



2015 Camp Long Adventure Camps

These are 5 day “Adventure Camps” with City of Seattle Parks and Recreation and Camp Long Environmental Learning Center. These opportunities are open to youth ages 11—13 years old. The purpose of these camps are to expose youth to fun outdoor activities, environmental topics, leadership and teamwork development. Come learn about the environment, meet students from different schools, and have some FUN! A payment of \$350 to City of Seattle covers registration, a float test, gear, transportation and snacks for the week. It is recommended that students bring a pack with lunches, a hat, and a water bottle each day.



What do Adventure Camps do?

Any young person has the opportunity to participate in “Adventure Camp”: Each excursion will engage minds, bodies and character through the physical activities, environmental curriculum, and teamwork related task. On each day trip you will try a new outdoor activity such as kayaking, rock climbing, Challenge Course and survival techniques. You don’t need any special equipment to do our activities, and no experience necessary (except a FLOAT TEST pg.12). A free float test will be conducted at the June 18th orientation prior to camp. We will cover the cost and provide transportation to and from Camp Long to the aquatic center.

Where / When are Adventure Camps?



Adventure Camp is located out of Camp Long. Each morning we meet at Camp Long around 8:45 AM until the day is over at 5:00 PM. These activities will take place in the city of Seattle and certain recreation destinations less than 1 hour away. For each day we have a different adventure destination. We will explore all over the Seattle area for 5 consecutive days; Monday through Friday.

Rock Climbing August 3-7. SPARC Registration # 133772-

Consisting of Challenge Course experiences High and Low, rock climbing at Schurman Rock, rappelling the Glacier, Magnuson Park, and Olallie State Park Exit 38 I-90.

Natural Challenges August 24-28. SPARC Registration # 133773-

Consisting of all High and Low Challenge Course elements, Schurman Rock and rappelling the Glacier. Challenges will encourage multiculturalism, teamwork, leadership, survival techniques and a visit to the Duwamish waterway. No Float test is needed for this camp.

Terra Aqua July 6– 10. SPARC Registration # 133774-

Consisting of Challenge Course experiences, rock climbing, kayaking, and canoeing. On each day trip you will try a new outdoor activity such as canoeing, rock climbing,



FILL OUT THE APPLICATION: Please fill out the attached application completely. Make sure to have a parent / guardian sign in the correct places. You can turn in the Adventure Camp application to Camp Long Environmental Learning Center at the address below:

Camp Long ELC 5200 35th Ave SW Seattle, WA 98126

Phone: (206) 684.7434 Camp.long@seattle.gov

Seth Wendzel (541) 286.0169 Seth.Wendzel@seattle.gov

Have additional questions? Please feel free to contact our Adventure Camp staff



WASHINGTON STATE UNIVERSITY
EXTENSION

4-H Youth Development Program



SEATTLE PARKS
AND RECREATION

One application is sufficient for all Camps: which are due one week prior to your Camp(s)

Adventure Camps Schedule

Camp Long Adventure Camps

Each Day Campers Meet At Camp Long at 9AM and are Dismissed At 5PM(students can sign themselves out)

Rock Climbing # 1133772

8/315 Day 1	Challenge Course Low Elements	All Day	Fun, ice breakers, trust, acceptance. Create the ideal climber
8/4/15 Day 2	Schurman Rock and the Glacier	10 –2 pm	Intro to climbing and rappelling
8/5/15 Day 3	Mountaineers Outdoor Wall & Magnuson Park	All Day	Applications of climbing history, climbing park visit
8/6/15 Day 4	Challenge Course High Element The Enchantments	1-4 pm	3 person groups attempt vertical ascent element and trapeze single person element
8/7/15 Day 5	Exit 38 Olallie State Park	10- 3:00 pm	Outdoor climbing and hiking

