The objective of the UCF’s Ropes Challenge course training program is to build cohesiveness within groups and self-esteem and awareness in individuals by creating a sequence of physical and mental challenges for the participants to overcome. Each activity or challenge concentrates on fostering skills such as leadership, trust, teamwork, cooperation, communication, problem solving, decision-making and conflict resolution. Following each challenge/activity, instructors lead a debrief discussion that focuses on a teamwork topic relative to that event. These skills that you will learn are all essential for your success!

For more information visit: www.ce.ucf.edu/ropes

This event will take place on Wednesday, March 25th. It is a day off from school in Orange & Osceola County. We will be providing transportation starting at specific locations. Lunch will be provided for your student. If you are interested in attending this event, please read this application packet and fill it out completely. All applications will need to be turned in by Wednesday, March 11th 2015.

You can fax it to 407.646.2318, scan and email it to parmstrong@rollins.edu. Or mail it to us
Educational Talent Search 1000 Holt Avenue, Box 2758 Winter Park FL 32789

Questions? Please call Paula at 407.646.1558

We will be picking students up from these three locations.
Please choose where you will dropping off and picking them up from. Thank you.

Student Drop Off: _____ Turnpike Park & Ride Lot 901 Shady Lane Kissimmee FL 34744 7:15 A.M.
Student Pick Up: _____ Turnpike Park & Ride Lot 901 Shady Lane Kissimmee FL 34744 4:15 P.M.
Student Drop Off: _____ 2620 N. Hiawassee Rd. /Silver Star Rd. (J. Mart Plaza) Orlando FL 32810 8:00 A.M.
Student Pick Up: _____ 2620 N. Hiawassee Rd / Silver Star Rd. (J. Mart Plaza) Orlando FL 32810 3:30 P.M.
Student Drop Off: _____ 4501 Hoffner Ave. Orlando FL 32812 (Publix Plaza) 8:00 A.M.
Student Pick Up: _____ 4501 Hoffner Ave. Orlando FL 32812 (Publix Plaza) 3:45 P.M.
Application Packet

Please read this entire packet and fill it out COMPLETELY in order to be considered to attend this event.

We will begin reviewing all applications on Wednesday, March 11th. If your complete packet is not into us by that date sorry, you will not be considered. We will make our final decision as to who will be attending with us no later than Thursday March 19th and will notify everyone at that time. We have limited room on this event so we will be taking multiple things into account when choosing our participants. This will include monthly meeting attendance, grades and answers to the essay questions.

The complete application includes:

- All forms filled out and singed
- Answer to both essay questions
- Report Card attached.

Please write your answers to these two essay questions below.

1: Why are you interested in attending this event?

2: How do you think attending this event will benefit you?
PERMISSION / EVENT INFORMED CONSENT FORM

Every student participating in a college-sponsored trip must read and sign this consent form prior to the departure of a field trip or the beginning of an event. In addition, students who are younger than 18 years must have a signature of a parent or guardian.

UCF Ropes Challenge March 25th 2015
Permission form MUST be returned by Wednesday, March 11th
Fax 407.646.2318 or scan and email parmstrong@rollins.edu

I, the undersigned, have enrolled and intend to participate in the Rollins College Educational Talent Search sponsored field trip/event identified above. I acknowledge that I have read the course/program outline and voluntarily accept all risks associated with the activities and also agree to abide by Talent Search rules of conduct. I agree to hold Rollins College, and all its officers, agents and employees free from liability in the event I suffer personal injury or property damage as a result of participating in the field trip/event, even as a result of negligence.

I further agree that I am solely responsible for my own equipment, supplies, personal property and effects during the course of the field trip/event. I agree that all parties above whom I have hereby held free from liability are only responsible for the general supervision of the logistical/educational aspects necessary to provide a safe and successful field trip/event and that they cannot and do not guarantee my personal safety.

I have notified the supervising instructor/staff member of any existing medical condition or medication that could affect my ability to fully participate in this field trip/event. In the event that any medical attention is needed, I authorize the leader(s) of the field trip/event or any qualified individual to administer the first aid necessary to maintain health until a physician may be reached or other medical assistance obtained. I further authorize any physician to administer such medical or surgical treatment diagnosed as necessary.

I, the parent/guardian, understand that I need to be at agreed upon location at set time to pick up my student. Rollins College Educational Talent Search counselors are required to stay with students until all have been picked up.

