

WILDERNESS *Participant Packet*



IN THIS PACKET YOU WILL FIND:

WHAT TO PACK | FAQs | PARTICIPANT QUESTIONNAIRE | MEDICAL FORMS | RELEASE FORMS AND WAIVERS



SKY RANCH
TEXAS COLORADO OKLAHOMA

WWW.SKYRANCH.ORG

800.962.2267

PACKING PRINCIPLES FOR YOUR TRIP AT SKY RANCH UTE TRAIL



Backpacking

Balancing weight, space and functionality is incredibly important in backpacking. That really warm coat may be nice to wear but too big and heavy to pack. Remember, you will be carrying your home on your back while at Ute Trail. Of course, while the weight of your pack is a limiting factor, you will want to bring enough to cover a broad range of situations and be properly prepared for any circumstance. Weather is unpredictable in southwestern Colorado and may range from below freezing to the mid-eighties during the summer. Do not pack based on the weather at home. A layering system composed of multiple, light layers is the best way to pack. In other words, two light fleece jackets are better than one heavy one. The packing list in this packet is ESSENTIAL for your health and safety so please be diligent to bring everything on it.

Kayak Touring

For kayaking, the same principles of packing apply as if you were backpacking - you still need to be concerned about balancing weight, space, and functionality. The difference is that instead of carrying your gear on your back you will be packing it inside the bulkheads of your touring kayak and paddling it around. You will be using the same packing list as for backpacking, but make sure to bring things appropriate for the water such as a swimsuit (one piece for the ladies please). You also don't need to bring heavy hiking boots like you would for backpacking – a sturdy tennis shoe and set of sandals with a back strap will do.

Getting Supplies for Your Trip

1. Borrow as much as you can.
2. Buy used gear – Army-Navy, Goodwill, and Salvation Army are good sources for low-cost wool and fleece clothing.
3. Buy items in bulk with your group.

If you would like to purchase new clothing or gear for your trip, the following websites are all places to look for outdoor apparel. Most have outlet sections as well for finding better discounts.

rei.com
backcountry.com
moosejaw.com

sierratradingpost.com
campmor.com
summithut.com

Items Supplied by Ute Trail

Backpack
Sleeping pad
Sleeping bag
Rain pack cover
Eating utensils

Water bottles
Cooking equipment
Tents and rain flies
First aid kit
Whistle

Trail maps
Compass
All meals
Awesome trail guides

WHAT TO BRING



MANDATORY ITEMS

Hiking boots or hiking shoes

Boots should be waterproof, comfortable, and provide lots of support. Please wear and break in new boots prior to coming to Ute Trail to reduce the risk of forming blisters.

Sandals/light tennis shoes

Sandals must have a back strap

Hiking socks - 2+ pairs

Underwear - 3+ pairs

Pajamas

Sports bra

Long underwear

Hiking shorts

Hiking pants

Swimsuit

On kayaking or adventure trips

Short sleeve t-shirts - 2+

Long sleeve t-shirt

Light sweater

Warm jacket

Rain jacket (*No cheap ponchos*)

Stocking hat/beanie

Sunglasses

Gloves/mittens (*lightweight*)

Flashlight/headlamp

Bring at least 1 set of extra batteries

Lip balm

Products with sunblock recommended

Insect repellent

Sunblock

SPF 30 or higher recommended

Bible (*Small Bibles are best*)

Journal

Pens

Toothbrush

Toothpaste

Hand sanitizer

Personal medications if needed

Clean towel and clothes for in camp

** With toiletries, use travel size bottles or share with friends.*

IMPORTANT NOTE: *If possible, all trail clothing should be made of synthetic or wool fibers. **NO COTTON.** Cotton retains moisture and dries slowly, which can be a safety hazard if conditions become wet or cold in the mountains.*

OPTIONAL ITEMS

Camera (*No cell phone cameras*)

Swimsuit (*On backpacking trips*)

Other personal toiletries

Trekking poles

Plastic garbage bag

(For packing wet stuff in your pack)

Liner socks

Rain pants

Camp chair

Gaiters

Pack towel

(Small, quick drying fabric, like a chamois)

Baseball cap

Bandanas

Wet wipes

Individual snacks

WHAT NOT TO BRING



Any electronic device that can access the internet breaches our security policy. If discovered by a guide, it will be collected and stored until the end of the trip. In addition, Sky Ranch cannot be responsible for lost or broken articles. Please do not bring anything that would break easily or cause loss if misplaced.