Natural Challenges #1133773

8/24/15 Day 1	Schurman Rock and the Glacier	9 –2 pm	Intro to climbing and rappelling. Interpersonal Confidence
8/25/15 Day 2	Challenge Course Low Elements	10 –4 pm	Fun, ice breakers, trust, acceptance. Cultural Competence/ Peaceful Conflict Resolution/ Self Esteem
8/26/15 Day 3	Challenge Course High Element Mt. Challenger	9– 2 pm	3 person groups attempt vertical ascent element and trapeze single person element Self Esteem/ Personal Power/ Resistant Skills.
8/27/15 Day 4	Challenge Course High Element The Enchantments	9– 2 pm	Goal setting for now and the future. Self Esteem/ Positive View of Personal Future/ Planning and Decision Making/
8/28/15 Day 5	Field Trip to Alki/ Duwamish & Survival Techniques	All Day	Putting it all together. Recognizing support from communities and adults.

Terra Aqua Adventure Camp #1133774

7/6/15 Day 1	Wonder Lab Low course Schurman Rock	9-11:30 am 12-2 pm 2-3:45 pm	Ice breakers, trust, acceptance, climbing
7/7/15 Day 2	Sup / kayak Mount Baker Rowing and Sailing Seward park	11-2:30 pm 3-4:15 pm	Water safety; signals and hazards
7/8/15 Day 3	Challenge Course High Element The Enchantments	10- 2:30 pm	Exploring fears and trusting yourself and others
7/9/15 Day 4	Exit 38 W/ O2	All Day	Hiking and outdoor Rock Climbing
7/10/15 Day 5	Water W/ O2	All Day	Kayaking Lake Washington

Adventure Camp Staff



Seth Wendzel- is a graduate of Oregon State University in Corvallis, Oregon, where his studies included Recreation Resource Management, Adventure and Experiential Education. He spent his teenage years in Astoria, OR. While growing up in foster care. His positive interactions with the Pacific Northwest territories and its populations have brought him here to Seattle Parks and Recreation.



Connor Tice is a graduate of the University of Notre Dame in South Bend, Indiana. He studied Biological Sciences there before moving to Seattle for a year of service through AmeriCorps. He grew up in Kalispell Montana, minutes from Glacier National Park. This will be his first year with the Adventure Camp Series.



Rebecca Reilly– To be added soon.



Hannah Narramore– To be added soon.



Emilio Cassaretto was born in Texas and has traveled to many places, including Nepal, Nicaragua, Peru, Dominican Republic, France and more. He moved to Seattle from California where he majored in human biology and minored in anthropology at Pitzer College. Emilio's experience leading outdoor recreation trips includes canyoneering, kayaking and cycling. He looks forward to the adventures ahead.

Self / Sign out Release Form(1 of 1)

Camp Long Adventure Camps:
Release Permission

Dear Parent, Guardian,

Welcome to the 2015 Camp Long ELC Adventure Camp series! We are looking forward to a great summer with your son/daughter. We acknowledge that in the Tween program we have more flexibility with participants being able to sign themselves out of our program in the evening. Please fill out the following below, so we can work with you on releasing your child from our care.

My child: _____ Has the following permission on signing themselves out of the Camp long Adventure Camps for the following sessions: (Please Initial)

_____ **Rock Climbing - 133772**

_____ **Natural Challenges -133773**

_____ **Terra Aqua -133774**

_____ My child may sign themselves out when they want to leave for the day.

_____ My child may sign themselves out upon my phone call to the center/camp cell phone.

_____ My child may not sign themselves out of the program.

Parent Signature: _____ Date _____

Camp Long Environmental Learning Center
(Front Desk) (206)-684-7434
Adventure Camp Cell and Director Email
541.286.0169 Seth.wendzel@seattle.gov

For Staff Only. Check boxes for completed waivers and note food allergies and medication. Also expand about the onset of allergic reactions and medication name dosage and frequency.

