Vigo County Parks and Recreation Department

leave no trace
CENTER FOR OUTDOOR ETHICS

Youth Program Registration Packet

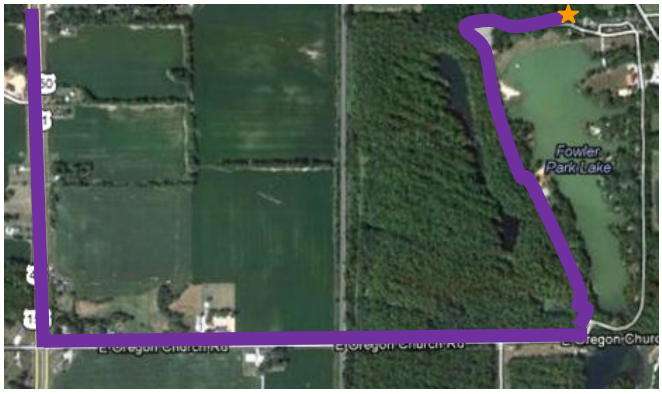
Thank you for choosing to participate in the Leave No Trace Youth Program directed by the Vigo County Parks & Recreation Department. Below, you will find rules, regulations, and basic information regarding the program. Any questions can be directed to Jenna Tyler at 812-462-3392 or parks.intern@vigocounty.in.gov.

Location

Our meetings will be held at the Log Barn in Fowler Park, located at 3000 E. Oregon Church Road, Terre Haute. Upon entering the park, follow the signs to the Barn and the Barn Parking Lot. The orange star on the map below indicates where the Barn parking lot is located.

Directions from Downtown Terre Haute:

Follow US-150 E/US-41 S. Turn left onto E. Oregon Church Rd. The Fowler Park entrance is approximately 1 mile ahead on the left.



Date

The program will run on the following schedule:

Thursday, February 9, 16, & 23
Thursday, March 1, 8, 15, 22, & 29
(We will NOT have a meeting on Thursday, April 5 due to VCSC Spring Break)
Thursday, April 12, 19
Sunday, April 22 (This will be our culmination cookout to celebrate the end of the program. This date is tentative and may change based on weather.)

KEEP FOR YOUR RECORDS

Any changes to this schedule will be announced at least one week in advance. Flyers will be sent home at the end of each program meeting detailing the next week's activities. Updates will also be placed on the Vigo County Parks & Recreation Department's Facebook page.

In the event that inclement weather arises, the program will run based on the Vigo County School Corporation's decision of school closures. If school has been cancelled due to weather on one of the above days, the program will not meet. Check the Vigo County Parks & Recreation Department's Facebook page, or call our office, if you are uncertain of a cancellation.

Time

Each meeting will last from 6:30 p.m. to 7:30 p.m. We ask that participants are not dropped off any earlier than 6:15 p.m. and are picked up on time. If alternate timeframes are necessary, please contact the Program Coordinator, Jenna Tyler.

Parents/guardians are not required to remain on park property during the meeting, but are welcomed to enjoy Fowler Park at their leisure. **Participants will only be allowed to be picked up by adults that have been authorized on the registration forms. Parents/guardians are required to show identification prior to signing their child out at the end of each program.** The Program Coordinator will call the parents/guardians of any participant not picked up by 7:40 p.m. to determine their estimated time of arrival.

Dress Code

Participants should wear long pants and close-toed shoes to every meeting. Make sure to also dress them for the weather as we will be venturing outside as much as possible.

Volunteers

We are always looking for volunteers to make this and other parks department programs run smoother. If you are interested in volunteering, please request a volunteer application from one of the staff members.

Any parent/guardian wishing to stay at the program during meetings must complete a volunteer application so the Program Coordinator can complete a background/reference check for other participant's safety.

Payment

The program fee is $10 per participant and due by Monday, February 6, with all required paperwork in this registration packet. Payment and paperwork can be dropped off or mailed to the Vigo County Parks and Recreation Department office in the County Annex Building located at 155 Oak Street, Terre Haute, Indiana 47807.

Our office accepts **cash or checks** made payable to the Vigo County Parks and Recreation Department. **We do not accept credit cards at this time.**

Please keep in mind that program registration is on a first come-first serve basis and once the maximum number of participants has been reached we will not be able to accept any others. Register early!

