



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 **Wilderness 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
- Acknowledgment of Risk
- Blue River Ski 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.

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 (970) 453-6422 ext 105 or email: wildassist@boec.org .

Sincerely,

Claire DiCola
Wilderness Admissions Director

BRECKENRIDGE OUTDOOR EDUCATION CENTER ADULT AND YOUTH ADVENTURE PROGRAMS

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; therefore program planning will take into consideration aspects such as mobility and fatigue challenges on an individual level. Students interested 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. Guardians for or 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
SUMMER STUDENT APPLICATION

Name: _____ Today's Date ____/____/____

Course Applying For: _____

Have you ever attended a BOEC program before? **Yes** or **No**

The Breckenridge Outdoor Education Center is committed to offering quality outdoor education to people of all abilities. Your course may include individuals with varying abilities, experiences and goals. All prospective students are required to fill out a Student Application. Please take the time to answer all questions as thoroughly as possible. Some questions may not apply to you; simply mark them N/A so we know that you read them.

The BOEC reserves the right to screen all students and may request that you provide a personal caregiver to join the program (please consult *the BOEC's Guidelines for Admission* for specific requirements).

PHOTOGRAPH: Please attach a current photograph of yourself in the space provided. This picture will help the BOEC staff become more acquainted with you prior to your wilderness course.

PARTICIPANT INFORMATION

Name: _____ Birth Date: ____/____/____

Address: _____ Height: _____ Weight: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Gender: _____ Age: _____

Disability/Diagnosis: _____

Date of Diagnosis/Injury: _____

Email : _____

Ethnic Origin: (circle)

African American Asian American Caucasian Hispanic Native American Other: _____

EMERGENCY CONTACT

Name: _____ Relationship to Participant: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: (home) _____

Phone: (cell) _____ Phone: (wk) _____

INSURANCE INFORMATION

For our insurance records, answers to the following questions are required:

Is the applicant covered by a care policy? (circle) YES / NO

Medical Insurance Policy: (carrier and type) _____

Policy Number: _____

Please note: We recommend that all BOEC students be covered by personal health insurance. If medical care for injury, pre-existing condition or any other reason is required during a BOEC course, the student's personal health insurance will be primary.

MOBILITY

Please answer the following questions (circle and explain answers as necessary):

Do you face a mobility challenge? (circle) YES / NO -- please check all that apply

Balance		Dexterity		Use Crutches	
Coordination		Visual Impairment		Use Manual Wheelchair	
Endurance/Fatigue		SCI		Use Cane	
Hemiplegia		Use Power Chair		Prosthetic	
Walk Independently		Use Walker		Other	

What equipment listed above do you use most often? _____

Do you have walking concerns? YES / NO _____

Do you require assistance on uneven, rough terrain? YES / NO _____

How far can you walk before resting? _____

Can you climb up and down stairs independently? YES / NO _____

Can you climb independently into a canoe or raft YES/ NO _____

Do you have a dominant side? LEFT / RIGHT

Please circle best description of your strength:

Strength: Upper Body: Poor Fair Good

Lower Body: Poor Fair Good

Wheelchair users please answer the following (circle where appropriate):

Do you use your chair: All the time Only when fatigued Only outside Only away from home

Do you operate the wheelchair independently? YES / NO

Do you require a mechanical lift to transfer into or out of a 15 passenger van? YES / NO _____

Transfers: No assist Minimal Assist Moderate Assist Total Assist Other: _____

Weight Shifts: YES / NO, required, how often? _____ Assistance/Props: _____

Please describe the functional limitations in your upper body and hands?

List any other adaptive equipment: _____

How has your condition changed or improved since your diagnosis or previous visits to the BOEC?

unchanged slightly changed moderately changed dramatically changed Please describe

the areas in which you feel there have been the most significant changes in your life and

lifestyle. _____

DAILY LIVING SKILLS

Due to the adventure focus of BOEC courses, daily living skills can present a challenge for our students.

Do you need assistance with any of the following? (check all that apply and explain if necessary)

Bathing/washing		
Dressing		
Teeth		
Hair		
Other		

Toileting: No assist Partial Assist Total assist: _____
Bladder needs: None Incontinent Needs Reminders Needs to go very often
Toileting schedule: _____
Other: _____

BEHAVIOR

BOEC courses are conducted in a group setting. Activities are designed to facilitate inclusion, interaction and teamwork.

