



## **Rock Climbing**

We will be Rock Climbing outside of Chattanooga, TN at an area known as Foster's Falls. The trip will be during our Winter Break, Friday, March 11.

Coast: \$55 payable to FCS (return with forms to Coach Hughes)

Departure time from FCS: 8:00

Lunch and snacks at the Climbing site (provided)

Bring \$\$ for fast food dinner and gas station snacks

Arrival time at FCS: 8:30

What you need:

Athletic clothes, climbing requires free movement. Weather appropriate clothing for while you are not on the rock (we do not go inside at all). Shoes for walking on a well established trail. Water Bottle, Sunscreen.

We will be setting up on established routes, with all the necessary equipment. Students will not climb over a safe limit without harness and belay. Our leaders are all VERY experienced climbers and know how to set up safe climbing. However, it is essential that each participant obey all rules and climbing commands, and listen to all instructions.



## **Rock Climbing**

           **I AM GOING ON THE MARCH 11<sup>TH</sup>  
ROCK CLIMBING TRIP**

           **I HAVE INCLUDED ALL THE APROPRIATE  
FORMS (MEDICAL, ASSUMPTION OF RISK)  
NOT NESSECARY IF YOU HAVE ALREADY TURNED THESE IN**

           **I HAVE INCLUDED MY PAYMENT FOR THIS  
TRIP**



## FELLOWSHIP CHRISTIAN SCHOOL

### TREAD PROGRAM

Sponsor/Coordinator: Trip Hughes  
trip.hughes@fcspaladins.org

### ASSUMPTION OF RISK

Outdoor activities very often take place in the wilderness and away from immediate medical assistance. I, the undersigned (and/or parent/legal guardian), voluntarily agree to participate in the following activities: kayaking, rock climbing, backpacking, mountain biking, caving, and any others coordinated by FCS's Tread Program. I understand this activity will have more inherent risks than normal day-to-day activities. These risks can involve serious injury or even death. I am freely and voluntarily participating in this activity with the knowledge of the danger(s) involved and agree to assume and accept any and all risks. I hereby agree that I will listen carefully and follow all verbal and/or written instructions and directions and ask questions if I do not understand.

**I also agree to refrain from the use of alcohol, any unprescribed drug, and tobacco while involved in this activity.**

**I have carefully read this form and fully understand its contents.**

SIGNATURE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DATE: \_\_\_\_\_

PARENT'S SIGNATURE IF UNDER 18: \_\_\_\_\_

# Medical History Form

Outdoor activities very often take place in the wilderness and away from medical help. Your health and safety is very important to both us and your parents so please answer the following questions as thoroughly and honestly as possible. We ask these questions so that we can be prepared to deal with problems that may arise as well as help you prepare yourself. Answer **ALL** the questions and sign and date the form. This form **will** be kept confidential.

Name \_\_\_\_\_  
(last) (first) (m.i.)

Date of birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

SS# \_\_\_\_\_

## Contact Information in case of Emergency

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone #s (h) \_\_\_\_\_ (c) \_\_\_\_\_  
Relation \_\_\_\_\_

List all prescription drugs you are taking

\_\_\_\_\_  
\_\_\_\_\_

Do you have or have you had any problems of which we should be aware? (allergies, asthma, diabetes, epilepsy, physical limitations which may prevent you from your full participation, etc.) Please explain.

\_\_\_\_\_  
\_\_\_\_\_

Do you have insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Health insurance provider \_\_\_\_\_

Policy Number \_\_\_\_\_

Participants must be able to take care of their own medical expenses. We are covered by the school's insurance to supplement your own personal insurance, but each participant must be covered.

The recorded medical history form is correct and complete to the best of my knowledge. Should I sustain any injury or illness while on a Ranger trip, my signature on this form authorizes the trip leaders/first aid personnel the right to administer first aid.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_