Please be aware Pick Up times might change due to traffic and other unforeseen situations.

We will do our best to keep you informed of any changes.

Student Drop Off: _____ Turnpike Park & Ride Lot 901 Shady Lane Kissimmee FL 34744 7:15 A.M.
Student Pick Up: _____ Turnpike Park & Ride Lot 901 Shady Lane Kissimmee FL 34744 4:15 P.M.
Student Drop Off: _____ 2620 N. Hiawassee Rd./Silver Star Rd. (J. Mart Plaza) Orlando FL 32810 8:00 A.M.
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Student Drop Off: _____ 4501 Hoffner Ave. Orlando FL 32812 (Publix Plaza) 8:00 A.M.
Student Pick Up: _____ 4501 Hoffner Ave. Orlando FL 32812 (Publix Plaza) 3:45 P.M.

By my signature below, I hereby agree to and fully understand all the above issues/conditions and do accept full responsibility as outlined above.

Parent/Guardian Signature: ____________________________________________ Date: __________
Student Name: ___________________________ School: ___________________________ Grade: __________
Student Signature: ____________________________________________ Date: __________
Name of Emergency Contact(s): ____________________________________________
Relationship to Student: ________________________________________________

Phone #’s
Cell ______ ______ ______ Home ______ ______ ______ Work ______ ______ ______

Student Email

Parent/Guardian Email

If you do not receive a confirmation email within 24 hours, please re-fax your form.
Ties That Bind, Inc.

Medical Information

Name: (print)______________________________ Phone:__________________________

Address:____________________________________ City: _____ State _____ Zip________

Name of Personal Physician:_______________ Phone: ____________________________

Emergency Contact:_______________________ Phone: ____________________________

Do you have health/accident insurance? Yes / No
If so, list carrier/policy # ______________________________________________________

Are you taking any medication, prescribed or otherwise? If yes, please list medication and condition.

Do you have any physical or health disabilities that may be limiting? If yes, please explain:

Please list known allergies to medications, insect bites, foods, etc.

Do you have Asthma? Yes _____ No _____

Do you currently have any of the following symptoms or conditions: (Please check if yes)

Epilepsy: _____ Drug Reactions: _____ Back, Neck or Knee Problems: _____ Diabetes: _____
High Blood Pressure _____

Heart Disease or Heart Attack: _____ Chest Pains, Palpitations or Heart Murmur: _____
Have you had a stroke? Yes / No

Do you have a history of Heart Disease, High Blood Pressure or Strokes in your family? Yes / No
If you checked any of the above, please explain each condition: _______________________________________

List any other conditions or recent injuries we should be aware of:

__________________________________________________________

__________________________________________________________

Name of Participating Group: ____________________________________________

Signature of Participant:_________________________________________ Witness_____________________________________

Parent/Guardian if participant is between 10 and 18_________________________________
Ties That Bind, Inc.

Release of Liability/Assumption of Risk

In consideration of being allowed to participate in any way in the Ties That Bind Program, its related events and activities, I, __________________________ the undersigned, acknowledge, appreciate, and agree that:

I understand that all of the activities in this program are strictly voluntary and that it is my own choice to participate in each activity to whatever degree I deem appropriate, after due consideration of my own physical health, physical abilities and medical condition. I understand and agree to be supported in my choice and to support others in their choice as well.

The risk of injury from the activities involved is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist.

I understand that the Ties That Bind staff adheres to high safety standards and that safety issues and rules will be discussed before each event. I agree to abide by all safety standards.

I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for my participation.

I understand that it is my responsibility to inform the Ties That Bind staff of any and all physical limitations, liabilities or injuries including, but not limited to, heart conditions, neck or back problems, recent surgeries, pregnancy, and any other potential situation that may be affected. I further understand, that in the case of an accident or illness, the Ties That Bind staff will provide basic first aid and arrange for medical services, if needed.

I understand that Ties That Bind, Inc. and Canterbury Retreat Center shall not be held responsible or liable in any way to me for bodily injury, illness whether mental or physical, property damage or loss resulting from, but not limited to, my own negligence. The terms hereof shall serve as a release and assumption of risk for myself and all members of my family.

I have read the above terms and conditions and by signing below agree to all of the above mentioned terms and conditions.

Name: (Please Print) __________________________________________________________

Signature: ___________________________________________________________________

Date: __________________________