Any web-enabled devices

Tobacco products

Handheld video game systems

Paintball guns or gear

Skeet shooting equipment

Weapons (*including pocket knives and multi-tools*)

Personal sports equipment (*everything you need will be provided for your activities*)

Cell phones

iPads/tablets

Computers

Skateboards

Pets

Alcohol

Fireworks

Bikes

Illegal drugs

Climbing gear

Archery equipment

Scooters

FREQUENTLY ASKED QUESTIONS



1. Am I going to be able to take a shower?

Yes, but only when you get off the trail. A bandana and water or wet wipes on the trail give a good option for freshening up when you're out in the woods!

2. If I'm not a distance runner or a seasoned mountaineer, am I going to be able to make it physically?

YES! You will be at an altitude that you're probably not used to so you may have to breathe a little harder, but you can definitely do it! It is a good idea to be walking, running or doing some sort of cardiovascular exercise to help you get ready, but you don't need to be a superstar athlete. Also, the good news is you're not alone – you will be doing this as a part of a team, and everybody will help each other out.

3. What if I am unable to finish the hike?

Occasionally a hiker will struggle with an injury or illness (the flu, altitude sickness, twisted ankle, etc.) In those cases, if your guides feel it is best for your safety to recover back at Ute Trail, we have evacuation procedures to get you safely off the trail.

4. What if I am the slowest person in our team?

Everything we do is as a team, including how we travel, so when we hike we wait for each other and make it together!!! Different people will have more energy/stamina at different times while you are out on the trail. This is not a bad thing – it actually gives your group tangible ways to serve and support each other through any and all difficulties.

5. How well trained are the guides?

The guide staff at Ute Trail are highly trained and equipped to deal with the various situations that might arise while leading a group through the backcountry. The guides are certified in Wilderness First Aid and trained in all of the necessary areas for backcountry travel. They are also trained and prepared to care for students emotionally as well as spiritually. Ute Trail has appropriate evacuation plans for emergencies and works closely with the local Sheriff's office plus the Search and Rescue Team.

6. Where do we go to the bathroom?

When you're in camp, we have wonderful modern facilities! When you're on the trail – we practice "Low Impact Camping" and use what is called a 'BIFF' (Bathroom in the Forest Floor). Your guides will tell you all about this – and before you know it – you'll love your private bathroom with the best views in America!

7. What do I do if it's 'that time of the month'?

Even if it is not the normal time for you, the change in the environment here means that there is a possibility that it could be that time of the month for you when you come out on trail. However, don't be afraid - it is still perfectly possible to be out on trail. Your female guides will fill you in on how to handle the situation when you get here and make it as simple and straight forward as possible.

8. What if I don't know anyone?

If you still feel like you don't know anyone after the ride to Ute Trail – then you will know and love each and every person on your team by the time you get back after a week on trail! This is an excellent chance to really get to know people – probably in ways that you wouldn't have if you didn't experience an adventure like this together!

9. Has anyone ever been run down by a large cow or other wild animal?

Nope!

10. Will we get to see snow?

The earlier in the season that your group comes, the more snow you will get to see and play in! Our guides are well-trained in snow travel and the hazards of snow in the high altitude... but they also know how to have fun in the white stuff!

11. How cold does it get?

The temperature in the Colorado Mountains varies greatly. Some days are shorts and t-shirt weather (don't forget sunscreen) and an hour later it could be 40 degrees and raining. It can get quite chilly at night. That's why it's important to bring all of the various clothing items on the Packing List. Ute Trail supplies pads to sleep on and sleeping bags appropriate for the temperatures, but you need to bring the right clothing. When in doubt bring it, if you don't need it you can leave it at base camp while you are out for the week.

12. What do we do for food on the trail?

We have people on staff that put together great meals that you can carry with you for your whole week on the trail. You'll be surprised how good a hot meal will sound after hiking or paddling all day!

13. Can I bring Dr. Pepper in my backpack?

Technically – yes. But, you may want to seriously consider the extra things that you bring...you will feel every extra ounce in your pack! You CAN live without it for a week! (P.S. – you have to pack out the empty can!)

14. Will there be a chance to purchase clothing, snacks, and other camp memorabilia?

There is a camp store at Ute Trail where we sell shirts, hats, jackets, mugs, food, and other miscellaneous supplies (toothpaste, etc.). You will have a chance to visit the store both before and after your trip.