_____ E-13 _____ Challenge Course _____ Concussion Form _____ Mount Baker Rowing and Sailing

Medication:
Dosage:
Frequency:

Allergies:
Onset/ Symptoms/ What happens?
Do they carry Epinephrine? Yes / no

Participant Information (1 of 2)



2015 PARTICIPANT INFORMATION AND AUTHORIZATION FORM

Facility/Program: _____

This information is considered confidential and is used only to help staff meet the needs of your child. **Please fill out all sections completely (mark N/A if a section does not apply) and sign and initial where indicated.** Additional information may be required, including but not limited to immunization records, medical treatment, medication administration instructions and authorization, and special field trip permission. If you have updated information on this form, please contact staff immediately to update.

PARTICIPANT AND PARENT INFORMATION

Child's Name (First & Last)		Age	Birth Date	Male	Female
Address		City	ZIP	School	Grade
Parent/Guardian Name (First & Last)			Signature		
Day Phone	Cell Phone/Pager	Evening Phone	E-mail		
Address (if different than above)		City	ZIP		
Relationship to Child <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent		Language(s) Spoken at Home			

GENERAL AUTHORIZATIONS AND INFORMATION

My child has attended a Seattle Parks School Age Care Program. No Yes – Location: _____

My child has permission to participate in field trips including, but not limited to, visits to a local library or park, neighborhood walk, or other field trip as posted, by means of walking, public bus, Dept van, yellow bus. YES NO Initial Here _____

My child has permission to participate in swimming and other water activities at Seattle Parks and Recreation facilities, including swimming pools, lifeguarded beaches, boating facilities, and wading pools. YES NO Initial Here _____

Swimming Ability: Non Swimmer Beginner Intermediate Advanced

My child may apply sunscreen _____ times during the day. **I will provide sunscreen.** YES NO Initial Here _____

My child may be photographed (stills and video) for the City of Seattle, its Department of Parks and Recreation, the Associated Recreation Council, Advisory Council, or Community Center publications. YES NO Initial Here _____

My child has the following behavioral issues which staff should be aware: _____	I handle these behaviors in the following way: _____
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EMERGENCY CONTACTS (Also authorized for participant pick-up)

The Parent/Guardian named above will be contacted first in case of emergency (after 911). Please list additional parents, guardians, and others you would like us to contact if we cannot reach you.

1) Contact Name (First & Last)			Relationship
Day Phone	Cell Phone/Pager	Evening Phone	E-mail
Address		City	ZIP
2) Contact Name (First & Last)			Relationship
Day Phone	Cell Phone/Pager	Evening Phone	E-mail
Address		City	ZIP

PICK-UP AUTHORIZATION AND INFORMATION (MINIMUM AGE 14)

Please list all individuals who are authorized to pick up your child. Individuals listed must be at least 14 years old. If an individual is not listed, your child will not be released. We will not accept voice authorization for pick-up.

1) Name	Relationship	Day Phone	Evening Phone
Address			
2) Name	Relationship	Day Phone	Evening Phone
Address			
3) Name	Relationship	Day Phone	Evening Phone
Address			

Child Sign In and Sign Out Procedures

The parent or other person listed above authorized by the parent to take the child to and from the center/program site shall sign in the child on arrival and sign out the child at departure using a full, legal signature. When the child leaves the center/program site to attend school or other off-site activities as authorized by the parent, the staff person shall sign out the child and sign in the child upon return to the center/program. (WAC 170-297-2125)

Participant Information (2 of 2)

MEDICAL HISTORY AND AUTHORIZATION INFORMATION

My child experiences the following: Please **CHECK 'None'** or all that apply. **Additional forms are required prior to your child attending if medical conditions are checked.** Providing this additional information will help us to ensure your child has a positive experience. Efforts will be made to provide reasonable accommodation in accordance with the Americans with Disabilities Act.

