



**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

## **Northshore YMCA - BOLD/GOLD Outdoor Leadership Development Admissions Packet**

### **1. Complete all pages of this packet. Some pages require signatures:**

We will use the information gathered to:

- 1) Provide us with background information to determine participants' expedition appropriateness based on their physical fitness and emotional well-being.
- 2) Provide information 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.

Please keep a copy of the completed forms for your records. Any changes should be provided to the admissions staff before the participant's expedition start date.

- A. Essential Eligibility Criteria & signature page - signatures required
- B. Insurance Information & Treatment Release - signature required
- C. Current Medical Information
- D. Medical History
- E. Parent Questionnaire
- F. Student Questionnaire (to be completed by the student)-signature required
- G. Participant Agreement, Release, and Acknowledgment of Risk-signatures required
- H. Permission to Dispense Medication Form-signature required
- I. Physician's Form (complete for courses longer than 1 week)-signature required

### **2. Return the completed, signed packet to:**

**BOLD/GOLD**

**YMCA of the Northshore**  
***Salem YMCA***

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

Keep the EEC for future reference and only turn in the EEC Agreement to Compliance signature page.

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

**PART I: General EEC**

Each participant must:

1. Have the ability to follow verbal and/or visual instruction independently.
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.
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 week 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. The remoteness is such that it may require a minimum 1 day's travel, but perhaps in excess of 3 days travel to reach the nearest trailhead and advanced medical care.
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 one mile to more than ten miles with possible elevation gain in excess of, but not limited to 5000 feet in one day.
14. Travel duration can range from less than one hour to more than 10 hours in one day and occur on successive days.
15. Be able to wear and commit to wearing the required safety equipment.
16. Possess the strength, fitness, balance and agility to accomplish the above tasks.

**PART II: EEC for Specific Activities**

The following section describes EEC specific to the various expedition types and activities. All participants must satisfy the EEC listed in Part I and the EEC below that are specific to the expedition elements they are considering.

**Wilderness Backpacking**

The EEC Part 1 requirements apply to wilderness backpacking with the addition of:

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***Salem YMCA***

1. 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.)
2. Have the ability to use a third point of contact by supporting yourself with hands and feet for balance, by holding a trekking pole/stick, or by holding onto another person for travel through rivers and while ascending or descending slopes.
3. Possess the strength, fitness, balance and agility to accomplish the above tasks.

### **Rock Climbing**

The EEC Part 1 requirements apply to rock climbing with the addition of:

1. Be able to learn and reliably provide a safe belay to a climber by applying and releasing friction to the rope using an ATC or Gri-Gri belay device.
2. Be able to wear climbing safety equipment such as a helmet and harness.
3. Be able to learn to tie into a harness using a figure eight knot with follow through.
4. Be able to learn and effectively communicate climbing signals which may include hand signals, verbal signals or a rope tug system.
5. Grip a rope firmly, grasp the rock face, and move upwards, downwards and/or sideways on a climb.
6. Pay close attention while climbing and while others are climbing for up to 45 minutes.
7. Possess the strength, fitness, balance and agility to accomplish the above tasks.

### **Mountaineering**

The EEC Part 1, rock climbing and wilderness backpacking requirements apply to mountaineering with the addition of:

1. Be able to communicate clearly over a distance of up to 200 feet without the assistance of another person when participating in multi-pitch alpine mountaineering or during glacier travel.
2. With instruction from staff be able to perform a self-arrest with/without an ice axe if traveling on snow or glaciers.
3. Be able to wear and understand the use of safety equipment including helmet, harness, crampons, ice axe and sunglasses.
4. Willing to participate as a part of a rope team.
5. Withstand cold temperatures which may be 20 degrees or lower.
6. Dress appropriately.
7. Possess the strength, fitness, balance and agility to accomplish the above tasks.

### **Sea Kayaking**

The EEC Part 1 and wilderness backpacking requirements apply to sea kayaking with the addition of:

1. Be able to remain seated and balanced in a floating kayak.
2. Be able to swim or be comfortable in the water, while wearing a personal flotation device (PFD)
3. Be able to maintain a closed mouth / lips and hold breath while under water.
4. Be able to enter and exit kayak unassisted including while in moving water.
5. Be able to paddle without assistance in order to move a boat.
6. Identify, make progress to and ascend the shoreline, in moving water.
7. Be able to understand and respond to commands given by boat partner or be able to communicate commands to boat partner.
8. Be able to steer boat away from obstacles.
9. Be able, in the event of an unexpected capsize, to independently demonstrate the ability to self-right self from face down to face up position while wearing the appropriate PFD.
10. Possess the strength, fitness, balance and agility to accomplish the above tasks.

