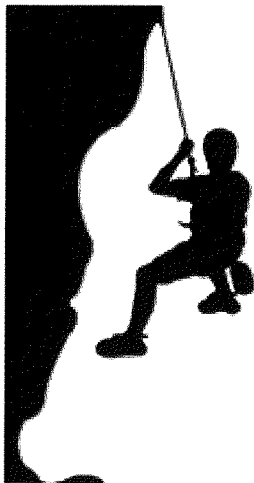




City of Albuquerque
Parks & Recreation Department
Outdoor Recreation Section



**Xtreme Recreation
Registration
Summer 2012**



Rappelling



Caving



Climbing



This page is for your information. Please keep.

2012 Xtreme Recreation PROGRAM INFORMATION and REGISTRATION FORMS

LETTER TO PARTICIPANTS

GENERAL INFORMATION: Xtreme Recreation is an outdoor education program devoted to the premise that all youth ages 11 to 17 should have access to affordable, fun adventure activities in Albuquerque and the surrounding communities. A primary goal of the program is to direct the inherent risk taking potential of youth into healthy outdoor activities. In a very true sense, we are re-connecting youth with nature.

Each class or adventure has a maximum limit of 12 participants—which is our current transportation capacity. Some special adventures may be limited to fewer participants. Classes with less than 6 registered participants by 5:00 PM on the last Wednesday before the event will be CANCELLED. Fees collected for cancelled classes will be refunded to the participant, or a credit will be issued for a future Xtreme trip. Participants who cancel by 5 PM the Wednesday previous to the first day of the adventure will be issued a credit for a future Xtreme trip; no monetary refunds will be offered.

GENERAL ELIGIBILITY:

- Must be age 11 to 17
- Must be able to walk 2.0 miles without assistance
- Must come prepared with the necessary personal equipment to participate in the adventure

PERSONAL EQUIPMENT THAT PARTICIPANT MUST SUPPLY:

- **Food, Snacks and Packs:** Please bring your own lunch, snacks, lots of drinking water, day pack, sunscreen and a hat. Consider bringing some personal spending money, as we sometimes stop at travel centers, mini-marts or restaurants for bathroom and/or snack breaks.
- **Clothing:**
 - **Rock climbing & rappelling:** Please wear loose fitting clothing that allows you to move freely. Tight fitting jeans often limit your ability to make high steps with your legs. Shorts are encouraged during warm weather. Bring a rain jacket or poncho for the afternoon “monsoon” thunderstorm.
 - **Caving:** A good, durable flashlight, with extra batteries. Kneepads and elbow pads. Wear older clothing that you would not mind damaging. Caving will produce lots of tears in your outerwear. For caving and cold weather, please bring a jacket / sweatshirt or other outerwear appropriate for 40° F temperatures. Layer your clothing. Wear sturdy shoes that provide ankle protection. Sandals should not be worn on any of the caving trips.
- **Optional Personal Equipment:**
 - **Caving:** Bring a pee bottle, burrito bag (for solid human waste), toilet paper, and a trash bag.
 - **Climbing:** Rock climbing shoes; can be rented at REI (www.rei.com), or purchased at REI or Stone Age Climbing Gym (www.climbstoneage.com)



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EQUIPMENT THAT OUTDOOR RECREATION WILL SUPPLY:

- **Caving:** Helmet, headlamp, 1 flashlight, gloves, a limited number of knee/elbow pads
- **Climbing & Rappelling:** Helmet, harness, gloves, ropes, all anchoring materials, carabiners, belay/rappel devices

Hazards of Adventure

GENERAL:

The Xtreme Recreation program is built on the foundations of the non-traditional sports of caving, climbing and rappelling, as well as ropes course activities. These sports are accompanied by unique natural and man-made hazards—where an individual can do everything “right”, follow all of the rules, and still get seriously injured. Outdoor Recreation attempts to minimize these hazards through staff adventure training and education, as well as diligent attention to safety rules during the adventures. All current Xtreme Recreation staff are certified in CPR and First Aid. The program director is also certified in Wilderness First Aid (WFA).

