



City of Phoenix

PARKS AND RECREATION DEPARTMENT

Building healthy communities through parks, programs, and partnerships



2008

Youth Participant Application

River Rampage

**River rafting adventure/mentoring program for
Phoenix area residents 14 - 20 years of age,
with and without disabilities.**

Return by March 31, 2008

(Applications will be accepted after March 31st as long as slots are still available.)

This application can be provided in an alternate format upon request.
Call 602-262-4543 (Voice); 602-534-2491 (TT); or 602-534-1537 (FAX).

River Rampage Application

Please print legibly in blue or black ink. DO NOT USE PENCIL.

Full Name _____ Nickname _____

Gender (circle one) Male Female Age _____ Date of birth _____

Mailing address _____ Apartment # _____

City _____ Zip _____

Note: Residents of Phoenix receive priority in River Rampage's selection process.

Major cross-streets nearest your home _____

Phone number (home) _____

Home address (if different than above) _____

E-Mail (if available) _____

Parent/legal guardian name _____ Relationship to you _____

Phone number (day) _____ (evening) _____

Parent/legal guardian name _____ Relationship to you _____

Phone number (day) _____ (evening) _____

Check ONLY those trips you can make and rank them in order of preference with one (1) being your first choice. Dates include travel days. Please check your dates carefully, and remember to consider your school schedule. Once you are assigned to a trip, we will not be able to switch you to a different one! Remember: you must attend the orientation session!

<u>San Juan River, Bluff, Utah</u>		
<input type="checkbox"/>		<input type="checkbox"/>
<u>Expedition I</u> June 12 - 18		<u>Expedition II</u> June 26 - July 2
	<input type="checkbox"/>	
	<u>Expedition III</u> July 17 - 23	

Check here ONLY if you can do any of the three trips.

Name of school you attend: _____

Grade: _____ School phone: (_____) _____

Teacher who we could contact as a reference for you: _____

How did you first hear about River Rampage? (Please be specific.)

Name of another adult (not a relative) who we could contact as a reference for you (a friend, minister, caseworker, school counselor, etc.) _____

Name

Phone

Relationship

Have you had previous outdoor adventure/camping experience? If so, please tell us about it.

Do you consider yourself a () Non-swimmer () Beginning swimmer
() Intermediate swimmer () Advanced swimmer

NOTE: The ability to swim is not a prerequisite to going on an expedition!

Enclose a recent picture of yourself.



Have you ever done any volunteer work? If so, what, when and where?

In order to earn a position on an expedition, you need to complete 40 hours of volunteer work BEFORE your trip! The City of Phoenix Parks and Recreation Department will assist you in completing your hours whenever possible, but you will need to help arrange your own transportation. Below are some general categories. Check any that you may be interested in.

- | | |
|---|--|
| <input type="checkbox"/> Parks maintenance | <input type="checkbox"/> Sporting events |
| <input type="checkbox"/> Indoor/office aide | <input type="checkbox"/> Mountain parks preservation |
| <input type="checkbox"/> Special events | <input type="checkbox"/> Library aide |
| <input type="checkbox"/> Other - Please list some of your own ideas _____ | |

The following information is requested for program evaluation purposes:
(Check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> African American | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Native American; Tribal Affiliation _____ |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Other _____ |

Applicant Medical History

NOTE: This page (front and back) should be filled out by Parent/Guardian if the applicant is a minor, or has a legal guardian.

Our goal is to give every participant the safest, most successful rafting experience possible. Please answer all questions in as thorough and truthful a manner as possible. Disclosure of a disabling condition does not mean that a person will be denied access to any River Rampage trip! It will, however, enable us to better accommodate any needs they may have. Please print neatly in black ink.

Applicant's name _____

Mailing address _____ City _____ Zip _____

Home telephone () _____

Age _____ Birth date _____ Male [] Female []

Family physician _____

Physician's telephone () _____

Person (other than parent/guardian) to notify in case of emergency:

Name _____ Relationship _____

Full address _____

Home telephone () _____

Business telephone () _____

List any prescription medications applicant is currently taking, the dosage, and the condition for which they are being taken. _____

List over-the-counter medication(s) applicant routinely takes and for what purpose. _____

Is applicant hypersensitive to insect stings? Yes / No (If so, you must supply your own Ana/Epipen kit)

Applicant:

Can walk independently or ambulate a half mile

over rough terrain (1 = unable; 5 = easily)

1 2 3 4 5

Can lift 25 pounds and carry it 100 yards (1 = unable; 5 = easily)

1 2 3 4 5

Has upper body strength I would rate as (1 = poor; 5 = excellent)

1 2 3 4 5

Has a general physical condition I would rate as (1 = poor; 5 = excellent)

1 2 3 4 5

Exercises (1 = never; 5 = every day)

1 2 3 4 5

Please assess applicant's skill level in the following areas:

Reading skills:	Good	Fair	Poor	Unable to read
Writing skills:	Good	Fair	Poor	Unable to write
Verbal skills:	Good	Fair	Poor	Nonverbal

Comments on above: _____

Is applicant in Special Education classes at school? _____

Please check if applicant has any of the following conditions:

YES

NO

History of heat related illness	[]	[]
Muscle or joint problems (especially lower extremities)	[]	[]
Cardiovascular disease	[]	[]
Asthma (or other respiratory problems)	[]	[]
Any condition that might be worsened due to conditions on the trip	[]	[]

Please explain _____

Please check all of the following that apply to the applicant:

- o cerebral palsy
- o hearing impaired
- o burn injury
- o head injury
- o autism/asperger
- o diabetes
- o ADD
- o other _____
- o MIMR
- o visually impaired
- o spinal cord injury
- o depression
- o bi-polar
- o cystic fibrosis
- o ADHD
- o MOMR
- o spina bifida
- o paralysis
- o juvenile arthritis
- o cancer
- o amputation
- o hemophilia
- o Down syndrome
- o learning disabilities
- o AIDS/HIV
- o fetal alcohol syndrome
- o sickle cell anemia
- o seizure disorder
- o communication impairments

List any allergies _____

What symptoms do they present ? _____

Does applicant use a catheter? Yes / No If so, are they disposable or reusable? _____

Does applicant use Attends, Depends or a similar product? Yes / No _____

If so, are they used: daytime only _____ nighttime only _____ 24 hours /day _____

NOTE: If applicant uses these items regularly, she/he will be required to bring her/his own supply.

Is applicant covered by any hospitalization or medical care policy? [] Yes [] No

If yes, name of Insurance Company _____

List the name, phone number, and address of each physician who has knowledge of applicant's general health, or any specific health problem or limitation:

Tee shirt size: (Circle one) S M L XL XXL Shoe size: _____

Information required to properly fit floatation devices: Height _____ Weight _____

All passengers must weigh 250 pounds or less and have a waist/chest size of 52 inches or less (maximum dimensions allowed for Coast Guard-approved life jackets.)

Do you have sensory, physical, cognitive, or emotional special needs? Yes / No

If so, list and state how they affect you. Please be explicit! _____

Do you use hearing aides? Yes / No

Do you have a mobility limitation? Yes / No If so, explain and check the mobility aides used. _____

Wheelchair _____ Braces _____ Crutches/Walker/Cane _____ Other assistive devices _____

Explain _____

If you have a disability, do you normally use the services of an attendant when:

Eating _____ Dressing _____ Toileting _____ Other _____

NOTE: If you typically need an attendant in your daily life, you will be required to bring one along on the trip. Call us for more information. If you do need an attendant, do you have the name of a qualified person in mind? If so, who? _____

Do you have special dietary needs? If you do, describe a typical day's food intake. Be specific as to meal times, type and number of snacks needed, etc. Also please list any food allergies you have.

Have you ever experienced sleep walking episodes? Yes/No

Do you experience carsickness or take medication for carsickness? Yes /No _____

Is there anything we should know to help make your trip more comfortable or enjoyable for you?

Primary language _____

Secondary language _____ Skill Level (beginner) 1 2 3 4 5 (fluent)

Do you require an interpreter? Yes/No _____

Note: Interpreters can be provided as necessary; please let us know if you will need one.

Certification of Information Provided

To the best of my knowledge and belief, all the information set forth within this application is complete, true and correct. All the entities participating in the expedition may rely on the information contained herein to make a decision as to whether or not this applicant may safely complete the trip and participate in the River Rampage reunion. (For applicants younger than 18 years, parent or legal guardian must sign.) The City of Phoenix reserves the right, in its absolute discretion, to terminate this program, or anyone's participation in the program, at any time, for any reason, including but not limited to any applicant's failure to comply with any application requirements or program coordinator's directives.

Applicant's name (print) _____ Date _____

Parent/legal guardian's name (print) _____

Signature of parent/legal guardian (if applicable) _____ Date _____

Information Release

I hereby direct any attending physician or health care provider with knowledge of applicant's physical, emotional or mental health to provide all information to the City of Phoenix, or any other entity requesting information in connection with the trip and the River Rampage reunions. Further, I waive medical confidentiality with respect thereto. I assume responsibility to notify River Rampage staff as soon as possible when a change in applicant's health occurs that would affect participation. I also grant permission for representatives of applicant's previous/current school /service provider to exchange general information, reports and professional impressions of applicant with a River Rampage representative, relevant to applicant's participation in the River Rampage program.

Applicant's name (print) _____ Date _____

Parent/legal guardian's name (print) _____

Signature of parent/legal guardian (if applicable) _____ Date _____

Photography Release

I hereby grant the City of Phoenix, its co-sponsoring organizations, media representatives, and any trip participant the right to photograph, video or film record applicant's participation in a River Rampage trip or reunions without recourse. This includes the right to use photographs, video or film in promotional, documentary or media coverage.

