



## TULALIP MOUNTAIN AND FISH CAMP 2018 APPLICATION

Dear Applicants,

This packet contains an application for “Mountain Camp” and “Fish Camp”, sponsored and run by the Tulalip Natural Resources Department. This is an exciting opportunity for our kids to explore the outdoors while learning more about Tulalip’s culture and traditional areas.

We ask that you read all information carefully and fill out all pages completely. Pay special attention to Essential Eligibility Criteria (purple page) to ensure the applicant understands what will be asked of them to protect and safeguard all participants during the camp.

Since we are once again asking The YMCA to provide needed gear and expertise, their name appears on portions of the application. Be assured that all information will be used for this camp only and will be kept confidential.

**Full applications are due Friday, June 1st at the end of the business day.**

To submit your application or if you have any questions, please feel free to call or email:

Kelly Finley, Camp Director @ (360) 716-4604; [kfinley@tulaliptribes-nsn.gov](mailto:kfinley@tulaliptribes-nsn.gov)

or

Libby Nelson, Project Coordinator @ (360) 716-4639; [lnelson@tulaliptribes-nsn.gov](mailto:lnelson@tulaliptribes-nsn.gov)

\* If more than 12 students per camp register by June 1st, priority will be given to Tulalip Tribal members in higher grade levels and to achieve gender balance. If there are more than 12 outgoing 8<sup>th</sup> grade Tulalip applicants per camp, a lottery will be held to determine final campers.



# **Tulalip Mountain Camp 2018**

## **Form Checklist**

To ensure your application is complete and eligible for review please make sure all forms are included and complete.

- Tribal Release and Assumption of Risk
- Photo/Video Release
- Insurance Information and Treatment Release
- Medical History
- Permission to Dispense Medication
- Current Medical Information
- Acknowledgement of Risk
- Waiver and Release of Liability
- EEC Agreement to Compliance
- Parent/Participant Questionnaire



**Tulalip Tribes**  
**RELEASE AND ASSUMPTION OF RISK**  
**Leadership Development- Tulalip Tribal Mountain and Fish Camp**

I understand the Tulalip Tribes is contracting with the YMCA to conduct a Leadership Development –Tulalip Tribal Mountain Camp and/or Fish Camp. I have read the YMCA BOLD/GOLD Outdoor Leadership Development Admissions Packet and Program Participation Agreement, Release and Acknowledgement of Risk (“Participation Agreement”). I understand and assume all risks as stated in the Participation Agreement, and voluntarily choose for my child/ward to participate in the Outdoor Leadership Development- Tulalip Tribal Mountain Camp and/or Fish Camp. I represent that my child/ward is in good health and has no medical conditions that would prevent them from participating in the listed activities.

In consideration for the services the Tulalip Tribes will be providing with the YMCA BOLD & GOLD in conducting the Outdoor Leadership Development- Tulalip Tribal Mountain Camp and/or Fish Camp, **I hereby release and agree to protect, indemnify, and hold harmless** the Tulalip Tribes, its departments, entities, officers, employees, and its respective agents and assigns from and against any and all claims, demands, causes of action and damages, including attorney fees, resulting from any injury, death, aggravated health condition, or occurrence arising out of, incidental to, or in any way resulting from, my participation in the Outdoor Leadership Development- Tulalip Tribal Mountain Camp and/or Fish Camp. The full Participation Agreement, Release and Acknowledgement of Risk I granted to the YMCA is hereby extended to the Tulalip Tribes. I hereby further covenant and agree that I, my heirs, successors and assigns will not make any claim or institute any suit or action at law or in equity against the Tulalip Tribes, its departments, entities, officers, agents, representatives, employees, successors in interest or office, or assigns that is related to the Outdoor Leadership Development -Mountain Camp and/or Fish Camp.