15. What if I forget something?

We keep a small supply of personal items such as jackets, socks, and gloves on hand to loan out if someone forgets something. There are also various personal items such as toothbrushes and disposable cameras available for purchase at the camp store if needed.

16. Can I contact my family/friends once we are at camp?

There is no cell service at camp, but we do have a land line available for making emergency phone calls. There is also a public computer available in the camp office, but we ask that it is only used for emergency communications.

17. What if there is another question I want answered?

Start by asking your group leader. If they do not know, they will contact our Wilderness Program Manager and get back to you with the answer.

PARTICIPANT QUESTIONNAIRE



The Staff at Sky Ranch Ute Trail wants to get to know you so we can make this week an especially incredible experience for you. Please answer the following questions honestly – your responses are confidential! Use the back of this page if needed.

Name _____

Trip dates _____

Trip Leaders _____

City _____

1. What made you decide to come on this trip?

2. List special interests and skills (music, sports, etc...)

3. What hopes and fears do you have about your trip to Ute Trail?

4. What is a Christian, in your opinion? (Give a definition)

5. Do you consider yourself a Christian?

6. What area of Christian life would you like to learn about the most?

7. If some aspect of your life could be miraculously changed, what would you want changed?

PERMISSION TO ADMINISTER MEDICATION ONE FORM PER MEDICATION



To be completed by the child's health care provider with prescriptive authority:

Child: _____ Birth date: _____

Medication: _____

Dosage: _____ Route: _____

Time of day medication is to be given: _____

Special Instructions: _____

Purpose of Medication: _____

Possible Side effects while at Camp: _____

Start Date: _____

End Date: _____

Signature of Person with Prescriptive Authority

Phone #

Date

Print name: _____

To be completed by the parent or guardian:

I hereby give my permission for _____ to take the above
(child's name)

medication, at camp, as ordered by the child's health care provider. I understand that it is my responsibility to furnish this medication.

Signature of Parent or Guardian

Date

Note: the medication is to be brought to camp in the **original** container which clearly states the child's name, the health care provider, the name of the medication, date, time, and dosage. This form must also be filled out completely in order for the medication to be given. This is the Division of Child Care Licensing requirement.

PERMISSION TO ADMINISTER OVER-THE-COUNTER MEDICATION



Child name: _____

Trail and Health Center Medications: *This must be filled out!*

These are medications we take on trail and have in our Health Center at Ute Trail. Please sign below giving your permission to administer these medications on an as needed basis to your child. Please **CIRCLE** any medications that you **do not want** the Health Center to give your child.

Acetaminophen (Tylenol)

Pseudoephedrine (Sudafed)

Diphenhydramine HCL (Benadryl)

Guaifenesin DM (Robitussin)

Ibuprofen (Advil)

Calcium Carbonate (Tums Antacid)

Magnesium Hydroxide and Simethicone (Mylanta)

Topical – Betadine, Hydrogen Peroxide, Antibiotic Cream, Hydrocortisone Cream,
Calamine Lotion, Tincture of Benzoine

Signature of Parent/Guardian or Adult Camper

Date

Please have your Medical Practitioners' office complete the "Permission to Administer Medication" form if your child will be taking prescription medication(s) while at Sky Ranch Ute Trail.

SKY RANCH PARTICIPANT AGREEMENT

Group Name (if applicable): _____

Participant's/Employee's Name: _____

Parent/Guardian Name (if Participant/Employee under age 18): _____ (For purpose of this Agreement, Participant/Employee and Parent/Guardian will be referred to collectively as "Participant.")

In consideration of the opportunity to participate in any activity at (please check one):

_____ Sky Ranches Inc.(Texas) _____ Sky Ranch Cave Springs, or _____ Sky Ranch Ute Trail _____ Sky Ranch Horn Creek (hereinafter "Sky Ranch"), Participant acknowledges and agrees to the following:

1. **Acknowledgment and Assumption of Risks.** Participant understands that Sky Ranch's activities range from mild to strenuous and, like all outdoor recreation, they include inherent and other risks and dangers which can cause loss or damage to personal property, physical or psychological damage and injury such as sprains, breaks, cuts, bruises, emotional trauma, illnesses and the remote possibility of serious injury or death. Participant understands the activities and their risks. Participant acknowledges that Participant will be able to ask questions of Sky Ranch staff regarding risks or dangers associated with Sky Ranch's environment and activities. Participant's participation in any activity is voluntary and Participant may decline to participate in any activity. Participant acknowledges and assumes all risks of participation in a Sky Ranch activity, inherent and otherwise, and whether or not described above or in the materials provided by Sky Ranch.

