



CHALLENGE QUEST 2016

PINE LAKE CHALLENGE COURSE

A Program of Bristol Youth Services



City of Bristol

BRISTOL, CONNECTICUT 06010

Please fill out all five (5) pages and return to Bristol Youth Services * 51 High St., Bristol, CT 06010

I _____ give my child, _____ entering Grade _____
(Parent or guardian) (Child's name)
permission to participate in the **Challenge Quest** Program offered by Bristol Youth Services for *(check one):

- Week One only (8/8/16 - 8/12/16)** -or- **Week One and 4 day Wilderness Trip**
(for high school students only)

Activity: Challenge Quest; Week One
Purpose: Summer Recreation and Positive Youth Development
Location: Pine Lake Challenge Course, 441 Emmett St, Bristol, CT 06010
Days: Monday – Friday **Dates:** August 8-12, 2016 **Time:** 9:00 a.m. -3:00 p.m.
Pick-up/Drop off : _____
 (Locations and times will be determined after enrollment)
Email: _____ **School currently attending** _____

Activity: Challenge Quest; **4 day Wilderness Trip** (for incoming 9th through 12th graders)
Purpose: Summer Recreation and Positive Youth Development
Location: Adventure In Adventure Out (Northwest Massachusetts)
Dates; August 13-16, 2016 (Saturday through Tuesday (4 days/3 nights)
Departure Location: 51 High Street; Bristol, CT, 06010 **Dates:** August 13th **Time:** 7:00 a.m.
Return Location: 51 High Street; Bristol, CT, 06010 **Date:** August 16th **Time:** 6:00 p.m.(estimated)

I agree to allow my child, _____ who resides at _____,
 to be transported by a Youth Services staff member or vendor for those purposes above.
 Parent Name: _____ Phone number: _____
 Parent Email: _____ Emergency Phone: _____
 Parent's Signature: _____ Date: _____

Project Coordinators: **Nikki Currie-Huggard and Don Gagliardi**
Bristol Youth Services Phone: **860-314-4690** **Contact person: Patricia Ochoa**

REMINDER:

- **DRESS APPROPRIATELY FOR THE WEATHER AND THE ACTIVITIES.**
- **WEAR COMFORTABLE CLOSED TOED FOOTWEAR; NO BIG HEELS OR SANDALS.**
- **PLCC IS A SMOKE-FREE, ALCOHOL-FREE, AND DRUG-FREE PROGRAM.**



PINE LAKE CHALLENGE QUEST-SLIDING SCALE FEE: 2016

WEEK 1: Pine Lake Challenge Course Day Program: \$195.

INCOME VERIFICATION REQUIRED: Please enclose a copy of your 2015 Income Tax Return or past five weeks wage statements. Do you receive income from child support, Social Security Survivor’s Benefits or Foster Care Subsidy? YES NO

Family size	PERCENT OF POVERTY GUIDELINES (MONTHLY INCOME)						
	100%	125%	150%	185%	200%	225%	250%
2	\$1,328.00	\$1,660.00	\$1,992.00	\$2,456.80	\$2,656.00	\$2,988.00	\$3,320.00
3	\$1,675.00	\$2,093.75	\$2,512.50	\$3,098.75	\$3,350.00	\$3,768.75	\$4,187.50
4	\$2,021.00	\$2,526.25	\$3,031.50	\$3,738.85	\$4,042.00	\$4,547.25	\$5,052.50
5	\$2,368.00	\$2,960.00	\$3,552.00	\$4,380.80	\$4,736.00	\$5,328.00	\$5,930.00
6	\$2,751.00	\$3,393.75	\$4,072.50	\$5,022.75	\$5,430.00	\$6,108.75	\$6,787.50
7	\$3,061.00	\$3,826.25	\$4,591.50	\$5,662.85	\$6,122.00	\$6,877.25	\$7,652.50
8	\$3,408.00	\$4,260.00	\$5,112.00	\$6,304.80	\$6,816.00	\$7,668.00	\$8,520.00
9	\$3,755.00	\$4,693.75	\$5,632.50	\$6,946.75	\$7,510.00	\$8,448.75	\$9,387.50

For family units of more than 8 members, add \$4,060 for each additional MEMBER.

 Youth 9-18 years of age, includes incoming 4 th grade Students through outgoing seniors. Circle your fee.								Transportation (Additional cost)	Cost of program	Parent Owe	Scholarship	Balance
Child (ren)	100%	125%	150%	185%	200%	225%	250% & Above	A - C				
1	\$52	\$63	\$69	\$98	\$115	\$150	\$195	\$35				
2	\$94	\$115	\$128	\$151	\$185	\$270	\$345	\$65				
3	\$136	\$169	\$187	\$204	\$255	\$385	\$475	\$85				

WILDERNESS TRIP: The participant must be 14 years of age or in High School to register for the Wilderness Trip and MUST have successfully completed week 1. The cost of the 4 days/3 nights trip is \$550.

A 50% Scholarship from Bristol Youth Services will be provided. The cost to the parent/guardian is \$275. Payment arrangements and other scholarships or donations on behalf of a child will be accepted.

Please contact Patricia Ochoa at (860) 314-4690 x110 for further information or if you need to make a payment arrangement.

Thank you.



City of Bristol
BRISTOL, CONNECTICUT 06010

PINE LAKE CHALLENGE COURSE
and Adventure Programming
Bristol Youth Services
441 Emmett Street (course) or 51 High Street (office)
Bristol, CT 06010
Telephone: (860) 314-4690



DISCLOSURE:

Pine Lake Challenge Course (PLCC) programs involve a variety of activities that often include warm-ups, games, group initiative problems, low and high ropes elements, and other potentially rigorous physical adventure activities. The level of participation in every program activity is **“challenge by choice”**, meaning the choice whether to participate or not and the level of that participation is up to the individual participant. As with any physical activity there is an element of risk, which must be assumed by each participant. Though the Course is inspected regularly and is facilitated by experienced trainers, there is the possibility that a participant may suffer an emotional injury, and/or serious physical injury, resulting in permanent disability or death. Each participant voluntarily assumes the risk of such injury.

****For you or your child to participate this form must be complete, signed and dated****
This form must be filled out completely and returned to the Bristol Youth Services Department, City of Bristol, before participating in Challenge Course activities.

1. Participant Information:

A. Name _____ School _____

Participant’s Grade _____ Gender: _____ Date of Birth _____

Parent(s) or Guardian(s) _____

Participant’s Address _____

_____ *Street* _____ *Apt*
_____ *City* _____ *State* _____ *Zip*

Home Telephone _____ Cell _____ Business _____

B. In case of emergency whom should we contact?

Name _____ Relationship _____ Telephone _____

C. Health/accident insurance information

Name of company _____ Policy Number _____

2. Photo/media release (Optional):

I, _____, grant to the Pine Lake Challenge Course and persons acting for or through them, the right to use, reproduce, assign, and/or distribute photographs, films, videotapes and sound recordings of myself or my child, for use in materials they may create. _____

Signature

3. Medical Information:

1. Do you have any limiting physical disabilities or handicaps (temporary or permanent)? (Circle **Yes** or **No**)

No **Yes** If yes, identify and explain _____

2. Do you have any of the following conditions?

No **Yes** Seizure within the past year?

No **Yes** Do you have diabetes?

If *yes*, please indicate (circle one): insulin dependent OR non-insulin dependent

No **Yes** Neck, back shoulder, knee or ankle problems?

No **Yes** Pregnancy (**SEE SECTION 4 BELOW, DR'S NOTE IS REQUIRED**)?

No **Yes** High blood pressure or heart condition?

No **Yes** Abnormally high cholesterol level or medication for Lipid abnormality?

No **Yes** Coronary artery by-pass / angioplasty?

No **Yes** Unexplained chest pain / pressure, shortness of breath, heart palpitations, sweats, or exertional dizziness or faint spells?

No **Yes** Do you smoke?

NOTE: If *yes* to any of the above, explain **and** complete "**Physician Consultation**" section at bottom.

3. **No** **Yes** Are you currently taking medication (prescribed or otherwise, e.g. cold medicine)?

If *yes*, state what you are taking, and for what conditions _____

4. **No** **Yes** Allergies, reactions to medications, and any other medical limitations?

If *yes*, identify and explain _____

5. **No** **Yes** Allergic to bee stings?

No **Yes** If *yes*, did you bring an epipen or your own medication?

6. Please indicate which statement best describes how often you exercise:

little or no exercise on a regular basis

occasional exercise 1 or 2 times per week

vigorous exercise (e.g., 20 minutes of running, fast walking or equivalent 3 times per week or more)

4. Physician Consultation:

- ***If you have checked yes above, or if you have three or more of these risk factors; diabetes, smoking, sedentary life style, overweight, have a family history of heart disease or are over age 45. We strongly recommend that you consult with your physician prior to participating in a PLCC program or other strenuous physical activity.***
- If you are **pregnant**, PLCC **requires** a letter from a doctor explaining what level of participation is appropriate. If you are more than 20 weeks pregnant you **can not** wear a climbing harness, you may be involved in other activities.
- If you or your physician require more information about activities in any PLCC program, contact us at **(860) 314-4690**.

NO **YES** **In preparation for this PLCC program I have consulted with my Physician:**

If "Yes" please initial your response:

I have been advised that I may participate **fully** in the program without limits.

I have been advised that I should **not** participate in the PLCC program.

I have been advised that I may participate in the PLCC program, but should avoid **certain** activities

Please provide an explanation and additional information. _____

