



P.O Box 697
Breckenridge, CO 80424
(970) 453-6422
Fax (970) 453-4676
E-mail: boec@boec.org

Dear Student, Parents or Guardians,

Enclosed is the Breckenridge Outdoor Education Center's (BOEC) application for **Adult and Youth Adventure Programs**. The Application Packet includes two sections, one that is filled out and returned to the BOEC and one that you should keep for informational purposes. They are as follows:

Return to BOEC

- Student Application
- Supplemental Application
- Acknowledgement of Risk and Liability
- Blue River Rental Form

Keep for your records

- Course Fact Sheet
- Cover Letter and Guidelines for Admission
- Packing and Supply list
- Map to BOEC

The BOEC reserves the right to screen all applicants. Please take the time to fill out the paperwork as accurately and completely as possible. We will fill the spaces based on the order in which we receive applications/payments and appropriateness for the applicant to participate in the course.

A \$50 deposit reserves your space and is due, with your completed application and registration form, one month prior to your course start. Spaces are reserved on a first come first serve basis. **Please indicate the course title and dates at the top of the *Student Application* and on all check(s) or payments.**

The scholarship application included in the application packet is for individuals who cannot afford to pay the full course tuition. Funds are limited and based on individual need. Please follow the instructions provided. Students receiving an award may be requested to write an additional letter during the program.

The BOEC encourages students to be covered by a personal medical insurance policy. Lack of insurance is not grounds for exclusion from a BOEC program. **Please note: If medical care for any reason is required during a BOEC course, the student's personal health insurance will be primary.**

Send Completed Packet: BOEC, Attn: Wilderness Program • PO Box 697 • Breckenridge • CO • 80424

Questions? Contact BOEC at (800) 383-2632 (ext 16) or email: wildassist@boec.org.

Sincerely,

Doug Sandok
Wilderness Program Director

BRECKENRIDGE OUTDOOR EDUCATION CENTER
ADULT AND YOUTH ADVENTURE PROGRAMS
GUIDELINES FOR ADMISSION

The BOEC is committed to providing quality outdoor education to people of all abilities. Within this framework there are physical and legal guidelines the BOEC must follow to ensure the best experience for its students while remaining within the “standards of the industry.” The following guidelines are presented as an aid in determining the appropriateness of a prospective BOEC student.

Prospective students interested in BOEC Adventure Programs must consider that these programs are designed as adventure based education. Challenges will be presented due to the fact that the format is adventure based. Adventure is understood to contain elements of unpredictability and require effort. It does not translate into ease and comfort at every turn. These courses will be challenging both physically and mentally while remaining true to the BOEC’s stated agendas of; safety first and challenge by choice.

MEDICATION:

The BOEC does not administer medication to its students. We will assist with storage, prompting and counting of routine oral medication only. Routine oral medication is defined as any oral medication that the student has been taking long enough for dosage stabilization and side effect identification. BOEC will not alter any oral medication (E.G.: cut, break or crush pills). Prospective students requiring help with their medications must provide a care provider who will be responsible for the student’s medication.

PERSONAL CARE:

Potential students on BOEC courses must be able to perform the following tasks or be accompanied by a personal care provider (supplied by the student): **Dress and eat without assistance, perform all aspects of personal hygiene (toileting, meds, washing, teeth, etc.).** Note: A “personal care provider” is defined as a person who accompanies a student on the program and assists the student with all necessary daily living skills. Personal care providers are supplied **by the student** at a reduced tuition rate.

MOBILITY:

BOEC Youth/Adult Adventure Programs are designed for people of all abilities. Programs have varying levels of challenge and commitment; program planning will take into consideration aspects such as mobility and fatigue challenges on an individual level. Students interested in water based programs must be able to wear a personal flotation device (PFD). Some prospective students may be unable to fit into a BOEC supplied PFD. Federal and state laws require that PFD’s be worn on BOEC’s water trips.

