



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

YMCA Blue Ridge - BOLD/GOLD Outdoor Leadership Development Admissions Packet

Please return to YMCA Blue Ridge Assembly

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

YMCA Blue Ridge Assembly

BOLD/GOLD Expedition Participant Essential Eligibility Criteria (EEC)

Keep the ECC for future reference and only turn in the ECC 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 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. 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.

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Wilderness Backpacking

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

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/or 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.

River Rafting

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

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 capsized, to independently demonstrate the ability to self-right self from face down to face up position while wearing the appropriate personal flotation device (PFD).
7. Possess the strength, fitness, balance and agility to accomplish the above tasks.

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Participant Name: _____

Program: _____

EEC AGREEMENT TO COMPLIANCE

Turn in this page with your completed packet.

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.

Signature of Participant

Date

Print Participant Name

Signature of Parent/Guardian

Date

Print Parent/Guardian Name

**YMCA Blue Ridge
Assembly**

Participant Name: _____

Program: _____

Participant Name: _____ Gender: Female ☐ Male ☐
Last First M. I.

Home Address: _____
Street address City State Zip

Birth Date ____/____/____ Age ____ Height ____ Weight ____ Shoe Size ____ Waist ____ Inseam ____

Custodial Parent/Guardian: _____ Phone: _____

Cell Phone: _____ Email: _____

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

Business address: _____ Phone: _____
Street address City State Zip

Cell Phone/Pager: _____ Email: _____

Best time to reach you: _____

Second Parent/Guardian: _____ Phone: _____

Address: _____
Street address City State Zip

Cell Phone: _____ Email: _____

Business Address: _____ Phone: _____

Cell Phone: _____ 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 above mentioned Parent/Guardian is 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 Blue Ridge Assembly 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 Blue Ridge
Assembly**

Participant Name: _____

Program: _____

Current Medical Information Form

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?

Please give the date for last immunization for:

- ☐ Measles
☐ Chicken Pox
☐ German Measles

- ☐ Mumps
☐ Hepatitis
☐ Varicella Zoster
(Shingles)

Date

Vaccine

Date

Vaccine

DTP
TD (tetanus/diphtheria)
Tetanus
Date of last TB Mantoux test

Polio
Measles (hard or red measles
or rubeola)
Haemophilus Influenza B

HEALTH HISTORY

Has/does the participant:

YES NO

1. Had any recent injury, illness, or infectious disease?..... ☐ YES ☐ NO
2. Have a chronic or recurring illness/condition?..... ☐ YES ☐ NO
3. Ever been hospitalized?..... ☐ YES ☐ NO
4. Ever had surgery?..... ☐ YES ☐ NO
5. Have frequent headaches?..... ☐ YES ☐ NO
6. Ever had a head injury?..... ☐ YES ☐ NO
7. Ever been knocked unconscious?..... ☐ YES ☐ NO
8. Wear glasses, contacts, or protective eyewear?..... ☐ YES ☐ NO
9. Ever had frequent ear infections?..... ☐ YES ☐ NO
10. Ever passed out during or after exercise?..... ☐ YES ☐ NO
11. Ever been dizzy during or after exercise?..... ☐ YES ☐ NO
12. Ever had seizures?..... ☐ YES ☐ NO
13. Ever had chest pain during or after exercise?..... ☐ YES ☐ NO
14. Ever had high blood pressure?..... ☐ YES ☐ NO
15. Ever been diagnosed with a heart murmur?..... ☐ YES ☐ NO

YES NO

16. Ever had back problems?..... ☐ YES ☐ NO
17. Ever had problems with joints (e.g., knees, ankles)?..... ☐ YES ☐ NO
18. Use an orthodontic appliance?..... ☐ YES ☐ NO
19. Have any skin problems (e.g., itching, rash, acne)?..... ☐ YES ☐ NO
20. Have diabetes?..... ☐ YES ☐ NO
21. Have asthma?..... ☐ YES ☐ NO
22. Had mononucleosis in the past 12 months?..... ☐ YES ☐ NO
23. Had problems with diarrhea or constipation?..... ☐ YES ☐ NO
24. Have problems with sleepwalking?..... ☐ YES ☐ NO
25. If female, have begun menstruating ?..... ☐ YES ☐ NO
26. If female, have an abnormal menstrual history?..... ☐ YES ☐ NO
27. Have a history of bed-wetting?..... ☐ YES ☐ NO
28. Have an eating disorder?..... ☐ YES ☐ NO
29. Sought professional help for an emotional issue?..... ☐ YES ☐ NO
30. Have any Dietary restrictions?..... ☐ YES ☐ NO

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

BEHAVIORAL HISTORY

Has/Does the participant have a history of:

YES NO

1. ADHD?..... ☐ YES ☐ NO
☐ Severe ☐ Moderate
2. Bi-Polar?..... ☐ YES ☐ NO
3. Depression?..... ☐ YES ☐ NO
☐ Severe ☐ Moderate
4. Obsessive/compulsive behavior?..... ☐ YES ☐ NO
5. Aggression towards others?..... ☐ YES ☐ NO
6. Aggression towards self?..... ☐ YES ☐ NO
7. Reactive attachments?..... ☐ YES ☐ NO
8. Anxiety disorders?..... ☐ YES ☐ NO
9. Conduct disorders?..... ☐ YES ☐ NO

10. Abuse issues?..... ☐ YES ☐ NO
☐ Physical ☐ Emotional ☐ Sexual
11. Running away?..... ☐ YES ☐ NO
12. Eating disorders?..... ☐ YES ☐ NO
☐ Anorexia ☐ Bulimia ☐ Overeating

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

**YMCA Blue Ridge
Assembly**

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 828.210.8483 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.

**YMCA Blue Ridge
Assembly**

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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Assembly**

Participant Name: _____

Program: _____

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. 828.210.8456

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

**YMCA Blue Ridge
Assembly**

Participant Name: _____

Program: _____

Permission to Dispense Medication Form

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 ☐Yes ☐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.