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> NONE | <input type="checkbox"/> ADD | <input type="checkbox"/> ADHD | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Asperger's Syndrome | <input type="checkbox"/> Autism | <input type="checkbox"/> Behavior Disorder |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> History of Seizures | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Mental Disability | <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Dev. Disability | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Other: _____ | | | |

Currently taking Medication at:

- Program
 School
 Home

Unless you have religious objections, we cannot allow your child to participate without the following authorizations. If you have religious objections, please submit a written statement of those objections. A MEDICAL TREATMENT AUTHORIZATION Form signed by a physician is required for any medication taken or administered while in a Seattle Parks and Recreation, Associated Recreation Council or Advisory Council program. Forms are available at each facility.

Child's Name (First & Last)	Age	Birth Date	Grade
Medical Provider (First & Last)		Dental Provider (First & Last)	
Address, City, Zip Code		Address, City, Zip Code	
Phone		Phone	
Date of Last Physical Exam: Month _____ Year _____		Date of Last Dental Exam: Month _____ Year _____	
If you do not have a medical provider, in case of injury or incident, what is your plan:		If you do not have a dental provider, in case of injury or incident, what is your plan:	
Preferred Hospital for Treatment:			

I authorize the administration of all medical, dental, and surgical examinations, operations, treatment, and all related care, including emergency or ambulance transportation and the administration of drugs, tests, anesthesia and blood transfusions to the above-named minor when a physician or dentist at the treating medical facility deems those procedures necessary for emergency treatment. I consent to the release of medical report(s) to any doctor or agency and consent to the admission of the above-named minor person to the hospital. I understand that the City of Seattle, its Department of Parks and Recreation, Associated Recreation Council, Advisory Councils, the Community Center, and their officers, employees, and volunteers assume no financial obligation or liability in case of my child's accident or illness. **I assume full financial responsibility for emergency treatment for my child.** Initial Here _____

LEGAL DOCUMENTATION INFORMATION

Please complete the information below, that pertains to your child, regarding documentation relating to a parenting plan or a current restraining order which has been issued by a legal authority and is in affect in the State of Washington:

PARENTING PLAN	RESTRAINING ORDER
<input type="checkbox"/> YES <input type="checkbox"/> NO Expiration Date: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO Expiration Date: _____
If yes, provide copy for child's program file	If yes, provide copy for child's program file

PARENTAL CONSENT, RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

EVENT(S): All programs and activities offered by or through Seattle Parks and Recreation and Associated Recreation Council including but not limited to recreation activities and classes, school age care, preschool, teen programs, special events, field trips, sports, and athletics.

IN CONSIDERATION of my minor child ("the Minor") being permitted to participate in any way in the EVENT(S), I agree: I know the nature of the EVENT(S) and the Minor's experience and capabilities, and believe the Minor to be qualified to participate in the Event(s). The Minor and I will inspect the premises, facilities, and equipment to be used or with which the Minor may come in contact to ensure it is safe to our satisfaction. I have spoken with the Minor about the dangers of the activities and the fact that the Minor could—for a variety of known, unknown, foreseeable and unforeseeable reasons, including negligence of the City of Seattle, its employees and volunteers, officers and agents—be seriously injured. In extreme cases, such injuries could include permanent disability, paralysis or even death ("risks"). Even understanding these risks I consent to the Minor's participation in the Event(s) and assert that the Minor is willing to participate in the event.

I accept and assume all risks, and assume all responsibility for the losses, costs and/or damages following an injury related to the Event(s), including disability, paralysis or death, even if caused in whole or in part by the negligence of the following releasees: the City of Seattle, its employees and volunteers, officers and agents. **My acceptance of these risks includes releasing and agreeing not to sue the releasees. I also agree to indemnify and save and hold harmless the releasees and each of them from any and all litigation expenses, attorney fees, loss, liability, damage, or cost they may incur due to a claim made against any of the releasees identified above based on an injury to the Minor, whether the claim is based on the negligence of the releasees or otherwise and whether the claim is made by me, is made on behalf of the minor, or is otherwise made.**