### **River Rafting**

The EEC requirements for wilderness backpacking/hiking courses apply to river rafting with the addition of:

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1. Be able to enter and exit a boat including pulling self up without assistance.
2. Be able to respond to verbal and/or visual commands.
3. Be able to paddle as part of a team.
4. Be able to swim or be comfortable in the water, including fast moving water, while wearing a personal flotation device (PFD).
5. Be able to maintain a closed mouth / lips and hold breath while under water.
6. Be able, in the event of an unexpected capsize, to independently demonstrate the ability to self-right self from face down to face up position while wearing the appropriate personal floatation device (PFD).
7. Possess the strength, fitness, balance and agility to accomplish the above tasks.

**Winter Snowshoeing**

The EEC requirements for wilderness backpacking/hiking courses apply to winter snowshoeing with the addition of:

1. Be able to put on own snowshoes.
2. Be able to walk on uneven terrain.
3. Be able to respond to verbal and/or visual commands
4. Be able to withstand cold temperatures which may be 20 degrees or lower.
5. Be willing to dress appropriately.
6. Possess the strength, fitness, balance and agility to accomplish the above tasks.

**EEC AGREEMENT TO COMPLIANCE**  
*Turn in this page with your completed packet.*

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***Salem YMCA***

**Participant**

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

**Program:** \_\_\_\_\_

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.*

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**Signature of Participant**

**Date**

---

Print Participant Name

---

**Signature of Parent/Guardian**

**Date**

---

Print Parent/Guardian Name

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**Salem YMCA**

**Participant**

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

**Program:** \_\_\_\_\_

Participant Name: \_\_\_\_\_  
Last First M. I.

Gender: Female ☐ Male ☐ Transgender ☐

Home Address: \_\_\_\_\_  
Street address City State Zip

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Height \_\_\_\_ Weight \_\_\_\_ Shoe Size \_\_\_\_ Waist \_\_\_\_ Inseam \_\_\_\_

Custodial Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell Phone/Pager: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(If different from above) Street address City State Zip

Business address: \_\_\_\_\_  
Street address City State Zip Phone: \_\_\_\_\_

Cell Phone/Pager: \_\_\_\_\_ Email: \_\_\_\_\_

Best time to reach you: \_\_\_\_\_

Second Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street address City State Zip

Cell Phone/Pager: \_\_\_\_\_ Email: \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell Phone/Pager: \_\_\_\_\_ Emails: \_\_\_\_\_

Will you be at the above numbers during the course? \_\_\_\_YES \_\_\_\_NO

If no, please give an alternate way of reaching you: \_\_\_\_\_

Emergency Contact : If not available in an emergency, notify:

Name: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street address City State Zip

**INSURANCE INFORMATION**

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

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

If so, indicate carrier or plan name: \_\_\_\_\_ Group #: \_\_\_\_\_

Carrier Address: \_\_\_\_\_

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

Insurance ID # or Social Security Number of Policy Holder: \_\_\_\_\_

Name of Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Family Dentist/orthodontist: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Parent/Legal Guardian Authorization** This health history is correct so far as I know, and my child has permission to engage in all prescribed outdoor activities as noted by me and/or the examining physician.

I hereby give permission to medical personnel selected by 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 medical personnel selected by the program staff to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for the participant as named above. This form may be photocopied for use while out on an expedition.

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

Date \_\_\_\_\_

**YMCA of the Northshore**  
**Salem YMCA**  
**C. Current Medical Information Form**

**Participant**  
**Name:** \_\_\_\_\_  
**Program:** \_\_\_\_\_

**CURRENT MEDICAL CONDITIONS** (list) - chronic and long-term illness, rashes, seizures, etc..


**ALLERGIES** *List all known.*      *Describe reaction and management of the reaction.*

1. Medication allergies (list)


2. Food allergies (list)


3. Other allergies (list) - include insect stings, hay fever, asthma, animal dander, etc.


4. Participant carries an epi-pen?    ☐ YES    ☐ NO

5. Does participant use an inhaler?    ☐ YES    ☐ NO  
    ☐                    ☐

**MEDICATIONS** *Be sure to complete and sign the Permission to Dispense Medications Form I. found in this packet.*

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time while on course. Keep it 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 administration.

1. ☐ The participant takes NO medications on a routine basis.

2. ☐ The Participant takes medications as follows (**please specify if this is for a life-threatening condition**) :

Med #1 and reason for taking: \_\_\_\_\_

Med #2 and reason for taking: \_\_\_\_\_

Med #3 and reason for taking: \_\_\_\_\_

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

ii. Does the participant know the scheduled time for taking medication?    ☐ YES    ☐ NO

iii. Participant willingly takes their medication?    ☐ YES    ☐ NO If not, what do you suggest? \_\_\_\_\_

iv. Has the participant ever refused to take medications?    ☐ YES    ☐ NO If yes, what were the effects of this? \_\_\_\_\_

3. Identify any medications taken during the school year that participant does/may not take during the summer:

\_\_\_\_\_

4. Be sure to complete and sign the Permission to Dispense Medications Form I. found in this packet.

**IMPORTANT:** *Please notify program staff if the participant is exposed to any communicable diseases during the three weeks prior to the course.*

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## Participant

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

Program: \_\_\_\_\_

### IMMUNIZATION

Which of the following has the participant had?

- ☐ Measles  
☐ Chicken Pox  
☐ German Measles
- ☐ Mumps  
☐ Hepatitis  
☐ Varicella Zoster (Shingles)

Please give the date for last immunization for:

Date	Vaccine	Date	Vaccine
_____	DTP	_____	Polio
_____	TD (tetanus/diphtheria)	_____	Measles (hard or red measles or rubeola)
_____	Tetanus	_____	Haemophilus Influenza B
_____	Date of last TB Mantoux test	_____	

### HEALTH HISTORY

Has/does the participant:

- |  | YES                      | NO                       |   | YES                      | NO                       |
|--|--------------------------|--------------------------|---|--------------------------|--------------------------|
| 1. Had any recent injury, illness, or infectious disease?..... | <input type="checkbox"/> | <input type="checkbox"/> | 17. Ever had problems with joints (e.g., knees, ankles)?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have a chronic or recurring illness/condition?.....         | <input type="checkbox"/> | <input type="checkbox"/> | 18. Use an orthodontic appliance?.....                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Ever been hospitalized?.....                                | <input type="checkbox"/> | <input type="checkbox"/> | 19. Have any skin problems (e.g., itching, rash, acne)?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Ever had surgery?.....                                      | <input type="checkbox"/> | <input type="checkbox"/> | 20. Have diabetes?.....                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have frequent headaches?.....                               | <input type="checkbox"/> | <input type="checkbox"/> | 21. Have asthma?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Ever had a head injury?.....                                | <input type="checkbox"/> | <input type="checkbox"/> | 22. Had mononucleosis in the past 12 months?.....             | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Ever been knocked unconscious?.....                         | <input type="checkbox"/> | <input type="checkbox"/> | 23. Had problems with diarrhea or constipation?.....          | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Wear glasses, contacts, or protective eyewear?.....         | <input type="checkbox"/> | <input type="checkbox"/> | 24. Have problems with sleepwalking?.....                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Ever had frequent ear infections?.....                      | <input type="checkbox"/> | <input type="checkbox"/> | 25. If female, have begun menstruating ?.....                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Ever passed out during or after exercise?.....             | <input type="checkbox"/> | <input type="checkbox"/> | 26. If female, have an abnormal menstrual history?.....       | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Ever been dizzy during or after exercise?.....             | <input type="checkbox"/> | <input type="checkbox"/> | 27. Have a history of bed-wetting?.....                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Ever had seizures?.....                                    | <input type="checkbox"/> | <input type="checkbox"/> | 28. Have an eating disorder?.....                             | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Ever had chest pain during or after exercise?.....         | <input type="checkbox"/> | <input type="checkbox"/> | 29. Sought professional help for an emotional issue?.....     | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Ever had high blood pressure?.....                         | <input type="checkbox"/> | <input type="checkbox"/> | 30. Have any Dietary restrictions?.....                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Ever been diagnosed with a heart murmur?.....              | <input type="checkbox"/> | <input type="checkbox"/> |   |                          |                          |
| 16. Ever had back prob-  | <input type="checkbox"/> | <input type="checkbox"/> |   |                          |                          |

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

### BEHAVIORIAL HISTORY

Has/Does the participant have a history of:

- |   | YES                      | NO                       |                                       | YES                      | NO                       |
|---|--------------------------|--------------------------|---------------------------------------|--------------------------|--------------------------|
| 1. ADHD?.....   | <input type="checkbox"/> | <input type="checkbox"/> | 9. Conduct disorders?.....            | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Severe <input type="checkbox"/> Moderate |                          |                          |                                       |                          |                          |
| 2. Bi-      Po-   | <input type="checkbox"/> | <input type="checkbox"/> |                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| lar?.....   | <input type="checkbox"/> | <input type="checkbox"/> |                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. <input type="checkbox"/> Depres-                               | <input type="checkbox"/> | <input type="checkbox"/> |                                       |                          |                          |
| sion?.....  | <input type="checkbox"/> | <input type="checkbox"/> | 10. Abuse issues?.....                |                          |                          |
| Severe   Moderate   |                          |                          | Physical   Emotional   Sexual         |                          |                          |
| 4. Obsessive/compulsive behavior?.....                            | <input type="checkbox"/> | <input type="checkbox"/> | 11. Running away?.....                |                          |                          |
| 5. Aggression towards others?.....                                | <input type="checkbox"/> | <input type="checkbox"/> | 12. Eating disorders?.....            |                          |                          |
| 6. Aggression towards self?.....                                  | <input type="checkbox"/> | <input type="checkbox"/> | Anorexia      Bulimia      Overeating |                          |                          |
| 7. Reactive attachments?.....                                     | <input type="checkbox"/> | <input type="checkbox"/> |                                       |                          |                          |
| 8. Anxiety disorders?.....  | <input type="checkbox"/> | <input type="checkbox"/> |                                       |                          |                          |

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



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**Participant**

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

**Program:** \_\_\_\_\_

**COUNSELING HISTORY**

Has participant been in counseling with a psychiatrist, psychologist 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 ☐ 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: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

**PARENT QUESTIONNAIRE**

- What is the participant's physical activity level? (Scale: 1 Not Active—5 Very Active ) 1 2 3 4 5
- What is the participant's comfort with prolonged physical activity? (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?
  
- What are you hoping the participant gains from this experience?
  
  
- How does the participant deal with stress? What do they need?
  
  
- Tell us about the participant's emotional strengths & challenges.
  
  
- Are there special family or personal considerations which may affect the participant's experience?
  
  
- Has the participant been dealing with any issues during the past school year?
  
  
- Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary)

**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 of. You may call us at 978.740.9622 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.

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***Salem YMCA***

**F. Student Questionnaire**

**Participant**

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

**Program:**

## **Outdoor Leadership Development Student Questionnaire**

This questionnaire is to be completed by the participant and helps us get to know you and plan your experience.

**Why do you want to come on this adventure?**

**Please list four words you would use to describe yourself.**

•

\_\_\_\_\_

•

\_\_\_\_\_

•

\_\_\_\_\_

•

\_\_\_\_\_

**In what ways do you like to be creative?**

**What are some of your hobbies and interests?**

**What does courage mean to you?**

**Give an example of how you have shown courage in your life. (i.e. an obstacle you overcame, a situation at school, etc.)**

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

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Salem YMCA**

**Participant**

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

**What do you hope to gain from this experience?**

**What is one thing you are nervous about or afraid of when you think about going on this adventure?**  
Please feel free to call us if you want to talk about it. 978.740.9622

**How did you learn about this course? Is this your decision to go?**

**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**

**Is there anything else you want to tell us or ask us?**

**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**



## Northshore YMCA Outdoor Leadership Programs BOLD & GOLD

In consideration of the services of the YMCA of the Northshore 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 reasonable 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. The following describes some, but not all, of those risks.

Risks of my 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 participate, and I elect to 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 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

## **Participant Agreement, Release, and Acknowledgment of Risk- Continued**

### **To be completed for participants under the age of 18 yrs.**

I have read the Acknowledgment of Risks statement on the reverse side of the form 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 hereby represent that the minor is in good health, that there are no special problems associated with the care of the minor, and that I have adequately informed YMCA personnel of any special instructions regarding the minor. I certify that I have adequate insurance to cover any injury or damage the minor may suffer while participating, or else I agree to bear the cost of such injury or damage myself. The YMCA does not provide any accident or health coverage for its participants.

