

Do you qualify?

You must be in the 8th grade, and be able to commit to attending all of the sessions. You must be able to get to Charles Jordan Community Center (9009 N Foss) in North Portland for our meetings.

How to apply:

Complete your application & have your parent or guardian complete your health form & permission slip. Mail, email or deliver your application to Yoko or Kelly. Applicants may write in English or Spanish.



APPLICATIONS ACCEPTED YEAR ROUND!

Se puede escribir en español.

Contact us!

Yoko Silk (503) 823-6461 (call or text) yoko.silk@portlandoregon.gov

Se habla españool.

Kelly Rosteck 503-823-6378 (call or text) kelly.rosteck@portlandoregon.gov 2909 SW 2nd Ave, Portland OR, 97201

Jr. GRUNT Application				
Name:				
First M	liddle	Last		
		Zip:		
Your E-mail address:				
Parent / guardian E-mail address:				
Home Phone:		r Cell Phone:		
Parent / guardian Cell Phone:	-			
What is the best way to get in touch with	th you? phone cal	ltext mail email		
Date of Birth: Age:	Current Grade lev	el: Gender:		
T-shirt size: Would you lik	e a Unisex or Ladies (sma	aller, shorter) sized shirt?		
Middle School:	High school you plan	n to attend:		
Which of the following organizations o	r programs do vou connec	ct with? Check ALL that apply.		
Free & Reduced Lunch Program	Catholic Charitie	11 2		
DHS	Ecumenical Mini	istries of Portland		
Ortiz Family Center	Boys & Girls Clu	ub		
Hacienda	Guia			
New Columbia	MECha			
ROSE CDC		Community Center		
Latino Network	Other:			

Student: answer the questions on the back of this form

Parent or guardian: complete the Teen Environmental Adventures permission slip

Jr. GRUNT application page 2

Se puede escribir en español.

Why are you interested in joining Jr. GRUNT?		
What are some of your interests & hobbies? What do you like	to do for fun?	
Describe a time you were a leader:		
Describe your favorite memory of nature or of being outside:		
Will you have to miss any day of Jr. GRUNT sessions?		
The you have to imposing day of st. Oftotal sessions:		



School Year 2013-14 Environmental Education Teen Program Health Form & Medical Release

General Participant Information

Participant's name	Date of Birth	Age
Address		
City		
Parent / Guardian Name(s)		
Parent/ Guardian Phones: ("Best" Phone)		
	(Additional Phone)	
Most program correspondence is done by en	mail. Please clearly print an email a	ddress you check frequently*
Email		
Yes! Add my email to the monthly EE		opening!
No thanks, or I'm already on the mailing	ng list	
Ethnicity (Portland Parks & Recreation has be		are serving ALL of Portland.)
African Immigrant American-Indian / Alaska native Asian Black / African American Hispanic / Latino Native Hawaiin / Pacific Islander	Slavic/Eastern European Immig White / Caucasion Multi-Racial Other Decline to answer	grant
Is the participant eligible for Free or Reduced	Lunch at their school? Yes	No
Emergency Information		
Parent/Guardians will be contacted first, but p	lease give us an alternative contact	for emergencies.
Emergency Contact	·	Phone
Physician's Name		
Year of Most Recent Tetanus Vaccination		
Permission to Participate My teenager, ties, including riding in a city van, and participatin adventure and travel in a vehicle.	g in outdoor adventure. I am aware that	ssion to engage in all trip activi- at there are risks in both outdoor
Medical Treatment Authorization In the event that I cannot be reached in a medical einstructor to hospitalize, secure proper treatment for above.		* ·
Signature of Parent/Guardian		 Date

Health Concerns & Medication Information

Allergies			
Does the participant have any allergies?			
Allergic to:			
Reactions:			
Diet			
Dietary restrictions:			
Medication			
Is your child currently taking medication? Y / N			
Medication name	Dosage	Reason	
Medication name			
Does your child have any additional physical or If so, please describe.			
Does your child have any behavioral , emotiona aware of? If so, please describe.			
Please include any additional pertine Activity Information	ent medical inform	nation on a separate shee	et of paper
What is your swimming experience? Check one: I exercise: □ Never □ Sometimes □ Ofter		□ Fair □ Good □ I	excellent
My general physical condition is: \Box Poor \Box	Fair Good	☐ Excellent	
HeightShoe size Clot	hing size: Shirt	S M L XL Pants	S M L XL
Photo Policy: Photographs will be taken at Environmental Education Un-named photos may be used by PP&R for informat you wish to not be photographed, please let us know.	tional and education	nal purposes. If you see us	
Signature of parent or legal guardian	· · · · · · · · · · · · · · · · · · ·	Date	



Sustaining a healthy park and recreation system to make Portland a great place to live, work and play. www.PortlandParks.org • Amanda Fritz, Commissioner • Mike Abbaté Director

ADVENTURES WITHOUT LIMITS/PORTLAND PARKS & RECREATION ASSUMPTION OF RISK AND RELEASE OF LIABILITY FORM School year 2013-2014

WARNING: There are significant elements of risk in any adventure, outing, or activity associated with outdoor recreation, urban tours, and transportation between these events.

Outdoor activities and transportation to and from pose certain inherent risks. I agree to assume the risks of the event listed below, including but not limited to the possibility of death by physical injury or drowning, loss of limbs, broken bones, internal injuries, head injuries, cuts, bruises, sprains, insect bites, allergic reactions and illness. Furthermore, I assume the risk of being lost, exposure to extreme temperatures, limited food, water and shelter and the possibility of serious mental or emotional trauma as a result of any or all of the above inherent risks.

In consideration of the acceptance of my application, I, my heirs, executors, administrators and assignees, waive, release and discharge Adventures Without Limits and Portland Parks & Recreation, their officers, directors, trustees, employees, agents, and any other personnel officially connected with all activities that myself or my child may participate in from all claims of damages, demands, causes of action or suit, and liability of any nature, including claims of negligence, arising from or out of the aforementioned activity.

I understand that the aforementioned activities involve risks and exertions, which I voluntarily and knowingly assume. I also understand that I will be solely responsible for mental and physical preparation for this activity and that should I become injured, emergency medical treatment from a hospital or physician may be delayed because we are in an area that is remote and many times inaccessible by conventional methods of transportation and care, such as ambulances.

I understand that the Adventures Without Limits and Portland Parks & Recreation first aid kits do not contain any drugs for internal use and that I need to disclose and bring these if I might need them. Additionally, if I have the potential for severe allergic reactions to bee stings, insect bites, poison oak, sunburn, etc. it is my responsibility to inform the trip leader of the allergy in advance, and to bring the proper medication on this trip.

I fully realize the hazards of participation in a such participation. INITIAL:	n outing of this type and voluntari	ly assume all of the risks associated with
My teenager has the ability to listen to and for from program staff. INITIAL:	llow directions presented by progra	am staff and agree to follow all directions
I assume any medical and emergency expense from participation in this activity. INITIAL: _		ss or other incapability that results
I understand that I may be endangered by other increase the inherent risks listed above for themselves		
I accept this increased risk. INITIAL:	-	
THIS RELEASE HAS BEEN READ CAR	EFULLY AND ALL ITS TERMS	S UNDERSTOOD
	Age: D	ate Signed:
Participant's Printed Name Participant's	Signature	
FOR PARENTS/GUARDIANS OF PARTICI (If Participant is UNDER AGE 18 AT TIME O		t also sign below)
Parent/Guardian's Printed Name	Parent/Guardian's Signature	Today's Date

Relationship to Participant: