



Student's Limited Activity List

Student's name: _____ School: _____

Injury/ disability/limitations (please describe in detail): _____

Special accommodations at school: _____

Is this student on crutches? YES** NO ****If this student is on crutches or you have checked "no" to any of the ** activities below, the child will not be able to attend independently and safely navigate our site. Please call 209-532-6673 immediately to set up other accommodations. Note that we require 6 weeks' notice for parent shadow candidates.****

Please check "yes" or "no" for each of the following activities:

May Participate?

- Yes/May self-limit No
- Yes/May self-limit No
- Yes/May self-limit No
- Yes/May self-limit No
- Yes/May self-limit No
- Yes/May self-limit No
- Yes/May self-limit No
- Yes/May self-limit No
- Yes/May self-limit No
- Yes/May self-limit No
- Yes/May self-limit No
- Yes/May self-limit No
- Yes/May self-limit No
- Yes/May self-limit No
- Yes/May self-limit No

Activity:

- **Participate in activities from 9 a.m. to 9 p.m.
- **Ride on a bus for 2+ hours
- **Walk on a paved road
- **Hike over mild to moderate terrain on dirt trails
- **Hike, play games, and explore for 2 ½ hr. lessons
- Hike slowly at night for 1 hour
- Wade in a shallow creek
- Climb on, under, and between boulders
- Climb stairs (up and down 165' into a cavern, 468 stairs total)
- Throw balls, frisbees, or bean bags
- Run
- Jump or balance on a slackline
- Dance

Signature of Parent/Guardian

Date

Signature of Health Care Provider

Date

Printed name of Health Care Provider

Phone number

Office Address

Please fax this completed form to our Health Office: (209) 532-0019