Signature of Parent or Guardian

Printed Name of Parent or Guardian

Date



Camp Long Consent and Medical Forms
Youth Programs

NAME _____ **GROUP'S NAME:** _____ **PROGRAM DATE:** _____

PART I: ASSUMPTION OF RISK, RELEASE OF LIABILITY AND CONSENT FOR CHALLENGE COURSE & ROCK CLIMBING/ RAPPELLING

Dear Participant (and Parent/Guardian if under 18):

You are going to join us in a WSU 4-H Challenge Course at Camp Long. **All participants must have a copy of this form signed by themselves (if an adult) or by their parent or guardian (if a minor) as a condition of participation.**

Below is an outline describing the responsibilities of any consenting participant:

1. All participants are advised that there will be some strenuous physical activity involved. Some activities will involve more risk than one engages during normal daily routines, i.e., hiking, climbing, and rappelling. Each individual must be informed of the risk involved and the skills necessary to safely complete the activity. The decision whether to engage in any particular activity that forms part of the Challenge Course Program shall be entirely the participant's. Participation in the Program in no way obligates anyone to engage in any activity they do not feel they can accomplish.
2. I understand and acknowledge the types of risks to which I am subjecting myself or my child/ward by allowing him/her to engage in the activity of rock climbing and challenge activities at Camp Long. Possible risks include: injuries from any manner of fall while at the facility; injuries from contact or entanglement with any rope, other instruments or materials used in rock climbing and challenge activities. I understand that the aforementioned possible risks are not all-inclusive and that myself or my child/ward could be injured in some way not listed above. In order to minimize the possibility that injuries may occur, I or my child/ward will obey the directions of the leaders and will follow all safety rules.
3. I agree to comply with all stated customary terms and conditions for participation in the Challenge Course Program [NOTE: Parents or guardians cannot agree to this on behalf of their minor children. The minor child must sign this document himself or herself]. I, and/or my minor child, recognize and acknowledge that if I or he/she experience any unusual concerns regarding participating in any aspect of the Challenge Course Program, I or he/she is free at any time to cease participation in the Program. In such a case, the appropriate group leader(s) should be notified immediately.
4. I understand that I may report any prescription medication which I may take under medical supervision, and any existing medical, physical or mental condition which may affect my ability, or the ability of my minor child, to participate in Challenge Course activities, to the group leader before the outing commences. I also understand and agree that no use of alcohol, tobacco or drugs (aside from prescription medications described in the previous sentence) is permitted on any Challenge Course Program.

Below are outlined the assumption of risk and release of liability to which I will agree:

1. On behalf of my minor child, (or on my own behalf, if an Adult Participant), I expressly acknowledge my full understanding of the risks of injury, including serious injury, disability or death, that participation in the Challenge Course Programs entails. I acknowledge that I have had full opportunity to discuss the nature and extent of these risks with officials or other representatives of the Seattle Parks and Recreation WSU 4-H Challenge Programs, in order to inform myself fully on this subject. Based on that full understanding, I freely and knowingly assume all such risks, whether specifically known and unknown, even if arising from the negligence of Seattle Parks and Recreation, WSU or any employee, officer, volunteer or agent of a forementioned entities. I accordingly assume full and sole responsibility for my (or my minor child's) participation in the Challenge Course.
2. On behalf of myself, I hereby release and forever discharge Washington State University, its 4-H Program, the Challenge Course Program, the City of Seattle, Seattle Parks and Recreation, and all of the employees, officers, volunteers or agents of those entities, including as well any third party sponsors of Challenge Course activities, lessors of premises used to conduct Challenge Course events, other participating or sponsoring agencies for the Program, and all others associated with producing and administering the Challenge Course Programs, from and against any and all liability, including but not limited to



Camp Long Consent and Medical Forms
Youth Programs

damage to property, personal injury, disability or death, resulting from my or my minor child's involvement in any aspect of the Challenge Course Programs. This release applies whether the alleged injuries or damages arise from the negligence of any of the parties released in the previous sentence or not, to the fullest extent allowed by law.