2. **Activity Permission.** Participant understands and agrees that, in addition to traditional camping activities, Sky Ranch's activities include, but not limited to:

- Alpine activities
- Alpine swing
- Blob and inflatables
- Bowling
- Camp fire
- Camping in permanent or temporary structures
- Challenge and ropes courses
- Equine activities
- Gaga
- Hanging log
- Hiking and backpacking
- Jumping Pillow
- Mountain scooters
- Physical fitness exercise (weightlifting, track, treadmill, etc.)
- Play grounds and swings
- Recreational activities (ball games, floor scooters, horseshoes, team building, frisbee, etc.)
- River activities (white water rafting, kayaking, canoeing, etc.)
- Rock climbing and bouldering
- Slackling
- Sporting activities (bb guns, .22 rifles, shotguns, skeet, archery, hatchet throwing, etc.)
- Water activities (pool, lake, pond, swimming, slides, polo, basketball, etc.)
- Zipline

Sky Ranch may offer a challenge course (a series of cables and structures of varying heights, on and through which Participant will walk, swing and otherwise travel, relying on staff for support). Participant understands that by participating in these activities, Participant may be exposed to the elements of nature, including temperature extremes, inclement weather, insects, plants, animals and accidents or illness in a rural location without onsite medical facilities. Participant understands that Participant may be participating in strenuous activities that will have inherent and other risks or dangers associated with them. Participant understands that Participant may ask any questions of Sky Ranch staff to receive a full and complete understanding of any such risk or danger associated with any activity. Participant may decline to participate in any activity. Participant grants permission to participate in and be transported to all Sky Ranch activities unless specified in a written note to Sky Ranch. Participant agrees to follow all rules, guidelines, and equipment requirements for all activities as specified by Sky Ranch staff.

3. **Acknowledgement of Sky Ranch Purpose.** Participant acknowledges and understands that Sky Ranch is organized and operated exclusively for Christian purposes. We treat all guests with respect and dignity, regardless of their religion or beliefs and we request our guests respect our beliefs as stated in the Sky Ranch doctrinal statement while on Sky Ranch property or participating in Sky Ranch activities. Participants who engage in disrespectful or harmful behavior or who refuse to abide by the instructions provided by Sky Ranch staff, while on Sky Ranch property or participating in Sky Ranch activities are subject to removal from the property or program at Sky Ranch's discretion.

4. **AGREEMENTS OF RELEASE AND INDEMNITY.** FURTHER, IN CONSIDERATION OF THE RIGHT TO PARTICIPATE IN A SKY RANCH ACTIVITY, TO THE MAXIMUM EXTENT ALLOWED BY LAW, PARTICIPANT RELEASES, AND AGREES NOT TO BRING ANY CAUSE OF ACTION AGAINST SKY RANCH, ITS OWNERS, MANAGERS, EMPLOYEES, MEDICAL PERSONNEL, CONTRACTORS OR ANY RELATED PARTIES (THE "RELEASED PARTIES") FOR LIABILITY OR CLAIMS OF ANY NATURE, INCLUDING LOSS OR DAMAGE TO PROPERTY, PERSONAL INJURY OR DEATH, SUFFERED BY PARTICIPANT IN ANY WAY RELATED TO PARTICIPANT'S ENROLLMENT, PARTICIPATION IN, OR TRANSPORTATION RELATED TO A SKY RANCH ACTIVITY. IN ADDITION, PARTICIPANT AGREES TO INDEMNIFY THE RELEASED PARTIES (THAT IS DEFEND THEM, INCLUDING SATISFACTION OF LIABILITIES, COSTS AND ATTORNEY'S FEES) FROM CLAIMS

BROUGHT BY PARTICIPANT, MEMBERS OF PARTICIPANT'S FAMILY AND ANY OTHER PERSON ARISING OUT OF PARTICIPANT'S PARTICIPATION IN, OR TRANSPORTATION RELATED TO A SKY RANCH ACTIVITY. THE CLAIMS WHICH ARE THE SUBJECT OF THESE AGREEMENTS OF RELEASE AND INDEMNITY INCLUDE THOSE ARISING FROM THE NEGLIGENCE OF ANY RELEASED PARTIES. THE ACTIVITIES INTENDED TO BE COVERED BY THIS AGREEMENT OF RELEASE AND INDEMNITY INCLUDE ACTIVITIES ON OR OFF SKY RANCH PREMISES, INCLUDING TRANSPORTATION TO AND FROM SKY RANCH ACTIVITIES AND ON THE SKY RANCH GROUNDS OR ANY PREMISES UTILIZED BY SKY RANCH FOR ANY OF ITS ACTIVITIES.