Name of Parent/Legal Guardian (Please Print): \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_



## Tulalip Mountain/Fish Camp 2018 Photo/Video Release Form

I hereby grant The Tulalip Tribes permission to use my likeness in a photograph or video in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of The Tulalip Tribes and will not be returned. I hereby irrevocably authorize The Tulalip Tribes to edit, alter, copy, exhibit, publish or distribute photographs and/or videos for purposes of publicizing the Tulalip Tribes' programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photographs and/or videos. I hereby hold harmless and release and forever discharge The Tulalip Tribes from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

\_\_\_\_\_  
(Youth Participant Signature)

Date: \_\_\_\_\_

\_\_\_\_\_  
(Youth Participant Printed Name)

\_\_\_\_\_  
(Parent/Legal Guardian Signature)

Date: \_\_\_\_\_

\_\_\_\_\_  
(Parent/Legal Guardian Printed Name)

Participant Name: \_\_\_\_\_

## Admissions Packet

**Please complete all pages of this packet. Some pages require signatures.**

We will use the information gathered to provide us with background information to determine participants' expedition appropriateness based on their physical fitness and emotional well-being, and to determine appropriate care for those admitted to the program.

We ask for full disclosure so that our staff can know the participant's needs. Important information gathered will be shared with the participant's instructors. This is your opportunity to communicate directly with staff that will be with the participant on a daily basis. Please take time to be as specific and complete as possible. Depending upon the participant's history, additional paperwork and/or a meeting with a YMCA Director may be required before admission to ensure that the participant can best be accommodated. Failure to share information that identifies special care, accommodations or supervision needs may change the student's placement or continued participation in the program. All information is governed by our confidentiality policy and will not be released to any outside organization except in accordance with the law.

**Parent/Guardian** \_\_\_\_\_

What phone number will you be reachable at during the camp : ( \_\_\_\_\_ ) \_\_\_\_\_

**Emergency Contact** (if we are unable to reach a Parent/Guardian listed above, who can we call in case of emergency?):

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

**Insurance Information** (It is highly recommended to provide a copy of your insurance card):

It is the responsibility of each participant's parent or legal guardian to provide the participant's own accident and health coverage while participating in YMCA outdoor activities. The YMCA of Greater Seattle does not provide any accident or health coverage for its participants.

Is the participant covered by family medical/hospital insurance?  YES  NO

If yes, indicate carrier/plan name (please print clearly): \_\_\_\_\_

Carrier address: \_\_\_\_\_

Name of insured: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

Insurance ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

Name of family physician: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Name of family dentist: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

**Parent/Legal Guardian Authorization.** This health history is correct so far as I know, and my child has permission to engage in all prescribed activities as noted by me and/or the examining physician. I hereby give permission to the medical personnel selected by the camp director/program staff to order X-rays, routine tests and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the medical personnel selected by the camp director/program staff to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above. This form may be photocopied for use on an expedition.

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE SIGN HERE**

Participant Name: \_\_\_\_\_

## Medical Information

**Health History:** PLEASE CHECK YES OR NO

Has/does the participant:	YES	NO		YES	NO
1. Had any recent injury, illness, infectious disease?	<input type="checkbox"/>	<input type="checkbox"/>	14. Ever had high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have a chronic or recurring illness/condition?	<input type="checkbox"/>	<input type="checkbox"/>	15. Ever been diagnosed with a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>
3. Ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>	16. Ever had back problems?	<input type="checkbox"/>	<input type="checkbox"/>
4. Ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	17. Ever had problems with joints (e.g. knees, ankles)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have frequent headaches?	<input type="checkbox"/>	<input type="checkbox"/>	18. Use an orthodontic appliance?	<input type="checkbox"/>	<input type="checkbox"/>
6. Ever had a head injury?	<input type="checkbox"/>	<input type="checkbox"/>	19. Have any skin problems (e.g. itching, rash)?	<input type="checkbox"/>	<input type="checkbox"/>
7. Ever been knocked unconscious?	<input type="checkbox"/>	<input type="checkbox"/>	20. Have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
8. Wear glasses, contacts, or protective eye wear?	<input type="checkbox"/>	<input type="checkbox"/>	21. Have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
9. Ever had frequent ear infections?	<input type="checkbox"/>	<input type="checkbox"/>	22. Had mononucleosis in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
10. Ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	23. Had problems with diarrhea or constipation?	<input type="checkbox"/>	<input type="checkbox"/>
11. Ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	24. Have problems with sleepwalking?	<input type="checkbox"/>	<input type="checkbox"/>
12. Ever had seizures?	<input type="checkbox"/>	<input type="checkbox"/>	25. Have a history of bed-wetting?	<input type="checkbox"/>	<input type="checkbox"/>
13. Ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	26. Have a history of nosebleeds?	<input type="checkbox"/>	<input type="checkbox"/>