- 3. To the fullest extent allowed by law, I, for myself and/or my minor child, and for any of our respective heirs, assigns, personal representatives and next of kin, hereby agree to indemnify and hold harmless all the parties released in Article 2 hereof from and against any and all liabilities arising from my and/or my minor child's participation in the Challenge Course Programs. This undertaking to provide indemnity shall apply, to the fullest extent allowed by law, even if the liability asserted against any of the indemnified parties arises wholly or partially from their own negligence.

I HAVE READ THIS ASSUMPTION OF RISK, RELEASE OF LIABILITY AND CONSENT. I FULLY UNDERSTAND ITS TERMS AND THAT BY MY SIGNATURE I GIVE UP CERTAIN RIGHTS I MIGHT OTHERWISE HAVE UNDER LAW. I SIGN THIS DOCUMENT FREELY AND VOLUNTARILY, WITHOUT ANY INDUCEMENT.

I, _____ (parent/guardian or Adult Participant) hereby consent to allow _____ (minor child) to participate in the Camp Long WSU 4-H Challenge Course Program, under the terms as set forth in this Assumption of Risk, Release of Liability and Consent Agreement. The WSU 4-H Challenge Course Program for which this consent is given is scheduled to occur on _____.

Signature of Participant (if under 18, parent/guardian must also sign below)

Date

Signature of Parent/Legal Guardian

Date

Notice to Parents / Guardians of WSU Extension Outdoor Education and Challenge Program Evaluation

As a participant in the Challenge Program your son or daughter may be asked to help with the evaluation of the program. At the end of each program or program year, we conduct an evaluation to tell us how well the program is working. Your son or daughter may be asked to complete a written survey about what he or she may have learned from participating in the program. We estimate that it will take the youth participants approximately 10 minutes to complete the survey.

Youths are not required to participate in the evaluation. Even if given parental permission, he or she may choose not to take the survey, or to stop taking the survey at any time after beginning. If your son or daughter decides that he or she does not wish to participate, it will not affect his or her participation in this or future WSU Extension programs. If your son or daughter does not want to answer some questions on the survey, that is okay. The survey responses will be confidential, and your son's or daughter's identifying information will be removed from the survey prior to data entry, analysis or reporting.

If you do not want your son or daughter to participate in the evaluation of Challenge Program, please contact Ken Turner at (206)399-2205 before your child begins attending the program.





Seattle Parks and Recreation
Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- | | |
|--|---|
| <ul style="list-style-type: none"> • Headaches • “Pressure in head” • Nausea or vomiting • Neck pain • Balance problems or dizziness • Blurred, double, or fuzzy vision • Sensitivity to light or noise • Feeling sluggish or slowed down • Feeling foggy or groggy • Drowsiness • Change in sleep patterns | <ul style="list-style-type: none"> • Amnesia • “Don’t feel right” • Fatigue or low energy • Sadness • Nervousness or anxiety • Irritability • More emotional • Confusion • Concentration or memory problems (forgetting game plays) • Repeating the same question/comment |
|--|---|

Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can’t recall events prior to hit
- Can’t recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

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Concussion Information Sheet (2 of 2)

What can happen if my child keeps on playing with a concussion or returns to soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new "Zackery Lystedt Law" in Washington now requires the consistent and uniform implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

"a youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time"

and

"...may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider".

You should also inform your child's coach if you think that your child may have a concussion. Remember its better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to: <http://www.cdc.gov/ConcussionInYouthSports/>

Student-athlete Name Printed

Student-athlete Signature

Date



Seattle Parks and Recreation
Small Craft Programs



ASSUMPTION OF RISK AND RELEASE FORM

Participant Name _____

Address _____

City _____ State _____ Zip _____

Phone-home (____) _____ Phone-work/cell (____) _____

E-mail _____ . All addresses are kept under strict confidentiality.