CAVING HAZARDS:

A “normal” caving trip requires hiking, crawling, squeezing through constrictions, climbing, skirting pits and canyons, walking on loose rocks and through slippery mud. Wild caves are totally dark. Cave floors, walls and ceilings contain loose rock which may fall. Caves contain extensive, complex, confusing, mazelike and restrictive passages. All cavers must pay attention to the “route” through the cave.

Harmful organisms and animals—mammals, reptiles, insects—and bad air may be present. Caving involves extreme and abnormal physical and psychological stresses. Cavers will be exposed to extremes of wet and dry conditions. Temperatures in New Mexico caves run 40° - 65°F. Cave rescue is difficult and expensive, and cost of the rescue may be borne by the rescued individual, therefore it is very important for participants to follow all directions from staff.

HAZARDS OF CLIMBING AND RAPPELLING:

Rappelling is used in many endeavors: caving, canyoneering, urban and wilderness rescue, military maneuvers, window washing, bird research, tree climbing, rock climbing and ice climbing. Many consider rappelling a sport unto itself. Rappelling and climbing adventures are serious business. Performed with care, you can make thousands of rappels without incident. Get careless, and you may be seriously injured on your next rappel.



This page is for your information. Please keep.

Hazards of Adventure, continued

Expected hazards associated with rappelling and climbing include the following:

- Scrapes, bruises, and cuts of the arms, legs, and hands
- Burns on the hands and upper body extremities (from the rope)
- Lower leg injuries: broken or twisted ankles and knees, broken legs, and broken feet
- Upper body injuries: broken arms, broken ribs, and broken hands
- Falling from a height of greater than 25 feet
- Strained tendons and ligaments
- Injury from falling rock, injury from banging into rock(s), concussion
- Severe injury and death

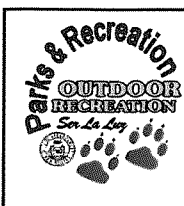
REMEMBER: In adventure activities you can do everything right and still get injured. This information sheet is no substitute for personal instruction. The information provided in this information sheet should only be used to supplement competent personal instruction by an experienced individual. **Your participation in this program indicates your assumption of the risk of serious injury or death as a result of the risks associated with caving, climbing and rappelling. Participation is an acknowledgement of your responsibility for your own safety.**

REGISTRATION: Complete and return the registration forms to the Outdoor Recreation Section offices in the Parks & Recreation Department Administration Building (see below) with a sixty dollar **check or money order payable to City of Albuquerque**. **Participants will not be registered for adventures until all forms and payment are received. No participant will be allowed to accompany Outdoor Recreation on any adventure unless all forms have been completely and properly filled in.** Registration forms will be kept on file for the duration of the summer, in case the participant wishes to attend future Monster Adventures outings.

Parks & Recreation Department Administration Building Address:

Outdoor Recreation Section
1801 4th Street NW, Bldg. A
Albuquerque, NM 87102

Driving Directions: Take I-40 to the 6th Street exit and go south on 6th to Haines (2nd street on left). Take a left on Haines, pass 5th, then turn right on 4th. Go to the 2nd driveway on the right past the railroad tracks, just past the black wrought iron fence and before the City gas pumps. Turn right into the driveway, then right again immediately into the parking area. Our building is the one straight ahead. It says Parks and Recreation Department on the door. Ask for the Outdoor Recreation Section.



PLEASE RETURN THIS PAGE TO OUTDOOR RECREATION

Xtreme Recreation Summer 2012

PARTICIPANT'S NAME: _____
FIRST MI. LAST

Directions: Please check the adventure program(s) for which you are registering.

Three Day Beginner Adventure Series:

- _____ June 4, 5 & 6, 2012, Monday, Tuesday & Wednesday 8:00 AM to 5:00 PM
- _____ June 11, 12 & 13, 2012, Monday, Tuesday & Wednesday 8:00 AM to 5:00 PM
- _____ June 18, 19 & 20, 2012, Monday, Tuesday & Wednesday 8:00 AM to 5:00 PM
- _____ June 25, 26 & 27, 2012, Monday, Tuesday & Wednesday 8:00 AM to 5:00 PM

Three Day Intermediate Adventure Series:

- _____ July 9, 10 & 11, 2012, Monday, Tuesday & Wednesday 8:00 AM to 5:00 PM
- _____ July 16, 17 & 18, 2012, Monday, Tuesday & Wednesday 8:00 AM to 5:00 PM
- _____ July 23, 24 & 25, 2012, Monday, Tuesday & Wednesday 8:00 AM to 5:00 PM

Three Day Expert Adventure Series:

- _____ July 30, 31 & August 1, 2012, Monday, Tuesday & Wednesday 8:00 AM to 5:00 PM

Payment



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PART A: PARTICIPANT INFORMATION

Name _____
First Middle Initial Last

Address _____
Street Apt. # City State Zip

Phone Numbers _____
Home Cell Pager

E-Mail Address (for our email distribution list) _____

Participant Age _____ Participant Birth date _____ Male _____ Female _____
Month/Day/Year

Participant's School _____ Grade Level _____

PART B: PARENT / GUARDIAN CONTACT INFORMATION

Lives with: Mother _____ Father _____ Guardian _____ Other (specify) _____

Mother | Father | Guardian Name (Please print): _____
Please circle one

Phone numbers for above named person: _____
Home Cell Work

Mother | Father | Guardian Name (Please print): _____
Please circle one

Phone numbers for above named person: _____
Home Cell Work

PART C: DISABILITY INFORMATION

(Essential Eligibility: Participant must be able to walk 2.0 miles.)

Please place a check next to each disability that applies to the participant.

_____ **NONE**

_____ Autism	_____ Attention Deficit Disorder	_____ Behavior Disorder
_____ Cerebral Palsy	_____ Down's Syndrome	_____ Head Injury
_____ Hearing Impaired	_____ Learning Disability	_____ Mild Mental Retardation
_____ Vision Impaired	_____ Asthma	_____ Moderate Mental Retardation
_____ Frequent Nosebleeds	_____ Fainting	_____ Headaches
_____ Sinus Problems	_____ Stomach/Digestive problems	_____ Other

If you checked "Other", please provide additional information: _____

Please provide additional information that may be important on any condition checked above: _____



PLEASE RETURN THIS PAGE TO OUTDOOR RECREATION

PART D: ALLERGY & MEDICATION INFORMATION

Does participant have any known allergies? ____YES ____NO Does participant carry an "EpiPen"? ____YES ____NO

Please specify known allergies: _____

In case of a severe allergic reaction, can participant be given oral antihistamine (Diphenhydramine Hydrochloride [generic Benadryl])? ____YES ____NO

Is participant currently taking any prescription or over-the-counter medication? ____YES ____NO

If YES, please specify: _____

PART E: INFORMATION FOR MEDICATION TO BE TAKEN DURING ADVENTURE

If your child needs to take prescribed or over-the-counter medication(s) while participating in adventures with the City of Albuquerque's Outdoor Recreation Section please list medications below. Your child must be able to administer his or her own medications. All medications must be contained in the original pharmacy packaging!

*****Please check here if your child has NO medications to be dispensed during adventure. _____*****

(1) Name of Medicine _____ Date of Prescription: _____

Dose Prescribed: _____ Time to Administer: _____

Reason for taking Medicine _____

(2) Name of Medicine _____ Date of Prescription: _____

Dose Prescribed: _____ Time to Administer: _____

Reason for taking Medicine _____

PART F: HEALTH INSURANCE INFORMATION

Medical insurance that provides health care coverage for my minor child is shown on the attached health insurance card.

******(Please attach a copy of the health insurance card of your minor child.)******

PART G: EMERGENCY AND/OR MEDICAL CARE CONTACTS

List at least two people other than yourself that Outdoor Recreation may contact in the event there is any type of emergency or your minor child requests medical care or it is determined that your minor child is in need of medical care:

(1) Name: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

(2) Name: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____



PLEASE RETURN THIS PAGE TO OUTDOOR RECREATION

PART H: PERSONAL PHYSICIAN INFORMATION

Name: _____ Hospital Affiliation: _____

Office Phone: _____ Other Phone: _____

PART I: AUTHORIZED PERSON(S)

Please list at least one person authorized to pick up your child from the Outdoor Recreation Adventure at the scheduled time of return in case you cannot be present. A picture ID must be shown to the Adventure Leader.