Will participating in a group of six or more peers present any challenges for you? YES / NO

If yes, please explain: _____

Please rate your short-term memory abilities (circle):

Average mild short-term loss severe short-term loss Extreme short-term memory loss
In a new situation do you: lose belongings get lost easily wander off run away
Do you suffer from PTSD or other emotional disorders? YES / NO _____

Anger issues: None Sometimes Often Severe Cause: _____

What helps you calm down? _____

Frustration: Never Occasionally Often Always Cause: _____

Paranoia: Never Occasionally Often Always Cause: _____

Depression: Never Occasionally Often Always Cause: _____

Other important information: _____

COMMUNICATION

What style/s of communication: Verbal Sign Language Gestures Communication Board

Other: _____

Do you face restrictions in your ability to communicate? YES / NO _____

Can you understand what is said to you? YES / NO _____

Can you express your needs? YES / NO _____

Can you follow verbal directions given to you? YES / NO _____

Describe any difficulties you have expressing your emotional state: _____

Will you respect/follow directions given to you by a BOEC staff member (male or female)? YES / NO

Please explain: _____

DIETARY/EATING

Food on BOEC courses is designed to be wholesome and nutritious. The BOEC will strive to meet all reasonable personal dietary requirements while supplying appropriate food for the entire program. You may be asked to provide specialty foods to supplement the BOEC menu.

Dietary Needs: (circle) Vegetarian / Meat and Veggie Eater Other Restrictions: _____

Food Allergies? YES / NO

explain: _____

Do you need assistance with eating? No Assistance Partial Assistance Total Assistance

Please Explain: _____

SLEEP ROUTINE

Do you require a nap? Never Sometimes Once a day Only when very active Rest only
Do you feel fatigued? Never Not usually Sometimes Usually Severely-all the time
Do you have trouble sleeping? YES / NO (circle below)
If it's noisy I need a light on I need total darkness In new places Other _____
Do you need to be awakened or turned at night? YES / NO _____
What time do you usually go to bed? _____ Wake up? _____

EXPERIENCE

Have you ever participated in a BOEC course? YES / NO Most recent date: _____
Why are you interested in participating in this course? _____

MILITARY SERVICE MEMBER? Yes No If Yes,

Branch: _____ Rank: _____
Is the disability combat or active duty related? Yes No
Where injury occurred: _____

WORK/ EDUCATION

If you are working/volunteering, what type of work are you currently doing?

How many days a week/month? _____

Are you currently attending school or classes? YES / NO
What type of classes are you taking?

What do you like to do for fun? _____

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		

Do you currently or regularly have any of the following symptoms?

	YES	NO		YES	NO
49. Chest Pain/Pressure			55. Heartburn		
50. Heart Palpitations			56. Muscle Cramps		
51. Unexplained Sweating			57. Intolerance of Cold Temps		
52. Frequent Shortness of Breath			58. Intolerance of Warm Temps		
53. Frequent Dizziness			59. PMS or Menstrual Problems		
54. Frequent Fainting			60. Muscle Spasms		

If you answered “YES” to any of the above items, please explain below. Include the following information.

- | | |
|---|--------------------------|
| What specific symptoms are occurring | How often symptoms occur |
| How you care for the symptoms or condition | How long symptoms last |
| How symptoms or condition restricts your activity | Date of last occurrence |

Item #	Detailed Description (Please include any important information. Use extra pages as necessary)

Breckenridge Outdoor Education Center

Acknowledgement of Risk and Release of Liability Form Signatures Required (Both Sides)

We, the staff of Breckenridge Outdoor Education Center (BOEC), look forward to having you, your child or your family member join us for a program experience on the ski slopes, at our Breckenridge campus and/or in one of our "wilderness" venues. On these two pages, you will find important information about BOEC, our activities and the potential risks involved in participation. Please read this information carefully, ask us any questions you might have and do not sign this agreement if you do not want to be exposed to these activities and potential risks!

BOEC is a non-profit organization that has been in operation since 1976, providing outdoor adventure programs for people of all ages and abilities.** We offer activities and programs for groups and individuals throughout the year. BOEC strives to structure its activities to address the specific goals and abilities of its students.

