

Alpine Alternatives, Inc. 2011 Summer Programs



Hurray! Summer is coming and Alpine Alternatives has a wide range of fun-filled recreational activities scheduled. We are pleased that we will have many returning staff, and look forward to a great summer. Please help Alpine Alternatives plan safe, fun, and educational activities by submitting this completed registration form no later than May 23, 2011. Activities with low enrollment will be cancelled. Keep the following in mind:

The program as a whole is a group activity. Please keep in mind that if your child/young adult does not function well in this type of environment you must provide a care provider to assist and monitor their behavior; there is no charge for the care provider. The youngest age for Camps is 7, for Day Outings it's 6 (on approval).

Membership

Alpine Alternatives is a membership organization. Membership for all participants is a requirement stated in our By-Laws and required by our insurance carrier. Membership fees are tax deductible. Our membership/fiscal year is October 1 through September 30. If you have not yet paid your 2010-11 membership please do so at this time.

()	Under age 18/Family	\$30
()	Age 18 and up/Individual	\$25

Payment of Fees

Fees and memberships must be paid in full before anyone will be added to the program roster. If you have any questions, please call Nancy in Accounting at 563-0148. **Agreements with other than Accounting are not valid.**

Refunds

Alpine Alternatives, Inc. offers its adaptive outdoor activities at fees comparable to or less than those charged by other organizations that provide non-adaptive activities. In keeping with those organizations, we will be able to make a refund ONLY if a client does not participate due to the cancellation of an activity by Alpine because of weather conditions or other unforeseen events beyond the control of the agency. If you have any questions regarding this policy, please call the Accounting Direct Line at 563-0148.

Alpine Alternatives, Inc.
2518 E. Tudor Road, Suite 105
Anchorage, AK 99507
(907) 561-6655
(907) 563-9232 (fax)

Our Accounting and Director's offices are in need of 2-3 office-appropriate chairs for seating of clients and visitors. If you are spring cleaning and have something you think will work for us, please call Nancy at 563-0148.



Alpine Alternatives, Inc.
2011 Summer Programs
Day Outings

What a wonderful winter we had, but now we are ready for summer. This summer we have many exciting activities planned for our day outings program. The day outings will start on Wednesday, June 1, 2011.

We will be offering a total of 26 outings this summer. We have trips planned to the Campbell Creek Science Center; Reindeer Farm; AK Wildlife Conservation Center; the Musk Ox Farm; Kulis National Guard Base tour and many parks and hikes.

Clients participating in our day outings are required to bring the following:

*A sack lunch along with water as we are often in areas that do not provide drinkable water.

*Dress appropriately for the activity. If we are hiking please wear shoes that are durable. It is also wise to pack an extra sweatshirt and/or light rain jacket in case the weather turns cool and/or wet.

*It is very important that any medication required during the day is in the original medication container. Medications must be checked in each morning with the appropriate person.

*If toileting is an issue please be sure and provide the necessary items (attends, pull ups, etc.) as well as a change of clothing just in case.

All day outings are \$50 per outing with the exception of those held on Wednesdays. Wednesday day outings are done in conjunction with horseback riding in the Valley. The Wednesday outings are \$70 and limited to six riders only. If you are not riding the outing will be \$50.

Cancellation of an outing will occur if an insufficient number of participants have registered for the outing.

Alpine Alternatives, Inc.
 2518 E. Tudor Road, Suite 105
 Anchorage, AK 99507

2011 Summer Day Outings
 Registration Form

Please help Alpine Alternatives plan safe, fun and educational activities by returning this completed registration form no later than May 23, 2011 to the above address. Day outings meet at Alpine's office at 9:45am and return at 4pm, on Wednesdays the outing will return at approximately 4:30pm (this is due to the horseback riding session). Please note the cost associated with each outing when calculating the total amount due. If you are choosing to attend the Wednesday outing but do not wish to ride the amount is \$50. Late pick ups will result in a \$10 late fee.