1. _____
First MI Last

Relationship _____ Phone Number _____

2. _____
First MI Last

Relationship _____ Phone Number _____

PART J: AUTHORIZATION TO PHOTOGRAPH, QUOTE AND USE NAME OF PARTICIPANT FOR PUBLICITY PURPOSES:

I hereby authorize ODR and the City of Albuquerque to take photographs, to collect quotations related to the Monster Adventures outing and to use my name and/or the name of my minor child participant for publicity purposes. **Please circle yes or no below.**

YES

NO

INITIAL _____

PART K: AUTHORIZATION FOR FIRST AID AND MEDICAL TREATMENT

I recognize that medical or dental care may be necessary for my minor child participant. I authorize the City of Albuquerque, ODR and the outing leader(s) to render first aid or emergency care, within the scope of the certification of the outing leader(s). In addition, I authorize ODR to call for medical or dental care for my minor child participant if, in the opinion of ODR, medical or dental care is needed. I agree to pay for all expenses and costs associated with such care and related transportation. In addition, I hereby authorize and consent for any x-ray examination, anesthetic, medical, dental or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and/or emergency staff and/or dentist currently licensed by the state in which treatment is given and the staff of any acute general hospital holding a current license to operate a hospital from the State of New Mexico Department of Public Health or the equivalent agency in another state. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power to render care which the physician, in the exercise of his or her best judgment, may deem advisable. It is understood, medical condition allowing, that effort shall be made to consult the undersigned prior to rendering the treatment to the patient, but that any of the above treatment will not be withheld if the undersigned is incapacitated or cannot be reached. I further agree that ODR shall not be responsible for payment of medical services for my minor child and acknowledge and agree that any City insurance that may exist does not cover the medical costs of my minor child.

INITIAL _____



PLEASE RETURN THIS PAGE TO OUTDOOR RECREATION

PART L: EXPRESS ASSUMPTION OF RISK, RELEASE, INDEMNIFICATION AND COVENANT NOT TO SUE AGREEMENT

In consideration for the services of the City of Albuquerque Parks and Recreation Department, Outdoor Recreation Section, Monster Adventures Program, its outing leaders, officers, agents, and volunteers (collectively referred to herein as "ODR"), I, on behalf of myself and/or as the parent or legal guardian of the minor child participating in the ODR activity, and our heirs, agree as follows:

I understand and am aware that backpacking, biking, caving, hiking, rappelling, rock climbing, snowboarding, snow skiing and related activities including, among others, use of ODR equipment such as carabiners, climbing equipment, caving equipment, rescue knives, rappelling equipment, tents, camp stoves, campfires (Referred to herein as "Activity"), and transportation to and from such Activity, are hazardous activities involving inherent and other risks of injury to any and all parts of the body. I further understand that injuries in the Activity are a common and ordinary occurrence, and I have made a voluntary choice for myself and/or my minor child participant to accept and assume all risks of injury or death that might be associated with or result from this activity.

To the fullest extent allowed by law, I agree to release from liability, and to indemnify and hold harmless ODR from any and all liability on account of, or in any way resulting from, personal injuries, death or property damage, even if caused by negligence, in any way connected with this Activity. I further agree not to make a claim or sue for injuries or damages relating to this activity, even if caused by negligence. I understand and agree that this Agreement is intended to be as broad and inclusive as is permitted by law, and if any portion is held invalid, the balance shall continue in full legal force and effect. I agree that no oral representations, statements or inducements apart from this Agreement have been made.

INITIAL _____

PART M: ACKNOWLEDGEMENT OF INFORMATION:

I hereby acknowledge that all the information I have provided on pages 1-5 of this Agreement is true, correct and complete. I agree to update any page of this Agreement as necessary. I hereby acknowledge that I have fully read, understood and accepted each of the above provisions and have voluntarily signed this agreement.

INITIAL _____

PART N: SIGNATURE INFORMATION

NAME OF PARTICIPANT: _____

SIGNATURE OF PARTICIPANT'S PARENT/LEGAL GUARDIAN

Date: ____/____/____

PRINTED NAME OF PERSON SIGNING ABOVE