All activities conducted by BOEC are consistent with the standards set out by the Association for Experiential Education (AEE) and the Professional Ski Instructors Association (PSIA). You can be confident in knowing that BOEC is accredited by AEE, an outside, independent organization that has reviewed and approved BOEC's policies, practices and educational components. The AEE only accredits those programs that meet its standards.

Please know that participation in BOEC activities involves risk. These risks will be greater than most people encounter in their daily lives, which is what BOEC is all about. Providing high quality programs in a risk-managed environment is a priority at BOEC, however, we cannot eliminate all risks in adventure activities such as snow skiing or boarding, rafting, rock climbing or most of the activities that we do. These activities can cause injury and even serious injury. As with any outdoor adventure, under rare circumstances, the activity can even result in death.

It is of utmost importance to us that you not engage in activities that are opposed by you, your family, or your doctor due to illness, physical or mental infirmity, or any other health/medical condition that you may have, whether diagnosed or undiagnosed.

To help us try to manage these risks it is very important that all program participants follow all directions given by BOEC staff. Please ask questions whenever a procedure or activity is unclear to you. If a program participant currently is taking prescription medications, including medical marijuana or other alternative therapies, it is imperative that these medications be disclosed in the confidential medical form. Use of or being under the influence of alcohol or judgment affecting drugs while participating in adventure activities is unsafe and strictly prohibited.

We believe that it is in everyone's interest that risks are disclosed, understood, and accepted prior to participation at BOEC. After you have reviewed both sides of this Acknowledgement of Risk and Release of Liability Form and if you understand and agree with its contents, please sign and initial in the designated places on both pages. If you are the parent or legal guardian of a student, again please read both sides of this form and if you both agree and understand their content, place YOUR signature and initials in the designated places on both pages.

If you have any questions or comments about this Release or the level of risk at BOEC, please do not hesitate to contact us. We welcome your questions, suggestions and feedback.

Sincerely,
The BOEC Staff

I have read the above information

Participant or Parent/Guardian

_____ (initial)

** BOEC is not owned or controlled by Breckenridge Ski Resort, Keystone Ski Resort or the Town of Breckenridge.

Emergency Medical Treatment and Photo Release

I Permission to obtain medical treatment on my behalf
(initial)

_____ Agree

I,, or the person for whom I am the legal guardian, hereby give permission for BOEC Program Staff to render first-aid and to seek emergency medical or rescue services as they see fit, and at my cost. (Please note: We recommend that all BOEC participants be covered by personal health insurance. If medical care for injury, pre-existing condition or any other reason is required during a BOEC course, the participant's personal health insurance will be primary).

II. Permission to take and display images
(initial)

_____ Agree

I, or the person for whom I am the legal guardian, hereby give permission to BOEC, and any person designated by BOEC, to make photographs and other recordings of myself, and I consent to publishing and/or displaying of such recordings as BOEC deems fit for the sole purpose of promotion of BOEC.

**Breckenridge Outdoor Education Center
Acknowledgement of Risk and Release of Liability Form
Signatures Required (Both Sides)**

My signature below represents that I, as a participant or as the parent of a minor participant or as the legal guardian of a participant, (hereinafter, collectively, "I") have read and understand the contents of this release. In consideration for being allowed to participate in Breckenridge Outdoor Education Center (BOEC) programs, and related events and activities, or serve as staff or volunteer for the same, I hereby understand and agree to the following:

1. I understand that although BOEC has taken precautions to provide proper organization, supervision, instruction and equipment for each activity, it is impossible for BOEC to guarantee absolute safety.
2. I understand that I share the responsibility for safety during all activities, and I accept that responsibility. I will make my instructors aware of any questions or concerns I might have regarding safety standards, guidelines, procedures and my ability to participate in an activity.
3. I understand that participation in outdoor programs involves risk. The following is a partial list of the potential risks associated with the activities at BOEC. This list does not include all inherent risks but serves to provide examples and promote an understanding of the risks, any of which could result in injury, mental stress, permanent disability, or even death.
 - Complications associated with exposure to weather (including extreme cold, wet or icy conditions, heat, sun, lightning), altitude and physical exertion
 - Perils and hazards arising from unintended contact with others, including participants and members of the general public
 - Perils and hazards arising from unintended contact with both natural features such as rocks, trees, plants and animals, as well as man-made features such as posts and equipment
 - Perils and hazards arising from equipment failure or malfunction
 - Increased risk of harm due to delays in the delivery of emergency medical services in remote locations or due to reasons beyond BOEC's control
4. I understand that in addition to the risks inherent in all activities at BOEC, more specific risks accompany each type of activity. For example, skiing, snowboarding and other snow-based activities expose participants to slips, falls and collisions with trees, obstacles and other parties. Rafting, canoeing, kayaking and other water based activities expose participants to drowning or other complications associated with immersion in water and cold water, falling into water and/or swimming in turbulent water, becoming pinned or entrapped by items or obstacles in/on the water, colliding with rocks, boats and other items in the water, and falling while entering or exiting any boats. Biking, climbing, ropes course and other land based activities expose participants to falls from heights and obstacles, high speeds and sudden stops, trauma resulting from being fully supported in a harness for an extended period, collisions, and opportunities to become lost.
5. I understand that I have the right to inspect the facilities and equipment to be used, and to observe a lesson or program, and that if I believe anything is unsafe, it is my responsibility to immediately advise BOEC staff of such condition and refuse to participate.
6. I assume all the foregoing risks, as well as similar unforeseen risks, and accept personal responsibility for the damages due to such injury, permanent disability or death resulting from participating in any BOEC activity.
7. Should I have a disagreement or dispute with BOEC about this Release, the charges, the activities, any injury I may receive or any other aspect of BOEC, I agree that any action to resolve or redress such disagreement or dispute will be brought in Summit County, Colorado and governed by Colorado law.

I hereby release BOEC, its successors, representatives, assigns, Board of Directors, volunteers, employees, officers and other participants from any and all claims, demands, and causes of action, whether resulting from negligence or otherwise, of every nature and in conjunction with a BOEC activity.

I have read this Agreement, understand its contents, am aware this document has legal consequences and I sign it voluntarily.

PARTICIPANT'S PRINTED NAME

SIGNATURE

DATE

Parent or Legal Guardian (if participant is under 18 years of age or otherwise legally dependent):

I hereby warrant that I have legal authority to act on behalf of my child or ward. I agree to the above terms and conditions for myself and on behalf of my child or ward. I agree to indemnify BOEC for any and all claims brought by or on behalf of the child or ward for whom I sign or for any claim brought by any other person related to the child or ward against BOEC.

PARENT/GUARDIAN'S PRINTED NAME

SIGNATURE

DATE

BRECKENRIDGE OUTDOOR EDUCATION CENTER
REGISTRATION FORM
SIGN ME UP!!

Registration: A \$100 Refundable Deposit will reserve your space for all **Wilderness Adventure Programs**. 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 **Claire DiCola, 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: _____

For more information, contact Claire DiCola @ 1 800.383.BOEC
Fax: 970.453.4676 E-mail: wildassist@boec.org Web: www.boec.org

BRECKENRIDGE OUTDOOR EDUCATION CENTER
SCHOLARSHIP APPLICATION
FOR INDIVIDUALS

In order to be considered for a scholarship by the BOEC, you must:

Complete this application

APPLICANT INFORMATION

Name: _____ Phone: () _____

Name of Student (if different than person filling out application): _____

Address: _____

County: _____

Male Female Single Married Age: _____ Are you a student? Where? _____

Course for which tuition is being requested: _____

Course dates: _____

Employer: _____

Employer's Address: _____ Phone: () _____

ESTIMATE OF NEED

1. \$ _____ Total fee for your course.

2. \$ _____ Maximum amount you can provide toward tuition (including aid from other Sources)

3. \$ _____ Minimum amount you need in financial aid (The BOEC cannot provide a full Scholarship)

QUESTIONS. (please answer the following):

1. What is your (or your family's) annual income?

2. Are you supporting other persons beside yourself? (spouse, children, etc.)

3. Do you currently receive Government Assistance? If so, please describe.

4. Are you a member of PVA/DAV/VA/Other disability organization? Which organization?

5. Why it is important to you to participate in a BOEC course?