Program Rules

Please review the following program rules with your child prior to our first meeting:

1. I will respect everyone and everything!
2. I will listen to directions.
3. I will go to a leader if I have a problem.
4. I will learn as much as I can and ask questions if I don't understand.
5. I will stay safe and have lots of fun!

Note: Additional rules may be created if the need arises.

Behavior Management Plan

The Vigo County Parks and Recreation Department wants participants in the Leave No Trace Youth Program to have a positive experience. To ensure this, the following behavior management plan will be implemented:

Level One: Most misconduct is minor and is limited to offenses that can be easily handled by the program coordinator. This could include, but would not be limited to; uncooperative or disrespectful behavior, not putting away personal possessions or program equipment, littering, misusing equipment, or minor infractions of program rules**.** *Consequences*: Verbal warning or removal from activities for one minute per year of the participant's age (ex: a nine-year-old would sit out for nine minutes), whichever is deemed necessary.

Level Two: More serious misconduct will be brought to the attention of the participant's parent/guardian. A written account of the incident will be kept on file in the parks department. Examples of behavior that would be cause for these consequences include, but are not limited to: acting in a way that would put oneself or others in danger, damaging property, using insulting or profane language, continued disrespect to adults or other recreation participants. *Consequences*: Discussion with parent/guardian and written account of violation kept, including discipline of a level one violation.

Level Three: Depending on the severity of the participant's behavior, the Program Coordinator will have the authority to send the child home from the program immediately after an incident occurs. Harassment includes verbal or physical conduct that creates an intimidating, hostile or offensive environment for others. Examples of harassment could be, but are not limited to: actual or threatened physical aggression, demeaning comments or behavior, slurs or insults, and inappropriate sexual comments or actions. The child will not be allowed to attend the next scheduled program meeting, and will not be allowed to re-enter until a conference with the child,

parent/guardian, and the Program Coordinator occurs. *Consequences*: Suspension from the program for one session and conference between the parent/guardian, participant, and Program Coordinator, as well as level one and two violations.

Level Four: If level three misconduct occurs a second time, the participant will be expelled from the program, and will not be allowed to return for the remainder of the program with no refund of enrollment fees. *Consequences*: Expulsion from the program for the rest of its duration, as well as previous level consequences.

All disciplinary actions given will be at the discretion of the Program Coordinator with the consideration of the number of previous offenses. **No refunds will be given for expulsion from the program.**

Additional Questions

If you have additional questions, feel free to contact Jenna Tyler at 812-462-3392 (office), 502-457-3488 (cell), or parks.intern@vigocounty.in.gov.

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Vigo County
Parks and Recreation
Department

Emergency Information and Consent

Participant's Name: _____ Nickname: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Parent/Guardian Name: _____

Cell Phone: _____ Work Phone: _____

Family Physician Name: _____

City: _____ Phone: _____

Adults authorized to pick-up participant: _____

_____

I, _____, hereby grant consent to any and all health care providers designated by the Vigo County Parks and Recreation Department to provide my child any necessary care as result of any injury/illness. This consent includes First Aid and transportation to/from health care providers by Program Coordinator or Emergency Services.

Parent(s)/Guardian(s) Name (Print): _____

Parent(s)/Guardian(s) Signature: _____ Date: _____

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Vigo County
Parks and Recreation
Department

Youth Activity/Program Participation Waiver

Name: _____ Sex: _____

Address: _____

Phone: _____Age: _____Birth date: _____

Program Participating in: _____

In the event that injury or illness is sustained while in this activity, the undersigned hereby authorizes any emergency first aid, medication, medical treatment or surgery deemed necessary by licensed medical personnel. I also give my permission for attending medical personnel to execute on the undersigned's behalf permission forms if undersigned is not immediately available to do so. In consideration of my child being allowed to participate in any way in the Vigo County Parks and Recreation Department youth sports/activity programs and related events, the undersigned acknowledges, appreciates, and agrees that:

1. Although rules, equipment, training, and discipline are designed to avoid any injury, the risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death.

2. On behalf of my child and for myself, I knowingly and freely assume all such risks, arising out of, related to and resulting from participation in this program, both known and unknown, even if arising from the negligence of the Vigo County Parks and Recreation Department, their officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event (releases) or others, and assume full responsibility for my child's participation to the fullest extent of the law.