5. **No Tobacco Products or Use of Alcohol, Marijuana, Fireworks, Firearms, or Illegal Drugs.** The use of tobacco products (smoking cigars, cigarettes, e-cigarettes, pipes, or smokeless tobacco) and using or having alcohol, marijuana, fireworks, firearms, or illegal drugs is strictly ***prohibited*** on camp and/or in camp facilities at all times.

6. **Injury/Illness.** Should Participant become ill or injured while participating in a Sky Ranch activity, parents/guardians will be notified if, at the sole discretion of Sky Ranch staff, such notification is necessary. Notification is usually reserved for emergency situations. Parent/Guardian may contact Sky Ranch if at any time a parent/guardian has a question or concern regarding the health status or safety of Participant.

7. **Medical Costs.** Participant understands that Participant and its health insurer are primarily responsible (i.e. "primary"), while the Sky Ranch policy is secondary for any required medical services that Sky Ranch's staff and facilities cannot accommodate. These services include (but are not limited to) prescriptions, x-rays, physical therapy, lab work, dental and orthodontia work and emergency room visits. Participant is also responsible for the cost of any emergency transportation by ambulance or air flight.

8. **Medical Release.** Participant understands that Sky Ranch is not obligated to provide on-site medical care or facilities. In the event that Sky Ranch does provide on-site medical care or facilities, Participant gives permission to the medical personnel selected by Sky Ranch to provide routine healthcare, to administer medications, both over the counter and prescriptions, to order x-rays and routine tests, to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for Participant. Participant authorizes Sky Ranch or its designees to provide or arrange necessary related transportation for Participant. In addition, Participant authorizes the release of all records, x-rays, notes and any other medical information related to Participant to Sky Ranch or its designee. In the event that Sky Ranch does not provide on-site medical care or facilities, it is the responsibility of the Group Sponsor to provide adequately trained medical personnel, adequate supplies as well as permission to treat Participants. In the event of an emergency, Participant gives permission to the medical personnel selected by Sky Ranch to provide routine healthcare, to administer medications, both over the counter and prescriptions, to order x-rays and routine tests, to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for Participant if Group Sponsor cannot be located in the event of an emergency. Participant authorizes Sky Ranch or its designees to provide or arrange necessary related transportation for Participant. In addition, Participant authorizes the release of all records, x-rays, notes and any other medical information related to Participant to Sky Ranch or its designee. Guest Services can provide information regarding the availability of on-site medical care upon request. Please contact our office at guestservices@skyranch.org or by calling 903-266-3300.

9. **Use of Personal Information/Images.** Participant gives Sky Ranch permission to make visual images (photographs, movies, videos) and audio recordings of Participant and to use such visual images and audio recordings on the Sky Ranch website, in printed or electronic materials, or in other audio or visual communications, and Participant releases Sky Ranch from any and all liability related thereto. Sky Ranch will keep any and all personal information regarding Participant confidential and will not disclose or utilize it for any purposes other than Sky Ranch's internal records and marketing purposes.

10. **Applicable Venue and Law.** Any lawsuit, litigation, or dispute of any nature arising out of this agreement or as a result of participant's participation in a sky ranch activity shall be brought in the courts of Smith County, Texas. Furthermore, the laws of the state of Texas shall govern and control any such lawsuit, litigation, or dispute between participant and sky ranch or any related or released party. Participant hereby consents to venue in Smith County, Texas and to the governing authority of Texas law for any lawsuit, litigation, or dispute of any nature arising out of this agreement or as a result of participant's participation in a Sky Ranch activity, regardless of where this agreement is executed or performed or where such sky ranch activity may occur.

I HAVE READ THE ABOVE POLICIES, CONSENTS, PERMISSIONS, ASSUMPTIONS OF RISK AND AGREEMENTS OF RELEASE AND INDEMNITY AND AGREE TO ABIDE BY THEM TO THE FULLEST EXTENT ALLOWED BY LAW.