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 relieve the YMCA from any liabilities, known or unknown, arising out of the use of this material.

I understand that the YMCA staff will encourage my child to set his/her own touching and personal space limits, without endangering him/herself or their peers. 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 program activities, I hereby agree to release the YMCA of the Northshore ("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

**YMCA of the Northshore  
Salem YMCA**  
**H. Permission to Dispense Medication Form**

**Participant**

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

**Program:** \_\_\_\_\_

**Do we have your permission to give the participant the following:**

Sunscreen 15 sun block	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vitamins (may be in powder form to flavor water)	<input type="checkbox"/> Yes <input type="checkbox"/> No
1% Hydrocortisone cream	<input type="checkbox"/> Yes <input type="checkbox"/> No	Topical Ointment (triple antibiotic)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tylenol (Acetaminophen)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Advil (Ibuprofen)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tums (Antacid)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mylanta / Maalox (Antacid)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cough Drops/Throat Lozenges	<input type="checkbox"/> Yes <input type="checkbox"/> No	Benadryl (Antihistamine)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Epinephrine for emergency purposes where anaphylaxis may occur			<input type="checkbox"/> Yes <input type="checkbox"/> No

**MEDICATION INFORMATION**

List **ALL** medications (including over-the-counter or nonprescription drugs) taken routinely or in the case of an emergency. Attach additional pages if necessary. When packing medication be sure to:

- Provide enough medication to last the entire expedition.
- Keep it 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 administration.
- Place all medication in a Ziploc bag labeled with the participant's name.
- Please specify if this is for a life-threatening condition.

**Medication #1** \_\_\_\_\_

Dosage \_\_\_\_\_ How long have they been on this dosage? \_\_\_\_\_

Specific times taken each day \_\_\_\_\_

Reason for taking \_\_\_\_\_

**Medication #2** \_\_\_\_\_

Dosage \_\_\_\_\_ How long have they been on this dosage? \_\_\_\_\_

Specific times taken each day \_\_\_\_\_

Reason for taking \_\_\_\_\_

**Medication #3** \_\_\_\_\_

Dosage \_\_\_\_\_ How long have they been on this dosage? \_\_\_\_\_

Specific times taken each day \_\_\_\_\_

Reason for taking \_\_\_\_\_

I give permission for emergency administration of epinephrine when YMCA staff determine anaphylaxis may occur. I give permission for the YMCA staff (trained as a Wilderness First Responder or in Wilderness First Aid) to administer the over-the-counter medications as indicated above and, if applicable, the routinely taken medications indicated on this form (and listed on additional pages if used). I understand that if the medication we provide is not in its original container my child will not be able to receive this medication. I also understand that the directions I write on this form for the medication we provide must match the dosage listed on the pharmacy label.

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

Date \_\_\_\_\_

**YMCA of the Northshore  
Salem YMCA**

**Participant**

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

**Program:**

**THIS FORM IS REQUIRED**

**INFORMATION FOR THE MEDICAL PROFESSIONAL:**

YMCA BOLD and GOLD Programs consist of spending 7-10 consecutive days outdoors hiking, backpacking, sea kayaking/river rafting, and/or rock climbing in a variety of uneven and challenging terrain. The course is designed with 13 - 18 year old youth in mind. We need your help in screening, as we believe a thorough medical review will help to avoid any serious medical events. Given that we may be in remote wilderness areas, an evacuation to advanced medical facilities may take more than 24 hours.

Please review and fill out the following section and **let us know of any possible clues of potential problems that may need further evaluation.**

If you have questions feel free to contact us:

BOLD/GOLD Admissions — 978.599.3016 — towera@northshoreymca.org

Thank You

**Vital Signs and Statistics:**

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Blood Pressure BP:** \_\_\_\_/\_\_\_\_

**Height:** \_\_\_\_\_

**Date taken:** \_\_\_\_\_

**Weight:** \_\_\_\_\_

**Pulse:** \_\_\_\_\_

**Last Tetanus Inoculation:** \_\_\_\_\_

**Date of second MMR:** \_\_\_\_\_

**On the basis of the information provided about our courses and your examination, do you feel this individual is able to participate in our program?**

☐ **Yes**   ☐ **No**

**General comments and concerns:**

**This health history is correct and not falsified to the best of my knowledge.**

**Physician, Nurse, or PA Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_