3. I willingly agree to comply with the stated and customary terms and conditions of the Vigo County Parks and Recreation Department for my child's participation. If, however, I observe any risk of injury or death which is not inherent in the program while my child participates in the program, I will remove my child from participation and bring such to the attention of the nearest official immediately, and

4. I, for myself and my child on behalf of our heirs, assign personal representatives and next of kin, hereby release and hold harmless, the releases with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releases or otherwise.

5. I hereby certify that, as the parent or guardian for my child, I have legal responsibility for an authority to sign this release and waiver on behalf of my child. I further certify that I have read this release and waiver in full, understand the same, and have signed it voluntarily, and without any duress or coercion.

I/We the parents of the above candidate do hereby give my/our approval to his/her participation in any and all activities during the current season. I/we do assume all risks and hazards incidental to the conduct of the activities, transportation to and from the activities and I/we do hereby release, absolve, indemnify and hold harmless the Vigo County Parks and Recreation Department, the organizers, sponsors and the supervisors, any or all of them. In case of injury to my child, I/we hereby waive all claims against the organizers, sponsors or any of the supervisors appointed by them. I/We likewise release from any responsibility any person transporting my child to or from the activities. We are in a position to furnish a certified copy of the birth certificate of the above named candidate, if requested.

Parent(s)/Guardian(s) Print/Signature: _____

Participant's Name: _____ Date: _____

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Vigo County
Parks and Recreation
Department

Pre-participation Physical Evaluation

(In the event of a medical emergency, this form will be utilized to inform medical personnel of your child's medical history and needs. This document will be held in confidence by the Vigo County Parks and Recreation Department.)

Name: _____ Date: _____

Phone: _____Address: _____

City: _____ State: _____Zip: _____

Sex: _____Age: _____Date of Birth: _____Grade: _____

Physician: _____Phone: _____

Allergies (including food and drug):

_____

_____

_____

1. Are you presently under a doctor's care? Yes_____ No_____
2. Are you presently taking any medications or pills? Yes_____ No_____
3. Have you ever passed out during or after exercise? Yes_____ No_____
4. Have you ever been dizzy during or after exercise? Yes_____ No_____
5. Do you have trouble breathing during or after activity? Yes_____ No_____
6. Have you ever had chest pain during or after exercise? Yes_____ No_____
7. Have you ever had a head injury? Yes_____ No_____
8. Have you ever been knocked out or unconscious? Yes_____ No_____
9. Have you ever had a seizure or epilepsy? Yes_____ No_____
10. Have you ever had heat cramps, heat illness or muscle cramps? Yes_____ No_____
11. Do you use any special equipment (pads, braces, eye guards, etc.)? Yes_____ No_____
12. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints? Yes_____ No_____
13. When was your last tetanus shot? _____

Please explain "Yes" answers and any other relevant issues: _____

_____

_____

_____

_____

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I, the undersigned, understand that there are various physical demands that are necessary for participation in the Vigo County Parks and Recreation Department programs. By signing this release and pre-participation form, I assure that I am in strong enough physical condition to assume the risks involved with participation in the Vigo County Parks and Recreation Department programs.

I hereby state that, to the best of my knowledge, my answers to the above questions are correct.

Signature of participant: _____ Date: _____

Printed name: _____

Signature of parent/guardian: _____ Date: _____

Printed name: _____

Behavior Management Plan Agreement

I, _____ (print participant's name), promise to be on my best behavior at all times during the Leave No Trace program. My parent/guardian has talked with me about the consequences of not acting appropriately and I know that I could possibly be taken out of the program if my behavior is inappropriate.

Participant's signature _____ Date _____

Photo/Video Release

The Vigo County Parks and Recreation Department may take and use photos or videos of participants for publicity purposes. Photos of participants may be used in the department's brochure, on the department's Web site (www.vigocounty.in.gov), the department's Facebook page, or on department flyers and advertisements.

I hereby grant the Vigo County Parks and Recreation Department permission to use my, or my child's, likeness, name, voice and words in any broadcast, telecast or print media account of this event or activity free of charge.

Participant's Name: _____ Date: _____

Parent/Guardian Signature: _____

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