Printed Name of Participant/Employee

Signature of Participant/Employee

Date

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

Sky Ranch Ute Trail

Registration / Health History / Consent Form

INTRODUCTION / INSTRUCTIONS:

To Parent/Guardian/Participant: We desire every participant at Sky Ranch Ute Trail have a successful experience. However, in the event of an accident occurring we need certain information to be available. When you or your child attends Sky Ranch Ute Trail, the following information is needed: 1) Medical history and 2) Medical insurance information. Parent/Guardian/Participant is to complete SECTIONS 1,2, and 3.

SECTION 1 - Participant Registration/Identification, Emergency Contact

Participant Name: _____
Last First Middle
Address: _____
Street City State Zip
Age: _____ Birth Date: ____/____/____ Sex _____ Height _____ Weight _____
Group Name/Church Name: _____ Grade upcoming fall _____ Camper _____ Counselor _____
Name of Dentist/Orthodontist: _____ Phone: _____
Name of Physician: _____ Phone: _____
Physician address: _____
In Case of Emergency Notify:
Parents name: _____ Address: _____
Parents place of employment: _____ Parents physical daytime address: _____
City/ State/ Zip: _____
Parents daytime phone # _____ Ext. _____
Phones: (Home) _____ (work) _____ (fax) _____
(mobile) _____ (alternative phone) _____
Alternate Contact 1: _____ Relationship: _____ (phones) _____
Alternate Contact 2: _____ Relationship: _____ (phones) _____

SECTION 2 - Health History

Are you now or have you ever been treated for any of the following? If yes, check box, give date and provide specific details below:

Condition	Date	Condition	Date	Condition	Date
<input type="checkbox"/> Bleeding Disorders	_____	<input type="checkbox"/> Fainting Spells	_____	<input type="checkbox"/> Diabetes	_____
<input type="checkbox"/> Clotting Disorders	_____	<input type="checkbox"/> Abdominal Problems	_____	<input type="checkbox"/> Asthma	_____
<input type="checkbox"/> Seizures	_____	<input type="checkbox"/> Heart Trouble/Disease	_____	<input type="checkbox"/> Surgeries	_____
<input type="checkbox"/> Hypertension	_____	<input type="checkbox"/> Mental Problems	_____	<input type="checkbox"/> Other _____	_____
<input type="checkbox"/> Eating Disorders	_____	<input type="checkbox"/> Emotional Distress	_____		

If you have checked any of the above boxes or are concerned about your medical, physical, or emotional well being, we strongly suggest you consult with your Physician (Section 4) before attending. It is your responsibility to determine if you are able to undertake these activities.

(Use additional paper and attach if necessary)

Specific and full details on any conditions above: _____
Allergies to any medications: _____
Allergies to food, insect bites, plants, other: _____
Have you had more than a brief minor illness (24 hours or more) or injury during the past year? If so, what and when? _____
Serious injuries (dislocations, fractures, strains, sprains) or hospitalizations to date, any reason (date/detail): _____
Any loss of consciousness, traumatic or otherwise (date/detail): _____
Serious operations to date (date/detail): _____
Chronic or recurring illness, including mental illness (date/detail): _____
All medications prescribed and over-the-counter currently taken (include name, dosage and how administered): _____
If on any prescription medicine please bring 2 times the normal amount you would use during your time at *Ute Trail*, i.e. asthma inhaler— if you would normally use only part of 1 during the week, bring 2. Please have your doctor's office complete the *Permission to Administer medication in Child Care* form for each medication you are bringing.
Dietary restrictions: _____
Restricted activities (detail) _____

SECTION 3 - Authorization for Participation from Parent/Guardian/Participatory

Has it ever been necessary to restrict participants activities due to medical reasons? ___ Yes ___ No

Does participant take medicine regularly or have special care? ___ Yes ___ No If YES, explain: _____

Is anyone other than the trip leader planning on picking up your child? ___Yes ___No

If so, individual's relationship and name_____

The health history is correct so far as I know, and the person herein named has permission to engage in all activities unless specified under "Restricted Activities". I testify that myself/my child is of good physical and mental health and is capable of participation in the activities for which he/she has applied, which may include whitewater rafting, rock climbing, hiking, ropes course, backpacking, rappelling, mountain climbing or sea kayaking.

I hereby give permission for transportation to any medical facility or hospital and I authorize any guide or medical personnel to render emergency medical care for my family or myself. I hereby authorize the release of any medical information in the possession of Sky Ranch Ute Trail to any medical facility, hospital, ambulance, first aid provider, first aid service, doctor, nurse or other such person rendering care on my behalf. I hereby waive any action or claim against Sky Ranch Ute Trail or any health care provider, hospital, doctor, nurse or first aid provider for the release of this medical information.