Any student on a BOEC program must be able to perform the following tasks or be accompanied by a personal care provider to be supplied by the student: **Sit up from a supine position on the ground, move from a sitting position on the ground to a chair if one is needed and transfer unassisted.**

BEHAVIOR:

The BOEC requires that all students be voluntarily involved in our programs. Individuals who exhibit self-destructive or abusive behaviors should carefully consider the appropriateness of a BOEC program. All students must be willing and able to follow directions. Those requiring constant supervision must provide and be accompanied by a personal care provider, at their cost. The BOEC reserves the right to screen all applicants for their appropriateness on our programs.

*BRECKENRIDGE OUTDOOR EDUCATION CENTER
PARTICIPANT APPLICATION
FOR ALL BOEC PROGRAMS*

The following information assists the BOEC in maintaining a risk-managed environment. Please complete this form as accurately and truthfully as possible. This information will be confidential.

Course/Group Name _____ Course Dates _____

PERSONAL INFORMATION - Participant (Please print legibly)

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone (home) _____ Phone (work) _____

Phone (cell) _____

Email Address _____ Age _____ Birth date _____ Gender _____

Dietary Restrictions: _____

Ethnic Origin: (This section is optional. We gather this information to gauge our effectiveness in reaching a diverse clientele. Please check appropriate box.)

| | | | |
|------------------|--------------------------|-----------------|--------------------------|
| African American | <input type="checkbox"/> | Hispanic | <input type="checkbox"/> |
| Asian American | <input type="checkbox"/> | Native American | <input type="checkbox"/> |
| Caucasian | <input type="checkbox"/> | Other | <input type="checkbox"/> |

EMERGENCY CONTACT:

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Phone (home) _____ Phone (work) _____

Phone (cell) _____

INSURANCE INFORMATION

Is the applicant covered by any medical care policy? (Circle answer) YES NO

Medical Insurance Policy (carrier and type) _____

Policy Number _____

Have you ever attended a BOEC program before? YES NO

WILDERNESS / SKI GROUP INFORMATION - FILL OUT IF YOUR GROUP IS SKIING/RIDING

Would you prefer to: SKI or SNOWBOARD (please circle)

(The BOEC can accommodate snowboarders if/when we have plenty of advanced notice. If you do not turn your completed paperwork on time, we may not be able to accommodate your snowboarding request.)

If you circled skiing, have you skied before? YES NO

If you circled snowboarding, have you boarded before? YES NO

Have you skied/snowboarded with the BOEC before? YES NO

Adaptive Ski Method: Check all that apply: Stand-up Sit-Down Mono-ski Bi-ski

3-Track 4-track Visual Impairment

*******There is a 220 lb weight limit for all students who use sit-down equipment**

BRECKENRIDGE OUTDOOR EDUCATION CENTER
MEDICAL FORM
CONFIDENTIAL MEDICAL HISTORY

Seen & Approved

Please Note:

- All items in each section must be completed. Mark N/A if any item is not applicable to you.
- An incomplete medical form will require written or telephone follow-up. This can jeopardize your acceptance to a BOEC program.
- Please keep a copy of the completed medical form for your records.

PART I: GENERAL INFORMATION

Your place on a BOEC course is confirmed when we receive all required forms, completed and signed, your application has been approved by the BOEC, and your tuition is paid in full. The following information is held in complete confidence and is of critical importance. The Physicians examination must take place within six months prior to your course. We will call you and/or your physician with any questions concerning the information provided to the BOEC or your appropriateness for the course. The BOEC reserves the right to screen all applicants. If we think that you should not participate in a BOEC course, we will refund all tuition payments made to the BOEC. We cannot refund other costs that you incur in preparation for the course.

NAME _____ COURSE APPLYING FOR _____

ADDRESS _____ COURSE START DATE _____

CITY/STATE/ZIP _____

HOME PHONE () _____ BUSINESS PHONE () _____

EMAIL ADDRESS _____ GENDER _____

FAMILY PHYSICIAN _____

PHYSICIAN PHONE () _____ ADDRESS _____

I hereby authorize the above stated physician to release complete information from the medical, social service, and/or psychological record of the above named patient to the Breckenridge Outdoor Education Center.