___W	June 1	Wasilla Lake/Valley Horseback Riding (not riding is \$50)	\$70
___F	June 3	*Ulu Factory/Ship Creek Hike/David Green Park	\$50
___M	June 6	Campbell Creek Science Ctr./Potter Marsh/Potter Section House	\$50
___T	June 7	AK Public Lands Info Ctr/Music @ the Library	\$50
___W	June 8	Eagle River Duck Pond/Valley Horseback Riding (not riding is \$50)	\$70
___Th	June 9	Pt. Woronzof/Earthquake Park/Taku Lake Park Hike	\$50
___F	June 10	Anchorage Museum/Coastal Trail Hike/Elderberry Park	\$50
___M	June 13	Fire Department Museum/Flattop Viewing Station Hike	\$50
___T	June 14	Muni Greenhouses Tour/Park of Participants Choice	\$50
___W	June 15	Reindeer Farm/Valley Horseback Riding (not riding is \$50)	\$70
___F	June 17	Goose Lake/Sand Play/Hiking	\$50
___T	July 5	Abbott Loop Community Park Field Day	\$50
___W	July 6	*Thunderbird Falls Hike/Valley Horseback Riding (not riding is \$50)	\$70
___Th	July 7	Museum of Natural History/AK Wildberry Products Tour	\$50
___M	July 18	*Eagle River Nature Center	\$50
___T	July 19	Park/Hiking/Titlewave Story Time	\$50
___W	July 20	Mirror Lake/Valley Horseback Riding (not riding is \$50)	\$70
___F	July 22	*Alyeska Tram Ride/Hike Alyeska	\$50
___M	July 25	*Hatcher's Pass Hike	\$50
___T	July 26	Participants Choice/Papa Murphy's Pizza Tour	\$50
___M	Aug 1	*Eklutna Lake Hike	\$50
___T	Aug 2	Kulis Air Guard Base Tour/Castle Park Playground	\$50
___W	Aug 3	Lake Lucille/Valley Horseback Riding (not riding is \$50)	\$70
___F	Aug 5	AK Native Heritage Center	\$50
___M	Aug 8	*Beluga Point/McHugh Creek/Indian Valley Mine Tour	\$50
___T	Aug 9	*AK Wildlife Conservation Ctr./Girdwood Hike	\$50

Name: _____

NOT WHEELCHAIR ACCESSIBLE

Please note the dates that you have chosen to attend

We do NOT offer day outings during the time we run Camp Alpines or Camp Abilities

Alpine Alternatives, Inc.
2011 Summer Programs
Camp Alpine I, II & III

Alpine Alternatives, Inc. will be offering three sessions of Camp Alpine this summer. Camp Alpine is held at Meier Lake, located 6.8 miles outside Wasilla on Fishhook Road. Campers are responsible for their own transportation to and from camp. Drop off time is between 4:30pm and 5:30pm on the first day of camp. Pick up time is between 9am and 10am on the last day of camp.

Upon drop off the campers will participate in orientation, familiarize themselves with camp, receive their cabin assignment and have dinner. Parents are welcome to participate in the aforementioned activities as well as staying for dinner.

Drop off and pick times must be strictly adhered to, if campers are dropped off early or picked up late there will be a charge of \$30 for every 30 minutes the drop off is early or the pick up is late. Staff will not be responsible for early drop offs or late pick-ups. The Alpine Staff is responsible for cleaning up the camp so must have the campers off premises by 10am. Thank you for being considerate of the staff by adhering to the drop off and pick up times.

Each session of camp is structured to meet the needs of the participating campers. Please note the write-up for each camp and call Louise at the office at 561-6655 if you have any questions.

To better meet the recreational needs of all our campers, we have had to set an age limit for two of our camps. We are now only able to accept individuals between the ages of 7 and 22 for Camps II and III. We apologize for any inconvenience this may cause.

