

## Adventure Zone Confirmation Packet

### CHECKLIST:

- Read through the entire confirmation packet and attached documents.
- Complete the [Needs Assessment](#) form online as soon as possible, no less than one week before your session. Each session is tailored to the needs and goals of the participating group and the information collected is given to the facilitators to help them plan the best possible program for each group.
- Go over "Leader/Adult Information" with all adults attending.
- Go over "Participant Information" with all participants attending.
- Distribute and collect paperwork for each participant:
  - Participant Release of Liability (if using the climbing tower)
  - Health History
  - Permission Slip (for all participants under 18)

### Leader/Adult Information

**What is the Adventure Zone?** Physically, the adventure zone is a creative combination of cables, logs, platforms, ropes, games and activities. The aim of many of the activities is to allow the individual to see themselves and their team as increasingly capable and competent. By paying close attention to progression, and starting with ground games and initiatives, groups and individuals feel confident graduating to activities which involve some physical or emotional risk. By sharing individual successes and setbacks with a supportive team, participants gain self-esteem and practice working successfully in a group.

**Time Commitment:** Plan on arriving at Level 3 of the Balboa Campus approximately 15 minutes early to park, check in and use the restroom. We will get started promptly at your scheduled time. Each participant should plan to stay for the entire length of the program.

**Cancellations and Refunds:** Groups can cancel or make changes to their reservation up until 30 days prior to the session. All cancellations/changes must be received in writing.

In the event that no facilitator staff is available to run the program, sessions may be canceled by the challenge course specialist. This will occur no later than two weeks in advance of the session date. In this instance, the session will be moved to another date or fully refunded, at the determination of the troop leader.

In the event that weather makes it impossible or unsafe to use the high ropes challenge course (as determined by the facilitators), alternate ground-based teambuilding activities will be provided in an appropriate, covered area. Sessions will be refunded **only** in the event that the facilitators are unable to provide an alternate teambuilding session.

#### **The Adventure Zone IS NOT:**

**A rock gym:** The goal of this rock wall is to have girls challenge themselves with the support of their team. Expect girls to spend most of their time on the ground, participating in teambuilding initiatives working through low challenge elements, and cheering on their team.

**Competitive:** Once at the course, we will work hard to create an environment of support and trust. Each girl will be encouraged to challenge herself to 100% of her comfort level, set goals for herself and cheer on her sister scouts as they achieve their personal goals.

**Self-led:** Two or more facilitators will be leading your girls through the adventure zone. The adults present are responsible for assisting as directed and closely following the instructions of the facilitator.

**A set group of activities:** The facilitator's ultimate responsibility is the emotional and physical safety of the group. If she makes the call that any element or activity is unsafe, for any reason, that element or activity will not be used.

## Participant Information

The adventure zone is a challenge course where your child and her group will challenge themselves mentally and physically. Although some of these activities can be physically demanding, they are designed to be within the capability of any participant who is in reasonably good health. Please make sure your health history form is completed with the most up-to-date information on the participant's medical needs.

Paperwork to complete and bring with you on the day of the course:

- Release of Liability (if using the climbing tower)
- Permission Slip (If under age 18)
- Health History form

What to wear:

- Long pants (loose and comfortable; low rise pants not recommended)
- T-shirt (comfortable)
- Lace-up athletic shoes (no slip-ons permitted)
- Jacket or sweatshirt (based on weather)

What to bring:

- Water bottle
- Snacks (optional, but recommended)
- Sunscreen
- Hat and/or sunglasses
- Completed paperwork

Before your adventure:

1. Get plenty of rest the night before.
2. Eat a wholesome breakfast in the morning before you go

## Location and Directions:

The adventure zone is located on Level 3 of the Girl Scout Balboa Campus. The Level 3 entrance gate is located off of Richmond Street (south of Upas Street). Please see directions below:

From 163 N – Exit 1C to merge onto Richmond Street towards the zoo and museums. Turn left at the first driveway. If you find yourself at a stop sign, you have gone too far.

From 163 S – Exit 2A towards Washington Street East. Keep left at the fork and following signs for University Avenue. Turn left on 9<sup>th</sup> Avenue. Turn left onto University Avenue. Turn right onto Richmond Street. Continue on Richmond Street. Once you pass Upas Street, Cabin 3 will be the 3<sup>rd</sup> driveway on the right.

## Questions?

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# Adventure Zone and Challenge Course

## Permission and Participant Health History

Only participants with a signed permission and health history forms may participate.

My child \_\_\_\_\_ has permission to participate in \_\_\_\_\_ Date \_\_\_\_\_

The following information is provided so that the adult in charge may contact a responsible person in case of illness or accident during the activity.

_____	( _____ )
Parent/guardian	Phone(s)
_____	( _____ )
Parent/guardian	Phone(s)
_____	( _____ )
Responsible person other than the above/relationship	Phone(s)
_____	( _____ )
Doctor	Phone

My child is in good health and may engage in all activities [ ] yes [ ] no. If no, list any exceptions \_\_\_\_\_

In an emergency situation, an emergency medical technician may need to know the following information regarding my child's health (e.g., allergies, chronic illnesses, seizures, etc.) \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

I give my permission for the adult in charge to take my child to a medical facility, if necessary. In case of emergency, if none of the above can be contacted, I consent to treatment for my daughter under the supervision of and as deemed advisable by a physician licensed under the Medicine Practice Act. This provides authority pursuant to Section 25.8 of the California Civil Code.

Parent or guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

### Participant Health History Record This health history is to be completed and signed by parents/guardians of participant or adult participant.

Participant's name:	Phone:	Name of family physician:
Family medical/hospital insurance carrier:	Policy or group no.	Physician phone: ( _____ )

#### Illnesses and injuries: (Check those that apply.)

- Ear infection       Bleeding/clotting disorders       Hypertension       Asthma
- Heart defect/disease       Musculo-skeletal disorders       Seizures       Diabetes       Other (specify) \_\_\_\_\_

#### Other health conditions: (Check those that apply.)

- Bed wetting       Emotional disturbances       Constipation       Fainting
- Menstrual cramps       Hearing impairment       Motion sickness       Sickle cell trait or disease
- Nosebleeds       Special dietary regimen       Sleep disturbances       Wears corrective eyewear
- Other (specify) \_\_\_\_\_

Are immunizations up to date?  Yes  No

Is the participant currently taking prescription/over the counter medicine?  Yes  No

Is the participant currently: Under a physician's care  Yes  No      Receiving psychological counseling  Yes  No      Restricted in physical activity  Yes  No

Please explain any items that are checked. Indicate any information useful to the adult in charge in relation to any of these health conditions. Also, indicate any activities to be encouraged or restricted.

Date of last health examination: \_\_\_\_\_ Were any complicating medical problems noted in last health examination? \_\_\_\_\_

List past medical treatments such as operations, treatment for serious injuries, diseases or disabilities, hospitalizations and dates:

List all allergies (food, medication, environmental, etc.), what reaction or symptoms, and what management treatment:

This health history is complete and accurate. I know of no reason(s), other than the information indicated on this form, why my minor child/I should not participate in prescribed activities except as noted.

I give my permission for the adult in charge to take my child to a medical facility for treatment. As an adult participant, I give my permission to be taken to a medical facility for treatment. In case of emergency, if none of the above can be contacted, I, the undersigned, consent to allowing treatment under the supervision of and as deemed advisable by a physician licensed under the Medicine Practice Act. This provides authority pursuant to Section 25.8 of the California Civil Code.

Parent of minor/Adult Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

