



PECOMETH CHALLENGE COURSE PROGRAM

136 Bookers Wharf Road, Centreville, MD 21617

410-556-6900 fax: 410-556-6901

www.pecometh.org

PARTICIPANT FORM FOR YOUTH UNDER 18

PART I: GROUP INFORMATION

Name of Your Organization (Business, School, Church, Group, etc.)	Name of Your Group Leader	Date of Challenge Course Program
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PART II: MEDICAL INFORMATION

1. Does your child have any current or past medical conditions that could affect their ability to participate in challenge course activities? ☐ Yes ☐ No
If yes, please identify and explain (use the back of form if necessary):

2. Is your child currently taking any medications? ☐ Yes ☐ No
If yes, please identify the medication and the condition (use the back if necessary):

3. If your child has any of the following conditions, please check all that apply.
☐ recent injury ☐ infectious disease ☐ diabetes ☐ chronic or recurring illness
☐ Asthma ☐ allergies (medication, food, bee stings, etc.) ☐ other:

If any of the above are checked, please provide additional information:

If you have any special needs or conditions that will help us to accommodate your experience, please explain below:

☐ (If participant is over 250 lbs.) I understand that because my child's body weight exceeds 250 lbs., they are unable to participate in Giant Swing, Zipline, Power Pole or other high element events due to challenge course safety protocols.

PART III: PARTICIPANT INFORMATION

Youth's Full Name (First, MI, Last)	Date of Birth / /	Grade	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Address (Number, Street, Apartment, Suite)	City, State, Zip Code		
Home Phone	Cell Phone	Work Phone	

PART IV: EMERGENCY CONTACT In case parent is not available in an emergency situation, please indicate an additional person to be notified.

Emergency Contact's Full Name	Relationship to Child		
Home Phone	Cell Phone	Work Phone	

PART V: INSURANCE INFORMATION Is the student covered by family medical/hospital insurance? ☐ Yes ☐ No

Insurance Plan Name or Insurance Company	Group or Member Number
Name of Insured	Relationship to You

PART VI: RELEASE OF LIABILITY & ACKNOWLEDGMENT OF RISK

- I understand that the challenge course program may be conducted outdoors or indoors and that it is designed to be challenging both physically and mentally.
- I recognize and acknowledge that although the program has been carefully designed with safety in mind and will be operated by well-trained staff, the risk of injury or disability cannot be totally eliminated.
- In the event of illness or injury, consent is hereby given to provide emergency medical care or hospitalization. I affirm that the information provided is accurate and complete.
- I agree to hold Pecometh and its independent and sub-contractors harmless if full disclosure of a pre-existing medical condition has not been provided.
- I release Pecometh, its independent and sub-contractors and The Peninsula-Delaware Conference of the United Methodist Church, its staff members, board of directors from all liability not directly related to the actions of the Pecometh Challenge Course Program staff members.
- I authorize photo / digital media release for marketing and training purposes. ☐ Yes ☐ No

PRINT →	Name of Parent/Guardian	Parent/Guardian Email Contact
SIGN HERE →	Parent's Signature	Today's Date