Camp Alpine I June 20 -- June 24 (Partial Assistance) This camp is for individuals that experience a disability and are aged 20 and up. Individuals that experience physical challenges, moderate mental challenges and are non-ambulatory and/or have sensory impairments are welcome at this camp.

FEE: \$425 + membership fee

Camp Alpine II June 25 - June 30 (ADD/ADHD) (This camp is very physically active campers need to be able to hike up to two miles at a steady pace) This camp is for campers that are independent, ambulatory, learning disabled, ADD/ADHD or any other comparatively mild disability. Campers will be very active with many hikes and other sports related activities.

FEE: \$425 + membership fee

Camp Alpine III July 27 - July 31 (Inclusion) This camp is for individuals that experience developmental disabilities, behavior challenges, mental challenges or those that need partial/minimal assistance with daily needs. Campers are required to bring their own support person if needed.

FEE: \$425 + membership fee

Any individual that has behavior problems/issues or that needs direct one on one assistance with daily needs will be required to bring a one on one with them to camp. We do not have the staff to provide one on one supervision. There is no charge for the one on one to attend camp. However, if a one on one is coming it must be noted on the camper's paperwork so that we can calculate them into the numbers for purchasing food, figuring cabin assignments, etc.

All camp participants that require medication must bring the medication in the original bottles, no exceptions! We will not be able to accept medication that is brought in baggies!

Camp Alpine 2011
Camp Equipment List
Please be sure to keep this list

Mandatory items:

Fitted sheet to cover twin mattress

Pillow/Pillow case

Sleeping bag and extra blanket if necessary

Towels (at least two/three)

Laundry bag/garbage bag for dirty items

Backpack

Water bottle

Sunscreen (#15 or higher)

Bug spray

Medications

Toiletries: toothbrush, toothpaste, deodorant, soap, shampoo, comb/brush

Mandatory Clothing:

T-shirts

Sweatshirts

Jeans

Athletic shorts

Sweatpants/wind pants

Tennis shoes that tie or velcro tightly

Hat

Jacket

Swimsuit

Sleepwear

Socks

Undergarments

It is very important that ALL Campers are prepared and dressed appropriately for hiking and sports activities that we will be doing at camp.

E-MAIL ADDRESS _____

CLIENT INFORMATION FORM

Please fill out completely!

Name _____ Date of Birth _____

Age _____ Sex _____ Height _____ Weight _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Mother's Name _____ Employer _____

Evening Phone _____ Day Phone _____ Other _____

Father's Name _____ Employer _____

Evening Phone _____ Day Phone _____ Other _____

Individual(s) authorized to pick up client from Alpine events _____

Disability (mark all that apply)

_____ Learning Disabled

_____ Mentally Retarded

_____ Physically Impaired

_____ Hearing Impaired

_____ Brain Injury

_____ Spina Bifida

_____ Visually Impaired

_____ ADD/ADHD

_____ Cerebral Palsy

_____ Down Syndrome

_____ Multiple Sclerosis

_____ Autism

_____ Speech Impaired

_____ Emotionally Disturbed

_____ Other _____

Behavior (mark all that apply)

Hyperactive

Temper Tantrums

Loud or Abusive Language

Hits others

Socially Isolated

Inappropriate Sexual Behavior

Warning signs for emotional or physical outbursts _____

Techniques for control of inappropriate behavior _____

Cognitive Ability _____

Communication Skills _____

Mobility Ambulatory _____ Non Ambulatory _____

Special adaptive equipment _____

Specify type and degree of assistance required in each area:

Eating _____

Dressing _____

Grooming _____

Bathing _____

Toileting _____

Bedtime routine _____

Uses protective undergarments? _____

Additional information about the camper that you would like to share with the staff?

