

Student's Limited Activity List

Student Information:

Student Name: _____ Date of Birth: _____

School: _____ Teacher: _____

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 labeled with the "**", 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.**

| Activity: | May Participate | |
|--|---|-------------------------------|
| ** Participate in activities from 9 a.m. to 9 p.m. | <input type="checkbox"/> Yes/May self-limit | <input type="checkbox"/> No** |
| ** Ride on a bus for 2+ hours | <input type="checkbox"/> Yes/May self-limit | <input type="checkbox"/> No** |
| ** Walk on a paved road | <input type="checkbox"/> Yes/May self-limit | <input type="checkbox"/> No** |
| ** Hike over mild to moderate terrain on dirt trails | <input type="checkbox"/> Yes/May self-limit | <input type="checkbox"/> No** |
| ** Hike, play games, and explore for 2 ½ hr. lessons | <input type="checkbox"/> Yes/May self-limit | <input type="checkbox"/> No** |
| Hike slowly at night for 1.5 hours | <input type="checkbox"/> Yes/May self-limit | <input type="checkbox"/> No |
| Wade in a shallow creek | <input type="checkbox"/> Yes/May self-limit | <input type="checkbox"/> No |
| Climb on, under, and between boulders | <input type="checkbox"/> Yes/May self-limit | <input type="checkbox"/> No |
| Throw balls, frisbees, or bean bags | <input type="checkbox"/> Yes/May self-limit | <input type="checkbox"/> No |
| Run | <input type="checkbox"/> Yes/May self-limit | <input type="checkbox"/> No |
| Jump or balance on a slackline | <input type="checkbox"/> Yes/May self-limit | <input type="checkbox"/> No |
| Dance | <input type="checkbox"/> Yes/May self-limit | <input type="checkbox"/> No |

Parent Information and Signature

Parent Signature: _____ Date: _____

Parent Name: _____ Phone: _____

Consult your health care provider for advice if needed.

Please email the completed and signed form to:

Attn: Foothill Horizons

Email address: foothillhorizons@stancoe.org

Fax: (209) 532-0019