**Females:**

	YES	NO		YES	NO
27. Has she menstruated?	<input type="checkbox"/>	<input type="checkbox"/>	27b. If yes, is her menstrual history normal?	<input type="checkbox"/>	<input type="checkbox"/>
27a. If not, has she been told about it?	<input type="checkbox"/>	<input type="checkbox"/>	(Please explain any special considerations below)		

Please explain any "yes" answers, noting the number of the question.

**Over-the-Counter Medications:** I give my permission for YMCA staff (trained as Wilderness First Responders or in Wilderness First Aid) to administer the over-the-counter medications specified here if needed.

PLEASE CHECK YES OR NO

•Topical Ointment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	•Benadryl (Diphenhydramine)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
•Cough drops/throat lozenges	<input type="checkbox"/> Yes	<input type="checkbox"/> No	•Dramamine (Dimenhydrinate)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
•Acetaminophen	<input type="checkbox"/> Yes	<input type="checkbox"/> No	•Hydrocortisone	<input type="checkbox"/> Yes	<input type="checkbox"/> No
•Ibuprofen	<input type="checkbox"/> Yes	<input type="checkbox"/> No	•Antacids	<input type="checkbox"/> Yes	<input type="checkbox"/> No
•Sunblock (SPF 15)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	•Insect Repellent	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			•Loperamide (anti-diarrheal)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Allergies / Dietary Restrictions:**

Please list any allergies to Medications, Food, and Others - include insect stings, hay fever, asthma, animal dander, etc. \_\_\_\_\_

Describe reaction and management of reaction: \_\_\_\_\_

**Dietary restrictions?**

Glucose intolerant     Lactose intolerant     Gluten intolerant     Vegan     Vegetarian     Pork-free

We can provide a substitute diet for MOST of these dietary needs, and can work with you on forming a plan.

Participant Name: \_\_\_\_\_

**Medical Devices:**

- Yes**, this participant requires an **inhaler, nebulizer or other medical device(s)** and will bring it/them.
  - Will check it/them in with other medications.
  - Must personally carry it/them at all times.
- Yes**, this participant carries an **epi-pen(s)**. Condition for which prescribed/taken: \_\_\_\_\_
  - Will check it/them in with other medications.
  - Must personally carry it/them at all times.

**Medications:**

- Yes**, I am aware that in an emergency YMCA staff trained as Wilderness First Responders or in Wilderness First Aid may administer epinephrine when they determine anaphylaxis, a rapidly progressing, life-threatening allergic reaction, may occur.
- Yes, this participant takes medication on a regular/routine basis.**

Please list **ALL** medications (**including over-the-counter or non-prescription drugs**) taken routinely. Keep in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of dispensation. Prescription medications must be in the participant's name. **No loose pills/vitamins in Ziploc bags allowed.** Do not pack in luggage. Bring them with you to the check-in table when you arrive. Be sure to bring enough medication to last the entire length of the expedition. **Attach additional paperwork for additional medication.**

**Please list all medications taken and specify if it is for a life-threatening condition. Please print clearly.** (Please circle time of day medication should be taken: **B=Breakfast, L=Lunch, D=Dinner, BT=Bedtime, PRN=As Needed**)

Med #1: \_\_\_\_\_ Dosage: \_\_\_\_\_ Specific times taken: B L D BT PRN

Condition for which prescribed/taken: \_\_\_\_\_ How long on this dosage?: \_\_\_\_\_

