

## CAMP AND/OR ROPES/CHALLENGE COURSE QUESTIONNAIRE

**Applicant's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Camp Name:** \_\_\_\_\_

**Camp Location:** \_\_\_\_\_

### SECTION I - CAMP

1. Is camp open year-round? If not, does an attendant/caretaker live on-premises during the off season?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
2. Do you have a Dining Hall?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
3. Does Dining Hall kitchen have: a.) Heat/smoke detectors? b.) Automatic fire extinguishing system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
4. Are there heat/smoke detectors in each cabin?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
5. Are camp facilities inspected by a governmental agency?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
6. Does camp have swimming activities? If yes, please complete Supplement 10 – Swimming Pools & Beaches.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
7. Does camp have horseback riding? If yes, please list safety controls (i.e. helmets, other safety devices, supervision, training, etc.).	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
8. Does camp have boats/canoes? If yes, how many?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
9. Does camp have an archery range? If yes, please explain safety controls in place.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
10. Does camp have rock climbing? If yes, please explain safety controls in place.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
11. Does camp have a gun range?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
12. Describe other activities not listed above:			
13. Are medical emergency plans in place? Please describe:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
14. Do you have written emergency procedures in case of a fire or other natural disaster?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
15. Number of acres camp is on?			
16. Average number of sessions per year?			
17. Average number of days per session?			
18. Average number of campers per session?			
19. Age of campers?			

*Mailing Address:* P.O. Box 948, Minneapolis, MN 55440-0948

*Street Address:* 222 South Ninth Street, Suite 2700, Minneapolis, MN 55402-3365



20.	Number of physically challenged campers per session?	
21.	Number of counselors per average session?	
22.	Average age of counselors?	
23.	Number of cabins?	
24.	Is there food preparation in cabins?	
25.	Number of cots per cabin?	
26.	Construction type of cabins?	
27.	How are cabins heated?	
28.	Distance to fire department?	
29.	What is your source for water in case of a fire?	
	a.) How is this water brought to the fire (gravity, pump, etc.)?	
	b.) What quantity of water is available?	
30.	How are the campers transported?	

## SECTION II – ROPES/CHALLENGE COURSE

**\*\*Please attach a copy of the most recent inspection report\*\***

1.	Address of ropes course location:	
2.	Was the rope course designed and constructed by an experienced, certified ropes course company?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	Date of course construction?	
4.	How often is the course formally inspected by a ropes course company? How often do certified staff members inspect the course?	
5.	Is the course director certified? By whom?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6.	Are instructors certified? By whom? If not certified, describe training that is required:	Yes <input type="checkbox"/> No <input type="checkbox"/>
7.	What is the ratio of participants to instructors?	
8.	Total number of participants expected in the next 12 months:	
9.	Are all participants and/or parents or guardians of minor participants required to sign a release form?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10.	Do you open your course to outside groups? If so, who? Number of participants expected in the next 12 months: Receipts anticipated:	Yes <input type="checkbox"/> No <input type="checkbox"/>
11.	What percentage of your course consists of: High elements: Low elements:	 % %
12.	Please describe protective gear worn by participants:	