

ROPES CHALLENGE COURSE RELEASE OF LIABILITY FORM

In case of Emergency who should we contact? Name: _____ Phone: _____

Do you have health/accident Insurance? Yes () No ()

If Yes, name and address of company _____ Policy # _____

Do you have any limiting physical disabilities or handicaps (temporary or permanent)? Yes () No ()

If yes, please explain: _____

Are you currently taking medication (prescribed or otherwise example: cold medication)?

() YES () NO If yes, state what you're taking and for what condition _____

Do you have any allergies, reactions to medications, or other medical limitations? () YES () NO

If yes, please identify and explain _____

Are you allergic to bee stings? () YES () NO If yes, do you carry an EpiPen or your own medication? () YES () NO

DISCLOSURE:

The Manchester Ropes Challenge Course programs involve a variety of activities that often include warm – ups, games, group initiative problems, high and low ropes course elements, and other rigorous physical adventure activities. The level of participation in the Manchester Ropes Challenge Course program activities are at times completely up to the individual's choice. Yet, there is a risk which must be assumed by each participant that she or he may suffer injury and/or disability.

RELEASE:

The undersigned, being the participant or the participant's parent or legal guardian, recognizing that there is a significant element of risk in the activities of the Manchester Ropes Challenge Course, and in consideration of the Town of Manchester providing the facilities for the ropes challenge course, I do hereby release the Town of Manchester, its employees and agents from any and all liability with respect to my participation in the ropes challenge course, including, but not limited to damages to my property, injuries or death arising from the ropes challenge course. I understand that the Town of Manchester does not provide accident or health insurance and it is my responsibility to provide my own medical insurance coverage. I also grant the Town of Manchester the right to use, reproduce, assign and/or distribute photographs, films videotapes and sound recordings involving me.

Participant Signature: _____ Date: _____
(Parent or Guardian must sign if participant is under the age of 18)

MEDICAL TREATMENT FOR PARTICIPANTS UNDER THE AGE OF 18:

I, _____, grant permission to the Town of Manchester and/or the operators of the Manchester Ropes Challenge Course for _____ to receive treatment by a licensed or certified medical personnel at the nearest medical facility. I understand that I will be called as soon as possible at the above listed phone numbers.
(Parent or Guardian)
(Name of Participant)

Parent/Guardian Signature: _____ Date: _____



OFFERED BY THE MANCHESTER YOUTH SERVICE BUREAU FOR STUDENTS COMPLETING GRADES 4-8 IN JUNE 2018

Each day will include fun active games, low elements which present challenges 2-3 feet off the ground, and high elements where participants will climb 25-40 feet in the air! Our philosophy is “challenge by choice”. Participants can choose their level of challenge.
All instructors are certified Ropes Course Facilitators.



presented by
Department of Leisure, Family and Recreation
Youth Service Bureau Division
63 Linden Street • 647-5213 • reconline.townofmanchester.org

REGISTRATION PROCEDURES

Register online at reconline.townofmanchester.org, then complete the enclosed application and mail to:

Summer Ropes Program
Manchester Youth Service Bureau
63 Linden Street
Manchester, CT 06040

WHAT TO INCLUDE WITH REGISTRATION

A completed registration form for each child, including:

- Registration Form
- Release of Liability Form
- Payment (Check payable to: "Town of Manchester")

Space is limited. The first 20 completed application packets received will be enrolled.

FEE

Session One: \$172 (R) / \$208 (NR)
Session Two: \$215 (R) / \$260 (NR)

DROP OFF & PICK UP

All youth are to be escorted by a parent or responsible adult to the designated site daily and signed in at 9:00 AM and signed out at 3:00 PM with the program staff. Manchester Ropes Course is located at 180 Hillstown Road.

RAIN LOCATION

In the event of inclement weather, the program will be moved to the Community Y Recreation Center at 78 N. Main Street. Parents will receive a notification call by 8 AM that morning.

LUNCH

Lunch is not provided; youth must bring their own food & drink.



BEHAVIOR MANAGEMENT

Our goal is to provide a safe and nurturing environment for all our participants. We respect a youth's individual needs and interests and will work with you and your youth to help develop the skills he or she needs to feel confident in themselves and in their growing abilities.

It is our policy not to discourage participation due to any disability whether it be social, emotional, or physical. However, we will not tolerate behavior which threatens the physical and emotional safety of all participants and sacrifices the quality of the program.