I understand that Sky Ranch Ute Trail does not provide accident insurance. I understand that it is suggested that I check my insurance policy to make sure accidents occurring on trips with Sky Ranch Ute Trail are covered by my insurance.

I further understand that Sky Ranch Ute Trail reserves the right to refuse participation to any person it judges to be incapable of meeting the rigors and requirements of any activity for any reason.

Participant Signature: _____ Date: _____

Parent / Guardian Signature: _____ Date: _____
(if participant is under age 18)

2nd Parent / Guardian Signature: _____ Date: _____
(if available)

INSURANCE COMPANY _____ **Group #** _____ **Policy #** _____

Sky Ranch Physician's Medical Examination

A medical examination is **REQUIRED** for any participant attending any part of their camp session in Colorado

Participant's Name: _____ DOB: _____

Height: _____ Weight: _____ Blood Pressure: _____ Pulse: _____

To Physician: Sky Ranch is a camping experience that is one or more weeks in duration. Participants may engage in strenuous activities during their stay. These can include, but are not limited to rock climbing, rappelling, ropes course, white water rafting, hiking backpacking, and kayaking. Sky Ranch camps in Colorado are in excess of 8,300 feet in elevation. We rely on your evaluation to determine if this person is physically capable of attending this camp.

PHYSICAL EXAM	WNL	Abnormal	PHYSICAL EXAM	WNL	Abnormal
HEENT			Skin		
Heart			Neck/Back		
Lungs			Upper Extremities		
Abdomen/Pelvis			Lower Extremities		

Please describe abnormal findings: _____

HISTORY OF:	Yes	No	HISTORY OF:	Yes	No
Hearing Disorder			Orthopedic Injury or Disorder		
Visual Disorder			Heart Murmur/ Irregular heartbeat		
Heart Disease			Dizziness with Exercise		
Stroke			Headaches		
High Blood Pressure			Weight Loss/Anorexia/Bulimia		
Diabetes			Enuresis		
Seizures			Been hospitalized in the last year		
Asthma/Shortness of breath			Psychological conditions		
Allergies to medicine			Allergies to food		

Other medical conditions: _____

If yes to any of the above, please explain: _____

Yes No Restriction on activities? By whom? _____

List activities that are restricted: _____

Please list any prescription or over the counter medications the participant will be taking daily during camp: _____

This Required Physical Examination form or other Physical Exam form must be filled in and signed by either a Physician, a Physician Assistant licensed by the State Board of Physician Assistant Examiners, or a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners. Examination forms signed by any other health care practitioner, including chiropractors, will not be accepted.

In my opinion, the health of the named participant does not preclude his/her participation in the activities at Sky Ranch camps.

Physician's Printed Name _____ Signature _____ Date _____

If signature date differs from date of examination, please specify: _____

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

Provider Name _____

Provider Address _____ City _____ ZIP _____

Immunization Administration Record Card/ Approved Colorado Certificate of Immunization

Colorado Department of Public Health and Environment

Name _____ DOB _____ Parent _____

Address _____ City _____ ZIP _____ Phone _____

VFC Qualified: Yes No If Yes, check one: Medicaid, American Indian or Alaskan Native, No Insurance,
 Has health insurance that does not pay for vaccines (applies only to FQHCs and rural health centers)

I have read or have had explained to me the information contained in the Vaccine Information Statement(s) about the disease(s) and the vaccine(s). I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine(s) and request that the vaccine(s) indicated below be given to me or to the person named above for whom I am authorized to make this request.

Vaccine	Signature ¹	Immun. Date	Site Given ²	Manufacturer/ Lot Number	VIS & Date ³	Date VIS Given ⁴	Administered By (Name/Title)
Hep B-1							
Hep B-2							
Hep B-3							
DTaP/DTP/DT-1							
DTaP/DTP/DT-2							
DTaP/DTP/DT-3							
DTaP/DTP/DT-4							
DTaP/DTP/DT-5							
Hib-1							
Hib-2							
Hib-3							
Hib-4							
IPV/OPV-1							
IPV/OPV-2							
IPV/OPV-3							
IPV/OPV-4							
MMR-1							
MMR-2							
Hep A-1							
Hep A-2							
Var-1							
Var-2							
Varicella Disease: <input type="checkbox"/> yes	Date: _____		(Record dates Varicella vaccines were given OR date of disease occurrence.)				