Med #2: \_\_\_\_\_ Dosage: \_\_\_\_\_ Specific times taken: B L D BT PRN

Condition for which prescribed/taken: \_\_\_\_\_ How long on this dosage?: \_\_\_\_\_

Med #3: \_\_\_\_\_ Dosage: \_\_\_\_\_ Specific times taken: B L D BT PRN

Condition for which prescribed/taken: \_\_\_\_\_ How long on this dosage?: \_\_\_\_\_

a. Are there any side effects from these medications? \_\_\_\_\_

b. Does the participant know the scheduled time for taking medication?  Yes  No

c. Does the participant willingly take their medication?  Yes  No If no, what do you suggest?

\_\_\_\_\_

d. Has the participant ever refused to take medications?  Yes  No If yes, what were the effects of this?

\_\_\_\_\_

e. Please identify any medications taken during the school year that the participant does/may not take during the summer: \_\_\_\_\_

Participant Name: \_\_\_\_\_

**Immunization Dates:**

Accurate immunization dates are highly recommended. To obtain a copy of your immunization records, contact your health care provider. **Please list only the most current immunization dates:**

Vaccinations	Date	Vaccinations	Date	My participant has had the following illnesses: Please check the box ONLY if your participant has suffered from an illness listed below:
Meningococcal vaccine		DTaP		
HPV		Tdap		
Polio (IPV/OPV)		Td		<input type="checkbox"/> Measles
MMR		DT		<input type="checkbox"/> Chicken Pox
Influenza		DTP		<input type="checkbox"/> German Measles
Varicella (chicken pox)		TB Mantoux		<input type="checkbox"/> Varicella Zoster (Shingles)
Hep A				<input type="checkbox"/> Mumps
Hep B				<input type="checkbox"/> Hepatitis

Participant has a medical or religious exemption from immunizations.

**Behavioral History:** PLEASE CHECK YES OR NO

The participant is currently dealing/has dealt with the following:	YES	NO		YES	NO
1. ADHD? <input type="checkbox"/> Severe <input type="checkbox"/> Moderate	<input type="checkbox"/>	<input type="checkbox"/>	7. Reactive attachments?	<input type="checkbox"/>	<input type="checkbox"/>
2. Bipolar Disorder?	<input type="checkbox"/>	<input type="checkbox"/>	8. Anxiety disorders?	<input type="checkbox"/>	<input type="checkbox"/>
3. Depression? <input type="checkbox"/> Severe <input type="checkbox"/> Moderate	<input type="checkbox"/>	<input type="checkbox"/>	9. Conduct disorders?	<input type="checkbox"/>	<input type="checkbox"/>
4. Obsessive/compulsive behavior?	<input type="checkbox"/>	<input type="checkbox"/>	10. Abuse issues? <input type="checkbox"/> Physical <input type="checkbox"/> Emotional <input type="checkbox"/> Sexual	<input type="checkbox"/>	<input type="checkbox"/>
5. Aggression towards others?	<input type="checkbox"/>	<input type="checkbox"/>	11. Running away?	<input type="checkbox"/>	<input type="checkbox"/>
6. Aggression towards self?	<input type="checkbox"/>	<input type="checkbox"/>	12. Eating disorders? <input type="checkbox"/> Anorexia <input type="checkbox"/> Bulimia <input type="checkbox"/> Overeating	<input type="checkbox"/>	<input type="checkbox"/>

Please explain any "yes" answers, noting the number of the question.

\_\_\_\_\_

\_\_\_\_\_

**Counseling:**

Has participant been in counseling with a psychiatrist, psychologist, therapist or other counselor within the past two years?