Applicant's Signature

Date

Parent/Guardian's Signature

Date

Consent is hereby given for the applicant to attend a Breckenridge Outdoor Education Center course. The applicant and/or guardian further acknowledges that all information provided is accurate and agrees to notify the BOEC should there be any change in the health status of the applicant, or information provided.

Applicant's Signature _____ Date _____ Parent/Guardian's Signature _____ Date _____

PART II: APPLICANT MEDICAL HISTORY

A. Personal History

Birth date _____ Age at time of course _____ Height _____ Weight _____

1. Do you use alcohol? _____ If yes, how often? _____
2. Do you use tobacco? _____ If yes, how often? _____
3. Have you been in counseling with a psychologist, psychiatrist or psychotherapist within the last year? YES / NO
4. Are you currently in treatment? (circle answer) YES / NO
5. Reason for treatment _____

PART II: APPLICANT MEDICAL HISTORY (CONTINUED)

A. Personal History (continued)

6. Please contact your therapist and arrange for a release of information so we may contact her/him.

Has this been done? (circle answer) YES / NO

7. Therapist Information:

Name _____ Address _____

City/State/Zip _____ Phone () _____

Email Address _____

B. Conditions and Symptoms – Do or have you experienced any of the following? Check YES or NO for each item.

| | YES | NO | | YES | NO |
|-----------------------------------|-----|----|--|-----|----|
| 1. High Blood Pressure | | | 25. Communicable Disease | | |
| 2. Heart Disease | | | 26. Head Injury | | |
| 3. Heart Murmur | | | 27. Heatstroke | | |
| 4. Family History of Heart Attack | | | 28. Bladder Infection | | |
| 5. Irregular Heartbeat | | | 29. Difficulty Urinating | | |
| 6. Tuberculosis | | | 30. Kidney Problems | | |
| 7. Recent exposure to active TB | | | 31. Thyroid Problems | | |
| 8. Positive TB skin test | | | 32. Endocrine Problems | | |
| 9. Active Hepatitis | | | 33. Hearing Impairment | | |
| 10. History of Hepatitis | | | 34. Vision Impairment | | |
| 11. Bleeding Disorder | | | 35. Motion Sickness | | |
| 12. Asthma | | | 36. Sleep Walking | | |
| 13. Diabetes | | | 37. Broken Bones | | |
| 14. Hypoglycemia | | | 38. Neck Problems | | |
| 15. Anorexia Nervosa | | | 39. Back Problems | | |
| 16. Bulimia | | | 40. Arm or Shoulder Problems | | |
| 17. Cancer | | | 41. Leg, Knee or Ankle Problems | | |
| 18. Skin Problems | | | 42. Foot Problems | | |
| 19. Frostbite | | | 43. Currently Pregnant | | |
| 20. Circulation Problems | | | 44. Special Diet | | |
| 21. Active Bedwetting | | | 45. Learning Disability | | |
| 22. Headaches | | | 46. Anemia, Sickle cell trait or other blood condition | | |
| 23. Stomach Ulcers | | | 47. Medical Equipment Devices | | |
| 24. Intestinal Problems | | | 48. Other | | |

E. Allergies: List all allergies, including any to medications.

| Allergy | Reaction | Medication Required |
|---------|----------|---------------------|
| | | |
| | | |
| | | |

F. Immunization

The BOEC requires a tetanus immunization within 10 years of course start date. Please indicate the date, including the year of student's last tetanus immunization:

The Breckenridge Outdoor Education Center reserves the right to require an exam, by a qualified medical practitioner, for any applicant to a BOEC course.

OUTDOOR ACTIVE CAMP SUPPLEMENTAL INFORMATION

Name _____

1. Date you received the diagnosis of Parkinson's Disease _____

2. Are you currently seeing any of the of the following professionals (check all that apply)

Dates of Contact

Date Last Seen

() physical therapist _____

() occupational therapist _____

() Speech/ language therapist _____

() psychologist, psychiatrist or psychotherapist _____

() other _____

3. How would you describe your present physical ability level as compared to your level prior to the diagnosis of multiple sclerosis?