Applicant's name (print) _____ Date _____

Parent/legal guardian's name (print) _____

Signature of parent/legal guardian (if applicable) _____ Date _____

River Rampage is proudly sponsored by



City of Phoenix
Parks and Recreation Department,
Community Outreach Division
Adaptive Recreation Services,
with support from



River of Dreams, a nonprofit organization

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Call 602-262-4543 (voice) or 602-534-2491 (TTY). 602-534-1537 (FAX). E-mail: rick.johnson@phoenix.gov

Esta publicación puede proveerse en formatos alternativos si es solicitado.

Llame al - 602-262-4543 (voz). 602-534-2491 (TTY). 602-534-1537 (FAX). E-mail: rick.johnson@phoenix.gov

**To request a reasonable accommodation call 602-262-4543 (voice) or
602-534-2491(TTY). 602-534-1537 (FAX). E-mail: rick.johnson@phoenix.gov**

Attention River Rampage applicant: Give this form to an adult who knows you well but is not a member of your family. The person you give it to should complete it and mail it in separately from the rest of your application.

River Rampage Reference Form

To Whom It May Concern: You have been chosen as a reference by an applicant for the 2008 River Rampage program. River Rampage is a rafting program for Phoenix teens who have disabilities, or face other significant challenges in their lives. Teens chosen for participation travel outside of Arizona with a group for a week-long rafting/camping adventure. Trips are provided at no cost to the participants, however, each young person must earn their spot by contributing 40 hours of volunteer work in their community. Also, they must be able to follow directions, and stay seated in a raft while on the river. Keeping this in mind, please answer the questions below. All responses are kept confidential. **Please note; we cannot consider a teen for participation, no matter how deserving, until a reference form is received!** Please call Rick at 602-534-5681 with any questions or concerns you may have.

Your name: _____ Phone number: _____

Applicant's name: _____

What is your relationship to the applicant? _____

How long have you known him / her? _____

Do you feel the applicant generally:	Never	Often	Always		
Works independently?	1	2	3	4	5
Understands and responds appropriately to directions?	1	2	3	4	5
Exhibits age-appropriate behavior?	1	2	3	4	5
Is cooperative with peers and adults?	1	2	3	4	5
Is comfortable in unfamiliar situations?	1	2	3	4	5
Expresses his or her needs?	1	2	3	4	5
Follows through on tasks?	1	2	3	4	5
Follows through on commitments?	1	2	3	4	5
Interacts well with others?	1	2	3	4	5

Please feel free to provide additional information: _____

Have you ever known the applicant to:

Hit or strike others?	Never	Rarely	Occasionally	Often	Regularly
Use foul language?	Never	Rarely	Occasionally	Often	Regularly
Exhibit self destructive behavior?	Never	Rarely	Occasionally	Often	Regularly
React aggressively to criticism?	Never	Rarely	Occasionally	Often	Regularly

Comments on the above: _____

Overall, do you feel that the applicant would benefit from involvement in the River Rampage program? Why or why not? _____

Is there anything else you feel we should know about the applicant? Please include any concerns, or conditions which you feel would affect the applicant's ability to have a safe and successful experience in the River Rampage program. _____

Please return this form as soon as possible to:

**Phoenix Parks and Recreation Department
River Rampage Program
1946 West Morningside Drive
Phoenix, AZ 85023**

THANK YOU FOR YOUR TIME!

Keep This Paper!!

Save These Dates!!

Important things to remember if you are selected for a River Rampage Expedition!

Mandatory Trip Orientations: There are two separate orientations. The first one is for both Trips I and II and the second orientation is for Trip III. Keep these dates open, if you are selected for a trip you and your parent/guardian will need to attend the orientation for your trip.

Orientation for Trips I & II, May 3, 2008
Orientation for Trip III, May 31, 2008

Volunteer Service: There is **NO COST** for these trips, however you will need to complete 40 hours of volunteer service, with the help of your sidekick, once you are selected for a trip. What is a sidekick you ask? Sidekicks are adult volunteer mentors who will help you find places to volunteer, assist in completing your hours, and will help everyone when we are on the river.

On The River: Our expedition will be guided by Grand Canyon Youth, a licensed commercial outfitter. Each trip will have a medical volunteer and several other volunteers with specialized outdoor experience.

The Trip Dates: When considering a trip please check your schedule carefully, don't forget about summer school! Once you are selected for a trip we will not be able to change your trip date!

Trip I June 12 - 18, 2008
Trip II June 26 - July 2, 2008
Trip III July 17 - 23, 2008

Return Completed Application to:
River Rampage
1946 W. Morningside Drive
Phoenix, Az. 85023