MEDICATION ADMIN

You must indicate on the release of liability form if your child requires medication at the program. This includes inhalers and epipens. You will receive an Authorization for Medications Administration form in the mail when your registration is confirmed. This form must be completed by a physician and returned at least two weeks prior to the start of the program.

QUESTIONS

For questions regarding the program and registration call 860-647-5213.

MANCHESTER YOUTH SERVICE BUREAU SUMMER ROPES REGISTRATION FORM

*This form gives the participant access to all Youth Service Bureau programs, activities and events, as well as access to the Teen Center until revoked by a parent or guardian.

SUMMER ROPES PROGRAM INFORMATION

Select one of the following sessions:

- Session One [Completed grades 4 - 5]: July 2 - 6, 9 AM - 3 PM (No Class July 4)
- Session Two [Completed grades 6 - 8]: August 13 - 17, 9 AM - 3 PM

PARTICIPANT INFORMATION

Participant's Name: _____ Date of Birth: _____ Age: _____

Address: _____ City: _____ Zip: _____

School: _____ (Upcoming school/grade) Grade: _____ Gender: _____

Parent/Legal Guardian Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____ E-mail: _____

Referred to the Youth Service Bureau by: _____

Please check here if you do NOT want your child's name or photo published.

DEMOGRAPHICS (PLEASE CHECK ONE IN EACH CATEGORY)

RACE:

- American Indian/Alaska Native
- Asian
- Black/African American
- Native Hawaiian/Other Pacific Islander
- Multi Racial
- White
- Other

FAMILY:

- 2 Birth/Adoptive Parents
- Step & Birth Parent
- Single Parent Female
- Single Parent Male
- Grandparent
- Relative/Guardian
- DCF
- Foster Parent
- On Own
- Joint Custody
- Other

TOTAL PEOPLE IN HOUSEHOLD:

- 1 2 3
- 4 5 6
- 7 8 9 or more

FREE/REDUCED LUNCH:

- Receives Free/Reduced Lunch
- Eligible for Free/Reduced Lunch
- Not Eligible

NOTE: WE PROVIDE CERTAIN DEMOGRAPHIC INFORMATION FROM THIS FORM TO THE STATE OF CT DEPARTMENT OF EDUCATION FOR STATISTICAL AND RESEARCH PURPOSES

PERMISSION AND EMERGENCY/MEDICAL INFORMATION

IF YOUR CHILD REQUIRES PICK-UP, IS THERE ANYONE **NOT** AUTHORIZED TO DO SO: _____

EMERGENCY CONTACT: _____ RELATIONSHIP: _____ PHONE: _____

ARE THERE ANY SPECIFIC MEDICAL CONDITIONS WE SHOULD BE AWARE OF? _____

IN CASE OF EMERGENCY, IF I CANNOT BE REACHED, I GIVE PERMISSION TO THE ATTENDING PHYSICIAN TO HOSPITALIZE, SECURE NECESSARY TREATMENT, ORDER INJECTIONS, ANESTHESIA, OR SURGERY FOR MY CHILD NAMED ON THIS FORM. ADDITIONALLY, I THE UNDERSIGNED, DO HEREBY WAIVE AND HOLD THE TOWN OF MANCHESTER, ITS EMPLOYEES AND AGENTS, HARMLESS FROM ANY PERSONAL OR PROPERTY DAMAGE I OR MY CHILD MAY INCUR WHILE PARTICIPATING IN THIS ACTIVITY. I ALSO UNDERSTAND THE TOWN OF MANCHESTER DOES NOT PROVIDE ACCIDENT OR HEALTH INSURANCE. IN ADDITION, I GIVE PERMISSION FOR MY CHILD TO PARTICIPATE PROGRAMS AT THE YOUTH SERVICE BUREAU.

SAMPLE OF A DAY (SUBJECT TO CHANGE)

9:00 - 9:30 AM	Warm up games and activities to get participants moving
9:30 - 10:30 AM	Games and activities that promote teamwork, cooperation, and problem solving skills
10:30 - 12:00 PM	Low elements (close to the ground) that raises the challenge for groups to demonstrate teamwork, cooperation, and problem solving skills.
12:00 - 12:30 PM	Lunch
12:30 - 1:00 PM	Fun physically active games to get warmed up for afternoon activities
1:00 - 2:40 PM	High elements (several feet off the ground) that challenge participants and provide opportunities to build trust as participants depend on others for safety and encouragement.
2:40 - 3:00 PM	Debriefing about the day's events and a look forward to the next day