DS/USA INSURANCE WAIVER & RELEASE OF LIABILITY FORM and MEDIA RELEASE FORM
Please note: there are two places on this sheet that require a signature

DS/USA INSURANCE WAIVER & RELEASE OF LIABILITY FORM

In consideration of being allowed to participate in any way in DISABLED SPORTS USA's programs, Alpine Alternatives, Inc., related events, and activities, I and/or the minor participant, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, the undersigned:

1. Agree that prior to participating, I will inspect, or if a parent and/or legal guardian I will instruct the minor participant to inspect, the facilities and equipment to be used, and if I believe, to the best of my ability, that anything is unsafe, I and/or the minor participant will immediately advise DISABLED SPORTS USA and Alpine Alternatives, Inc. of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that I and/or the minor participant, will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result only from my own actions, inactions or negligence of others, the rules of play, or the condition of the premises or any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue DISABLED SPORTS USA, Alpine Alternatives, Inc., its affiliated clubs, their representative administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, their heirs, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT VOLUNTARILY.

X _____
Participant's Name (PLEASE PRINT CLEARLY) Signature Date

FOR PARTICIPANTS UNDER THE AGE OF 18

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

X _____
Parent's Signature & Emergency Phone Name & Date (PLEASE PRINT CLEARLY)

MEDIA RELEASE FORM

Name _____ Age _____ Male _____ Female _____
(PLEASE PRINT CLEARLY)

MEDIA/PHOTO WAIVER: I hereby authorize and give my full consent to Disabled Sports USA to copyright and/or publish any and all photographs, videotapes and/or film in which I appear while attending this DS/USA event. I further agree that DS/USA may transfer, use or cause to be used, these photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, and television programs without limitations or reservations.

X _____
Signature of Participant/Guardian Date

AUTHORIZATION TO PROVIDE TRANSPORTATION
(Required to participate in day outings and camp)

I, as parent/guardian with legal responsibility for this participant, give permission for _____ to go on day outings, and activities requiring transportation provided by Alpine Alternatives.

Authorized Signature _____ Date _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Alpine Alternatives has an established emergency medical treatment plan. In case of a minor injury or illness, authorized trained personnel may administer first aid or medication. In cases of serious injury or illness, personnel will call for emergency medical treatment or provide transportation to emergency services as needed. In all cases parents/guardian will be called regarding injuries and/or illness.

I, as parent/guardian with legal responsibility for this participant, authorize Alpine Alternatives to administer first aid, to call for emergency medical treatment, or to provide emergency transportation, as described above, for _____ . I, as parent/guardian with legal responsibility for this participant, further agree to bear all cost of emergency services provided in cases of injury or illness.

Authorized Signature _____ Date _____

AUTHORIZATION TO UTILIZE AUDIOVISUAL PRODUCTS

Alpine Alternatives has frequent occasion to illustrate and explain its programs and activities for volunteer recruitment, fund-raising, enhancing community awareness, news releases, brochures, reports, etc. Toward these efforts it is most beneficial to use photographs of our activities and participants. However, we would never intentionally offend our friends/supporters by doing these things without their understanding and consent. Should you feel comfortable in assisting us in this manner, we would appreciate your consent.

I, as parent/guardian with legal responsibility for this participant, consent to Alpine Alternatives using any audiovisual products for such purposes as described above.

Authorized Signature _____ Date _____

ADAPTIVE HORSEMANSHIP PHYSICIAN'S EVALUATION

(This form MUST be filled out by a physician if the client is to participate in the Horse Program)

Date: _____
 Name: _____ DOB: _____ AGE: _____
 Sex: _____ Height: _____ Weight _____
 Diagnosis: _____
 Cause: _____
 Medications:(type, purpose, dose) _____

If Down Syndrome, Atlanto-Axial Subluxation?: Yes _____ No _____
 Cervical X-ray for Subluxation: Pos. _____ Neg. _____ X-ray Date: _____
 Tetnus Shot: Yes _____ No _____ Date: _____

Please indicate if the client had, or has, a history of the following secondary health concerns by checking YES or NO. If YES, please include information pertaining to the concern checked.