Yes__ No__ I would like to receive occasional Mt Baker News via e-mail

Sex: M F Birthdate: _____ Ethnic Origin** _____

Emergency Name _____ Emergency Phone(____) _____

****ETHNIC ORIGIN:** Information is used for statistical purposes and is not required for participation. A=Asian; B=Black/African American; H=Hispanic; M=Mixed, N=Native American; P=Pacific Islander, W=Caucasian; O=Other.

Injuries to participants in small craft programs may occur from risks inherent in the sports or activities; from placing stress on the body that it has not been prepared for; from accidents in learning or practicing techniques; from failing to follow training, safety or racing rules; from the use of transportation to and from regattas, races and other events and from administration of first aid. For example, I might slip and fall; I might be struck by part of a boat; my boat might capsize or I might be thrown overboard into cold water; it may hit another boat or run into an obstruction or the shore, and the collision injure me. The severity of the injury can range from minor cuts, scrapes, or muscle strains to catastrophic injury such as paralysis or even death. I will be exposed to the weather, including rain, wind, cold, and sun, I might become ill through chill or suffer sunburn and heat exhaustion. In order to avoid injuries I will obey the directions of my instructors and will follow all safety rules. I will tell my instructor about any limitations or medical restrictions on my participation.

In consideration for my acceptance as a participant, I agree to assume the risks, release and hold the City of Seattle, its advisory councils, and sponsoring organizations, and their employees and agents harmless from claims for injuries and damages, which may occur from or as a result of my participation in the program. I agree that this assumption of risk and release shall bind my heirs and my estate.

Participation authorized; risks assumed; and release granted. Authorizing signature below acknowledges having read all statements above. Participant's signature required, or the signature of a parent or guardian is required for participants under 18 years of age.

Signature of Participant Date
Parent or Guardian signature required for participants under the age of 18.

How did you hear about our facility or programs? Drive/Walk by _____ Word of Mouth _____
Brochure _____ Parks Web-site _____ Other - please specify: _____

	Float Tests	
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If you want to participate in Adventure Camp 2015 to the event that takes place on the water, you need to have passed a city approved float test. A float test is when you prove to a lifeguard that you can tread water with long pants and a long sleeve shirt on for 10 minutes and put on a lifejacket.

You *do not* need to be a good swimmer to pass the test, try the Deep Water test!

The two types of float tests are described below:

Standard Float Test	Deep Water Test
-To pass a Standard Float Test, you must tread water in the deep end of the pool for 9 minutes. In the 10 th minute, the lifeguard will ask you to put on a life jacket while you are still treading water. At no time are you allowed to touch the side of the pool. -A Standard Float test is good for three years.	-To pass a Deep Water Test, you must get in the pool with a life jacket on, get your face wet, and float in the deep end of the pool for 10 minutes. -A Deep Water Test is good for 1 specific aquatic event. For example, it would allow you to attend a rafting, kayaking, sailing or canoeing trip / program. After that trip / program is over, your Deep Water certification expires.

OR call the pool to see when you can take the test at the following Seattle Parks city pools:

Ballard Pool (684-4094) Evans Pool at Green Lake (684-4961) Medger Evers Pool near Garfield CC (684-4766) Madison Pool in Bitter Lake (684-4979) Meadowbrook Pool off Lake City Way(684-4989)	Queen Anne Pool (386-4282) Rainier Beach (386-1944) Southwest Pool in West Seattle (684-7440) Coleman Pool in West Seattle (684-7494) Mounger Pool in Magnolia (684-4708)
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WHAT TO BRING—If you are taking the test on your own:

- **Photo identification**
- **\$3.75 to get into the pool**
- **Long pants /long sleeved shirt—you will do your float test with these clothes on**
 - Try to avoid bringing jeans or sweat pants, these get heavier when wet.
 - Fleece or leggings work great!
- **Change of Clothes**



Please submit your completed and signed Float Test to:

Camp Long ELC
5200 35th Ave. SW
Seattle, WA 98126