

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, Jump, and Dance	<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
Climb 165 feet up and down stairs into Moaning Caverns—4 day trip only	<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