YES  NO      Is the participant currently in counseling?  YES  NO

Reason for counseling:

Academic  Family issues  Depression  Substance abuse  Suicide  Anxiety  ADHD  
 Other \_\_\_\_\_

**If currently in counseling**, please make arrangements with counselor for release of information should it become necessary for us to contact him/her. Release of information arranged?  YES  NO

Name of counselor: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_



Participant Name: \_\_\_\_\_

### Acknowledgement of Risks & Trip Policies

In consideration of the services of the YMCA's Boys Outdoor Leadership Development (BOLD) & Girls Outdoor Leadership Development (GOLD), their officers, agents, employees, and stakeholders, and all other persons or entities associated with those businesses (hereinafter collectively referred to as "BOLD & GOLD") I agree as follows:

Although BOLD & GOLD has taken steps to provide me with appropriate equipment and skilled guides so I can enjoy an activity for which I may not be skilled, BOLD & GOLD has informed me this activity is not without risk. Certain risks are inherent in each activity and cannot be eliminated without destroying the unique character of the activity. These inherent risks are some of the same elements that contribute to the unique character of this activity and can be the cause of loss or damage to my equipment, or accidental injury, illness, or in extreme cases, permanent trauma or death. BOLD & GOLD does not want to frighten me or reduce my enthusiasm for this activity, but believes it is important for me to know in advance what to expect and to be informed of the inherent risks. All opportunities are subject to change based on environmental conditions, availability of federal land use permits and backcountry reservations. The following describes some, but not all, of those risks.

Risks of my enrollment or participation in BOLD & GOLD activities include, among other things: Slipping and falling; falling objects; water hazards, including drowning; exhaustion; exposure to temperature and weather extremes that could cause hypothermia, frost nip, and frostbite that may result in loss of limbs, digits and permanent scarring, hyperthermia (heat related illnesses), heat exhaustion, and heat stroke; sunburn; dehydration; exposure to potentially dangerous wild animals, insect bites, and hazardous plant life; equipment failure or injury from equipment; van or automobile-related accidents/incidents; improper lifting or carrying; an "act of God" including things like avalanche, rock fall, inclement weather, high winds or tides, and lightning, accidents or illnesses occurring in remote places without available medical facilities. My own capabilities may contribute to the risk, including my sense of balance, physical coordination, and ability to follow instructions. If I experience fatigue, chills or dizziness during the activities, my reaction time will be diminished and the risk of accident will increase.

I am aware that a BOLD & GOLD wilderness course entails risks of injury or death to any participant. I understand the description of these inherent risks is not complete and that other unknown or unanticipated inherent risks may result in injury or death. I agree to assume and accept full responsibility for the inherent risks identified herein and those inherent risks not specifically identified. My participation in this activity is purely voluntary, no one is forcing me to enroll or participate, and I elect to enroll and participate in spite of and with full knowledge of the inherent risks.

I acknowledge that engaging in this activity may require a degree of skill and knowledge different than other activities and that I have responsibilities as a participant. I acknowledge that the staff of BOLD & GOLD has been available to more fully explain to me the nature and physical demands of this activity and the inherent risks, hazards, and dangers associated with this activity.

I certify that I am fully capable of enrolling and participating in this activity. Therefore, I assume and accept full responsibility for myself, including all minor children in my care, custody, and control, for bodily injury, death or loss of personal property and expenses as a result of those inherent risks and dangers identified herein and those inherent risks and dangers not specifically identified, and as a result of my negligence in participating in this activity.

**I have carefully read (or had read to me), clearly understood and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon me, my heirs, assigns, personal representative and estate and for all members of my family, including minor children.**

Participant Printed Name: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent / Guardian Printed Name: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_



**PLEASE SIGN HERE**

Participant Name: \_\_\_\_\_

### Waiver & Release of Liability

I have read the Acknowledgement of Risks statement and I have reviewed the Program Policies with my child. I am aware that my child will have the opportunity to participate in, and I approve of his/her participation in adventure activities involving a degree of risk.

I authorize YMCA personnel to call for medical care for the minor or to transport the minor to a medical facility or hospital if, in the opinion of such personnel, medical attention is needed by the minor. I further authorize appropriate personnel to render such medical treatment as is necessary for the health of the minor, in their professional opinion. I agree that once the minor is in the care of medical personnel or a medical facility, the YMCA shall have no further responsibility for the minor and I agree to pay all costs associated with such medical care and transportation.