() unchanged

() slightly changed

() moderately changed

() dramatically changed

4. Please describe the areas in which you feel there have been the most significant changes in your life and lifestyle.

5. Do you consider yourself independent with your personal needs ? () yes () No

6. To maintain or maximize your independence, have you had to make any modifications () yes () no
Please explain your answers to the above to questions

7. What is your primary means of mobility at home?

() ambulation () manual wheelchair () 3-wheeled scooter () power wheelchair

What is your primary means of mobility outside your home (i.e. work and community?)

() ambulation () manual wheelchair () 3-wheeled scooter () power wheelchair

What assistive devices for ambulation do you own?

() none () cane () crutches () walker () gait belt () other

What assistive devices for ambulation do you use on a regular basis?

() none () cane () crutches () walker () gait belt () other

Do you utilize a cooling vest or some other device for temperature regulation?

() yes () no

All assistive devices should be brought with you to the program if possible.

8. Are you able to negotiate stairs without physical assistance?

- () yes
- () yes but only if railings are present
- () yes but with use of a cane or crutches
- () no

9. For which of the activities listed below do you require physical assistance from another person?

- () transfers
- () personal care (includes: dressing, showering, toileting)
- () bathing
- () dressing
- () walking

10. Please check all of the following statements that you feel apply to at this time.

- () Sometimes I have trouble swallowing or I choke on () foods () liquids
- () I seem to have a difficult time with concentration
- () I seem to have trouble remembering what I hear, especially if it is fast and long
- () I have greater trouble organizing my thoughts and solving problems than I have had in the past

11. What are your personal reasons for wanting to participate in the Outdoor Adventure Camp? Please be specific

Signature _____ Date _____

BRECKENRIDGE OUTDOOR EDUCATION CENTER
REGISTRATION FORM
SIGN ME UP!!

Registration: A \$ 50 deposit will reserve your space. Deposits may be made by check or credit card. Please complete the registration form below and mail it, along with your deposit and completed application, attention **Bob Bond, BOEC, P.O. Box 697, Breckenridge, CO 80424**. All applications and deposits are due 1 month prior to the first day of the course. Remaining course fees are due in full 2 weeks prior to the first day of the course. Spaces are reserved on a first come first serve basis.

Cancellations and Refunds: Full refunds, less 10% of amount received, will be made for cancellations 30 days or more prior to the course start date. A 50 % refund will be made 20-29 days prior to departure. No refunds will be made 19 days or less prior to departure. The BOEC reserves the right to cancel any trip or modify an itinerary due to weather, equipment failure, under-enrollment, or any unforeseen problem. In the event of cancellation by the BOEC, a full refund will be granted.

Other Important Policies: The BOEC reserves the right to screen applicants based on ability, trip safety, and group cohesiveness. For the enjoyment and safety of all students, no alcohol or drugs are permitted. Tobacco products are discouraged.

PLEASE DETACH & SEND IN PORTION BELOW WITH DEPOSIT & COMPLETED APPLICATION

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BOEC REGISTRATION and INTENDED PAYMENTS

Name _____ Male [] Female [] Date of Birth ___/___/___

Address _____ Email Address _____

City _____ State _____ Zip _____

Form of payment: Visa [] Mastercard [] c.c. # _____ Exp. Date _____

Name on card _____ Signature _____

Check/money order enclosed [] **Make checks payable to the BOEC & indicate the course name on check**

Desired Course Name: _____ Dates: _____

Intended Payments

Deposit Amount (minimum \$50): \$ _____ Date: _____

Payment #1 Amount: _____ Date: _____

Payment #2 Amount: _____ Date: _____

Payment from other funding source: \$ _____ Funding Source Name: _____

Payment from other funding source: \$ _____ Funding Source Name: _____