(continues on back)

¹Signature: Parent, guardian, emancipated student/consenting minor, adult

²Site Given Legend: RA=Right Arm, LA=Left Arm, RT=Right Thigh, LT=Left Thigh, O=Oral

³VIS & Date: Type & revision date of Vaccine Information Statement given to parent e.g., MMR 1/15/03

⁴Date VIS Given: Date of which patient, parent or guardian was given Vaccine Information Sheet

Name _____ DOB _____

Vaccine	Signature ¹	Immun. Date	Site Given ²	Manufacturer/VIS Lot Number	& Date ³	Date VIS Given ⁴	Administered By (Name/Title)
Td-1							
Td-2							
Td-3							
Pneumococcal Conjugate-1							
Pneumococcal Conjugate-2							
Pneumococcal Conjugate-3							
Pneumococcal Conjugate-4							
Pneumococcal Polysaccharide							
Meningococcal							
Meningococcal							
Influenza							

¹Signature: Parent, guardian, emancipated student/consenting minor, adult
²Site Given Legend: **RA**=Right Arm, **LA**=Left Arm, **RT**=Right Thigh, **LT**=Left Thigh, **O**=Oral
³VIS & Date: Type & revision date of Vaccine Information Statement given to parent e.g., MMR 1/15/03
⁴Date VIS Given: Date of which patient, parent or guardian was given Vaccine Information Sheet

TO THE BEST OF MY KNOWLEDGE, THE PERSON NAMED ABOVE HAS RECEIVED THE IMMUNIZATIONS REQUIRED FOR SCHOOL/CHILD CARE ENTRY
DO NOT SIGN UNLESS MINIMUM IMMUNIZATION REQUIREMENTS FOR AGE OR GRADE ARE MET
 Signed _____ Title _____ Date _____
 Physician, nurse or school health authority

STATEMENT OF EXEMPTION TO IMMUNIZATION LAW (DECLARACIÓN RESPECTO A LAS EXENCIONES DE LA LEY DE VACUNACIÓN)
IN THE EVENT OF AN OUTBREAK, EXEMPTED PERSONS MAY BE SUBJECT TO EXCLUSION FROM SCHOOL AND TO QUARANTINE. SI SE PRESENTA UN BROTE DE LA ENFERMEDAD, ES POSIBLE QUE A LAS PERSONAS EXENTAS SE LES PONGA EN CUARENTENA O SE LES EXCLUYA DE LA ESCUELA.

MEDICAL EXEMPTION: The physical condition of the above named person is such that immunization would endanger life or health or is medically contraindicated due to other medical conditions. **EXENCIÓN POR RAZONES MÉDICAS:** El estado de salud de la persona arriba citada es tal que la vacunación significa un riesgo para su salud o incluso su vida; o bien, las vacunas están contraindicadas debido a otros problemas de salud.
Medical exemption to the following vaccine(s):
La exención por razones médicas aplica a la(s) siguiente(s) vacuna(s):
 Signed (Firma) _____ Date (Fecha) _____
 Physician (Médico)

RELIGIOUS EXEMPTION: Parent or guardian of the above named person or the person himself/herself is an adherent to a religious belief opposed to immunizations. **EXENCIÓN POR MOTIVOS RELIGIOSOS:** El padre o tutor de la persona arriba citada, o la persona misma, pertenece a una religión que se opone a la inmunización.
Religious exemption to the following vaccine(s):
Exención por motivos religiosos de la(s) siguiente(s) vacuna(s):
 Signed (Firma) _____ Date (Fecha) _____
 Parent, guardian, emancipated student/consenting minor
 (Padre, tutor, estudiante emancipado o consentimiento del menor)

PERSONAL EXEMPTION: Parent or guardian of the above named person or the person himself/herself is an adherent to a personal belief opposed to immunizations. **EXENCIÓN POR CREENCIAS PERSONALES:** Las creencias personales del padre o tutor de la persona arriba citada, o la persona misma, se oponen a la inmunización.
Personal exemption to the following vaccine(s):
Exención por creencias personales de la(s) siguiente(s) vacuna(s):
 Signed (Firma) _____ Date (Fecha) _____
 Parent, guardian, emancipated student/consenting minor
 (Padre, tutor, estudiante emancipado o consentimiento del menor)