<u>Concern</u>	<u>Yes</u>	<u>No</u>	<u>If Yes, describe</u>
Allergies	_____	_____	_____
Ambulatory	_____	_____	_____
Asthma/COPD	_____	_____	_____
Auditory Impairment	_____	_____	_____
Cardiac	_____	_____	_____
Circulatory	_____	_____	_____
Cranial Defects	_____	_____	_____
Dislocating joints	_____	_____	_____
Fractures	_____	_____	_____
Hemophilia	_____	_____	_____
Heterotrophis Ossification	_____	_____	_____
Hydrocephalus	_____	_____	_____
Joint disease	_____	_____	_____
Kyphosis/Lordosis	_____	_____	_____
Laminectomy/Fusion	_____	_____	_____
Learning disability	_____	_____	_____
Mental Impairment	_____	_____	_____

Please complete back of page, sign and return to Alpine Alternatives

<u>Concern</u>	<u>Yes</u>	<u>No</u>	<u>If Yes, describe</u>
Neurological	_____	_____	_____
Orthodontics	_____	_____	_____
Postural Hypotension	_____	_____	_____
Prosthetics	_____	_____	_____
Psychological Impairment	_____	_____	_____
Pulmonary	_____	_____	_____
PVD	_____	_____	_____
Scoliosis	_____	_____	_____
Seizures	_____	_____	_____
Last seizure: _____ Type: _____			
Sensory Loss	_____	_____	_____
Shunt	_____	_____	_____
Number of revisions _____			
Speech Impairment	_____	_____	_____
Spinal Abnormality	_____	_____	_____
Spinal Column Injury	_____	_____	_____
Spondylolistheses	_____	_____	_____
Subluxing joints	_____	_____	_____
Visual Impairment	_____	_____	_____

Physician's Name: _____
 Address: _____
 Phone Number: _____

Physician's Signature: _____
 Date: _____

Please Return this Form to Alpine Alternatives
 2518 E. Tudor Rd., Ste 105
 Anchorage, AK 99507
 FAX: 907-563-9232

**MEDICAL RELEASE
HORSEBACK RIDING PROGRAM**
(This form must be filled out by a physician in order to
participate in the Horseback riding program)

Client's
Name: _____

This client has permission to participate in a horseback riding program
under appropriate supervision.

An evaluation by a Physical Therapist is _____ is not _____ necessary.

If an evaluation by a Physical Therapist is necessary, please write a
prescription.

Precautions: _____

Contra-Indications: _____

Physician's Name: _____

Address: _____

Phone Number: _____

Physician's Signature: _____

Date: _____

Please Return this Form to Alpine Alternatives
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PHYSICAL THERAPY EVALUATION FORM

(Horse program only)

(This form is to be filled out only if stated as necessary
on the form prior to this one)

Client Name: _____ Date: _____

Diagnosis: _____

Muscle Strength: Gross: _____

Specific Weakness: _____

Joint ROM: Gross: _____

Specific Limitations: _____

Muscle Tone: _____

Balance: Sitting: _____ Standing: _____

Coordination: Gross Motor: _____ Fine Motor: _____

Reflex Activity: Developmental: _____

Tendon Reflexes: _____

Pain:

Character: _____ Location: _____

Caused by: _____ Relieved by: _____

Sensory Impairments: _____

Perceptual Problems: _____

Communication Difficulties: _____

Skin Condition(s): _____

Functional Abilities: Mobility: _____

Transfers: _____

ADL Skills: _____

Height: _____ Weight: _____

Fused Joints (if any): _____

Severe Joint Limitations or Contractures: _____

Hip Subluxation (dislocation): _____

Significant degree of abductor tightness: _____

Precautions: _____

Contra-Indications: _____

Additional Comments: _____

Physical Therapist Signature: _____

Date: _____