp Rancho Framasa: _____

Challenge Course Release (mandatory for groups participating in High Ropes, Low Challenge, or Low Circuit). Please read this carefully. Each participant and/or their parent must sign to participate in Challenge Course activities.

Low Challenge/Low Circuit Description:

Designed as team problems and obstacles, challenging both mentally and physically. Challenges include use of wooden beams, steel cables, ropes, and other materials. Participants will bend, lift, traverse thin cables, solve puzzles, and be in close contact with teammates to accomplish tasks. Participants use "spotting," to reduce risk of injury.

High Ropes Course Description:

Provides both vertical and horizontal team challenges with elements 30 ft high. Participants may ascend ladders, poles, or climbing wall to reach horizontal elements, which include traversing elements with foot cables and hand ropes. Participants may assist fellow climbers by holding onto rope, acting as a "spotter," or ladder holder. The giant swing consists of cables attached to a participant, allowing them to be raised and released for an exhilarating experience. Participants are required to wear helmets and harness and use live belay (secured by a rope) when climbing.

Please circle who will participate:

MYSELF MY CHILD may participate in one or both of the following (Please circle):

Low Challenge/Circuit:	YES	NO
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High Ropes:	YES	NO
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By signing below, I understand participation at CYO Camp Rancho Framasa is voluntary. I acknowledge all risks involved in participation of Challenge Course activities and do hereby release CYO Camp Rancho Framasa and its members from any and all liability, damages, costs, expenses arising out of or relating to bodily or psychological injury, or loss of life or personal property that may occur as a result of participating in Challenge Course activities.

Signature of participant: _____ **Date:** _____

If participant is under 18, signature of parent or guardian is required.

Signature of parent or guardian: _____ **Date:** _____

Health Assessment Form

This participant has the following **Support Needs**: (i.e. physical/mobility, behavioral, cognitive, and emotional and/or needs related to a disability or specific diagnosis. Program/staffing adaptations can be made.)

This participant has the following **Special Dietary Needs**: (i.e. vegetarian, no nuts, allergies, etc.)

Please list any recommendations or restrictions for the participant while at camp. Activities may be physically, mentally, & emotionally engaging. Activities may involve mobility over a variety of terrain, community living, sleeping in bunk beds, and hours outdoors (sun, trees, weather variations, fresh air). Groups may participate in running games, sports, archery, canoeing, hiking, and fire building. Leaving blank indicates this participant can participate fully in all camp activities. Ask your leader for details of your specific program if needed.

This participant has the following **Activity Restrictions**:

- | | <u>Response, Please Circle</u> | |
|--|--------------------------------|----|
| • Any pre-existing injuries (back, neck, ankle, knee, head injury, hernia, sprain, dislocation, etc.) that may be aggravated by participation in any camp activity? | YES | NO |
| • Does the participant have allergies other than dietary allergies listed in Special Dietary Needs section (bees, insects, medications, poison ivy, etc.)? | YES | NO |
| • Any medical conditions that may affect participation including:
Heart conditions, Epilepsy/Seizures, Diabetes, Vision/Hearing Impairment, Mental Conditions, Hepatitis, Blackout/Dizzy Spells, Arthritis, Infections, Pregnancy, Other? | YES | NO |
| • Will the participant take any medications while at camp? | YES | NO |

If answered YES to any of the questions above, please include information you deem is relevant as described by the activities on these forms.

In case of emergency, please provide a contact:

Name: _____ Relationship: _____ Contact Number: _____

By signing below, I understand participation in any activities is voluntary. I acknowledge all risks involved in participation of activities and do hereby release CYO Camp Rancho Framasa and its members from any and all liability, damages, costs, expenses arising out of or relating to bodily or psychological injury, or loss of life or personal property that may occur as a result of participating in activities. I recognize the risk involved in any outdoor activity and agree to follow instructions given by CYO Camp Rancho Framasa Staff, act sensibly, use good judgement, and assume shared responsibility of safety. I acknowledge that myself/my child may be photographed or videotaped while at CYO Camp Rancho Framasa for promotional materials. I verify I have completed the Health Assessment Form to the best of my knowledge. I understand the school/church group I am at CYO Camp Rancho Framasa with assumes primary responsibility of healthcare, and allow CYO Camp Rancho Framasa Staff to seek and provide emergency medical care when deemed necessary.

I hereby give permission for myself/my child to participate in activities which may be chosen by the school/church representative planning the trip.

Signature of participant: _____ **Date:** _____

If participant is under 18, signature of parent or guardian is required.

Signature of parent or guardian: _____ **Date:** _____