I give permission for the YMCA (local, national and international) to use, without limitation or obligation, photographs or other media that may identify or include the image or voice of me or my child to promote or interpret YMCA programs for any business purpose, including media coverage. I waive all claims for any compensation for such use.

I understand that fellow participants may also use media, including but not limited to photography or videography on this trip. I release the YMCA from any liabilities, known or unknown, arising out of the use of this material.

I understand that YMCA staff will encourage my child to set his/her own touching and personal space limits. I understand that staff in the YMCA outdoor adventure programs are mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

I understand that my child will not be released from the adventure site unless the signature on the health form matches the signature of the person picking up the child or matches the signature giving written permission for a different person to pick up the child.

I understand that should a person arrive to pick up the child and appear to be under the influence of drugs or alcohol that the child will not be released until another person who is not under the influence of drugs or alcohol arrives to pick up the child. If no person is located, staff may have no recourse but to contact the police.

In consideration for my child being permitted to participate in outdoor activities, I hereby agree to release the YMCA of Greater Seattle ("YMCA"), its directors, officers, employees, agents and volunteers (collectively "YMCA Releasees") from all liability to me or my child for any loss or damage to property or injury or death to person, whether caused by the ordinary negligence of the YMCA Releasees or any other person, and while I or my child are participating in outdoor activities. I agree not to sue the YMCA Releasees for any loss, liability, damage, injury or death described above, and I agree to indemnify and hold the YMCA Releasees harmless from any loss, damage or cost they may incur due to my or my child's participation in outdoor activities.

The U.S. National Park Service and some other federal land management agencies do not allow service providers, such as the YMCA of Greater Seattle, to be released by their participants from liability for injuries or other losses occurring on certain public lands. On those lands, the YMCA of Greater Seattle is limited to the Acknowledgment of Risks.

I intend for this release and waiver of liability to be as broad and inclusive as is permitted by the laws of the State of Washington. If any portion of this release is held to be invalid, I agree that the remaining terms shall continue in full force and effect.

I have read or have had read to me, and I understand and agree to the above statements. I understand that this form may not be altered and that my child may not attend their program without this form signed. I acknowledge that I have signed this of my own free will and that my or my child's participation in outdoor activities is purely voluntary.

Parent / Guardian Printed Name: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE SIGN HERE**

### **BOLD/GOLD Expedition Participant Essential Eligibility Criteria (EEC)**

The BOLD/GOLD Essential Eligibility Criteria (EEC) is applicable to all potential BOLD/GOLD course participants.

Each participant must:

1. Have the ability to follow verbal and/or visual instruction independently. PARTICIPANTS MUST LISTEN AND TAKE DIRECTION FROM LEADERS AT ALL TIMES.
2. Have the ability to learn necessary skills given time limitations of a BOLD/GOLD expedition; for example, setting up a tent.
3. Have the ability to effectively communicate with other participants and staff regarding potential hazards, personal distress, injury or need for assistance.
4. Be able to do the preceding warnings and notifications up to a distance of 200 ft. and in conditions with limited visibility or inclement weather or with loud background noise, such as high winds or while near roaring rivers.
5. Have the ability to act reliably around stated hazards to decrease risk even when not directly supervised. These hazards may include, but are not limited to fast moving water (rivers, creeks, surf, tides), cliff edges, loose rock, crevasses, potentially hazardous animals and insects, allergens and rugged, steep and uneven terrain.
6. Have the ability to independently understand and follow directions and instructions given by staff and/or others to be able to successfully execute appropriate and perhaps unfamiliar techniques to avoid hazards and/or manage risks. These directions may be given before the hazard or risk is encountered or may need to be given during exposure to the hazard/risk.
7. Be able to take personal responsibility for belongings and behavior. With instruction from staff, have the awareness of the necessary level of self-care needed to remain generally healthy and to avoid environmental injuries such as hypothermia, heat stroke, sunburn, or frostbite. This includes but, is not limited to: personal hygiene, water purification techniques, drinking enough water, eating enough, appropriate dressing and care of equipment.
8. Be able to communicate ideas and concerns on an individual or group level.
9. Be prepared to work as a member of a team despite potentially stressful and challenging conditions. This includes the ability to contribute to an emotionally and physically safe environment- no harassing or abusive behavior of others for any reason; a willingness to accept differences and a willingness to put the needs of the group before those of the individual. PARTICIPANTS MUST PARTICIPATE IN ALL GROUP ACTIVITIES AND STAY WITH THE GROUP DURING ALL BACKPACKING ACTIVITIES.
10. Be able to learn and safely perform skills necessary for living in remote areas in order to support self and the group. This includes, but is not limited to: cooking, setting up camp, sleeping on the ground in a tent with other members of the group, caring for gear, and packing backpacks.
11. Be able to live in a physically demanding remote backcountry environment, away from the city, for the full length of the course, which can range from one day to four weeks. Environmental conditions may vary from below 20 degrees to above 90 degrees depending on the course location, season and may include, but not limited to, extended periods of rain, snow, and/or wind, or the absence thereof.
12. Travel conditions may include, but are not limited to, rough, rugged, uneven steep and sloping terrain, human and/or animal made trails, rocky terrain that may range from smooth bedrock to extensive areas of large rock boulders, needing to cross rivers and creeks without the aid of bridges up to two feet or more in depth, moving up, going down and crossing slopes covered in snow, rocks or vegetation, bushwhacking off trail through thick standing and/or downed vegetation. Any and all travel can occur during periods of inclement weather.
13. Travel distances can range from less than 1 mile to more than 3 miles with possible elevation gain in excess of, but not limited to 2000 feet in one day and duration can range from less than one hour to more than 4 hours in one day and occur on successive days.
14. Be able to move through and travel over varied wilderness terrain with a backpack weighing up to 45% of their body weight. (Backpack minimal weight 35 lbs.)

Signing this Essential Eligibility Criteria EEC indicates an understanding and agreement to compliance with these criteria for participation in a BOLD/GOLD program. A parent or legal guardian must sign below if the participant is under 18 years of age. Minor participants are also asked to sign, to reflect their understanding of these criteria.

*I have read or had read to me the YMCA BOLD & GOLD Essential Eligibility Criteria EEC and I/my child feel I/they meet the EEC and agree to comply with these criteria. I further understand, that if it is found that I/my child is out of compliance with the EEC it may result in my/their removal from the program.*

\_\_\_\_\_  
**Participant Printed Name**

\_\_\_\_\_  
**Participant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Printed Name**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**PLEASE SIGN HERE**

Participant Name: \_\_\_\_\_

### Parent/Participant Questionnaire

**What is the participant's physical activity level? And their comfort with prolonged physical activity?**

(Scale: 1 Not Active—5 Very Active) 1 2 3 4 5      (Scale: 1 Not Comfortable—5 Very Comfortable) 1 2 3 4 5

**What is the participant's comfort level around water?**

(Scale: 1 Not comfortable—5 Very Comfortable) 1 2 3 4 5

**What is their swimming ability?**     Non-swimmer     Beginner     Intermediate     Strong

**Does the participant have any wilderness camping experience?**

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**How does the participant deal with stress? What do they need?**

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**Are there special family or personal considerations which may affect the participant's experience?**

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**Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary)**

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**Additional Information:** Use a separate sheet of paper to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the program staff should be aware. You may call us at (360)716-4604 to discuss any special needs the participant may have. All information will be held confidential and will only be shared with the Course Director and staff as deemed appropriate.

### This section is to be completed by the Participant

**What helps you get through hard times/stressful situations?**

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**On a scale of 1-5, where 1 is, "I don't really want to go" and 5 is, "I can't wait!" How excited are you?** 1 2 3 4 5

#### Participant Agreement

I agree to be positive and open to new things.

I will try my best even when I find things challenging.

I will support the other participants in my group and will work to build a strong community.

I will be myself.

In signing this contract I agree to all the statements listed above.

Your Signature: \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE SIGN HERE**