

# COOL PINES DAY TRIPS

mesa-az  
PARKS, RECREATION AND  
COMMUNITY FACILITIES

Chandler - Arizona



This program is designed for teens ages 18 and older with developmental disabilities. The purpose is to explore Arizona's high country and escape the heat of the summer, gain an appreciation for nature and all of its beauty. Join the fun as Mesa and Chandler go off to the mountains!

WE WILL BE EXPLORING THE HIGH COUNTRY AS WE LEARN ABOUT NATURE, GO FISHING, HIKING, KAYAKING, AND MUCH MORE.



## WOODS CANYON LAKE AUGUST 26, 2016

- > **Registration fee:** \$40 per person.
- > **Departure:** Friday, August 26, at 8 a.m. Meet at the City of Mesa, 200 S. Center St, Bldg 1 Mesa AZ 85210.
- > **Return:** Friday, August 26 at 7 p.m.
- > **Please bring a sack lunch.** Dinner will be provided.

Space is limited for each city so sign up early! Mesa (20) and Chandler (20)



Registration is due by August 19 for the first trip  
Make check or money order payable to "AZDS" and return payment with registration form to:  
**Arizona Disabled Sports**  
Attn: Cool Pines Trip  
PO Box 4727  
Mesa, AZ 85211

## BEARIZONA OCTOBER 29, 2016



- > **Registration fee:** \$40 per person.
- > **Departure:** Saturday, October 29 at 8 a.m. Meet at the City of Mesa, 200 S. Center St, Bldg 1 Mesa AZ 85210.
- > **Return:** Saturday, October 29 at 7 p.m.
- > **Please bring a sack lunch.** Dinner will be provided.

Space is limited for each city so sign up early! Mesa (20) and Chandler (20)



**WHAT TO BRING:**  
Sack Lunch, Water Bottle  
**WHAT TO WEAR:**  
Sunscreen, a hat

**For more info, please contact your respective city:**

Chandler – Collette Prather  
480-782-2709  
Mesa – Jacquie Gallo  
480-644-4948

# COOL PINES DAY TRIPS 2016

AUGUST 26 | OCTOBER 29



Chandler Participant       Mesa Participant

I would like to attend:  
 Wood Canyon Lake Daytrip, Friday, August 26  
 Bearizona Daytrip Saturday, October 29  
I have enclosed \$ \_\_\_\_\_ for the trip(s)

Participant: \_\_\_\_\_ T-shirt size: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Parent's e-mail: \_\_\_\_\_

Phone (day): \_\_\_\_\_ (evening): \_\_\_\_\_

Alternate person to contact in an emergency: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_ Phone number: \_\_\_\_\_

If for any reason, we should return early:

First contact person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## PLEASE TAKE THE TIME TO FILL OUT THIS SECTION THOROUGHLY

### GENERAL PARTICIPANT INFORMATION

#### Behaviors:

Does the participant have a tendency to wander away from groups?  No  Yes

If yes, can you give us any tips for managing these behaviors? \_\_\_\_\_

\_\_\_\_\_

#### Diet:

Are there any foods the participant is not allowed to eat?  No  Yes

If yes, please describe: \_\_\_\_\_

#### Swimming (for kayaking purposes only):

Please indicate participant's swimming level:  0  1  2  3

0 = Unable to swim or afraid of water

2 = Intermediate

1 = Beginner

3 = Advanced (no fear of rescue)

#### Miscellaneous:

Is there any other information that would be helpful for staff to know about the participant? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Participant: \_\_\_\_\_

**MEDICAL INFORMATION**

Participant's physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**Health History:**

*Does participant have a history of frequent problems with any of the following?*

- \_\_\_\_\_ Nose bleeds                      \_\_\_\_\_ Constipation                      \_\_\_\_\_ Asthma
- \_\_\_\_\_ Frequent urination              \_\_\_\_\_ Ear infections                      \_\_\_\_\_ Allergies
- \_\_\_\_\_ Sore throat                          \_\_\_\_\_ Sinus problems                      \_\_\_\_\_ Hypertension
- \_\_\_\_\_ Dizziness                              \_\_\_\_\_ Fainting                                  \_\_\_\_\_ Stomach discomfort
- \_\_\_\_\_ Other: \_\_\_\_\_



**Is participant on any medication?**     No     Yes (If yes, please list below)

NAME OF MEDICATION	DOSAGE	TIME ADMINISTERED	PRESCRIBING PHYSICIAN

*For medication that needs to be administered, please bring medication in daily dosage envelopes one envelope per dose.*

Does participant have seizures?     No     Yes

If yes, please explain the type and frequency: \_\_\_\_\_

\_\_\_\_\_

In the event of a seizure, what follow-up should be given?: \_\_\_\_\_

\_\_\_\_\_

Does participant have any allergies?     No     Yes

If yes, please list: \_\_\_\_\_

**Please continue to next page.**

Participant: \_\_\_\_\_



## Over-the-Counter Medication Release Form

I give permission to administer the following over-the-counter medications as prescribed on the bottle.

**Please check each one that applies:**

- |                                                                             |                                                                         |
|-----------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Tylenol tablets or liquid                          | <input type="checkbox"/> Tums                                           |
| <input type="checkbox"/> Ibuprofen / Motrin                                 | <input type="checkbox"/> Other: _____                                   |
| <input type="checkbox"/> Advil                                              | <input type="checkbox"/> Other: _____                                   |
| <input type="checkbox"/> Pepto Bismol – dosage on bottle varies for problem | <input type="checkbox"/> <b>All of the above as listed on the label</b> |

Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### HOLD HARMLESS AGREEMENT

This is my permission for \_\_\_\_\_ to participate in the City of Chandler Therapeutic Recreation – “Cool Pines Day Trip”. I hereby, for myself, my heirs, executors, administrators, and assigns, assume all risk and waive any and all claims for injuries and release the City of Chandler and the City of Mesa and their agents or assigns, from any and all injuries suffered by said person which may arise of or in connection with participation in these recreation programs. I authorize the City of Chandler and the City of Mesa staff to secure medical treatment, if necessary in the event of an emergency, and to dispense medication if required.

I also grant permission to the Recreation Division of Chandler or Recreation Division of Mesa to use the likeness, voice, words of the above in TV, newspaper, film/video, or other media, for the purpose of promoting the City of Chandler or City of Mesa Therapeutic Recreation Programs

I hereby, for myself, my heirs, executors, administrators, and assigns, assume all risk and waive any and all claims for damages caused to my personal electronic devices and release the City of Chandler and the City of Mesa, their agents or assigns, from responsibility for any and all damages caused to personal electronic devices carried on the “Cool Pines Day Trip”

\_\_\_\_\_  
Parent/Legal Guardian’s Signature or Participant (if over 18)

\_\_\_\_\_  
Date

***Please return the registration forms and the hold harmless agreement by  
Friday, August 19, 2016  
Thank you!***