



10. Recreation Questionnaire

Name of organization \_\_\_\_\_

Location Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Is the camp owned by you?  Rented from others?

Number of sessions per season \_\_\_\_\_ Number of camper days per season \_\_\_\_\_

Number of campers \_\_\_\_\_ Number of counselors \_\_\_\_\_

Ratio of counselors to campers \_\_\_\_\_ Ages of campers \_\_\_\_\_

Activities \_\_\_\_\_

Number of acres of campgrounds \_\_\_\_\_ Distance from fire department \_\_\_\_\_

Access to water \_\_\_\_\_ Number of cots per cabin \_\_\_\_\_

Are cabins heated by space heater? Yes No How do campers get to camp? \_\_\_\_\_

Describe the fire emergency procedures  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there swimming facilities at camp? Yes No

If yes, describe (If there is a swimming pool, complete Swimming Pool Questions.)  
\_\_\_\_\_

Is there a certified lifeguard on duty at all times? Yes No

Is there any boating/canoeing activities? Yes No If yes, are participants required to wear life vests? Yes No

Do participants have to pass a swimming test prior to boating? Yes No

Is there horseback riding? Yes No (If Yes, complete Horseback Riding Questions.)

<b>Swimming Pool Questions</b>	
Is the pool area enclosed by a 6-ft high "child proof" fence and lockable gate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is depth of pool clearly marked whether swimmer is in or out of water?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Min. depth of shallow end _____	
Max depth of deep end _____	
What divides the shallow end from the deep end (life line, painted lines, etc.)?	
Is there a diving board?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are starter blocks ever used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the pool heated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is heater properly vented?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the pool rules posted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do the rules include:	
Pool usage restricted to members, residents and guests only?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Season and/or hours pool is open?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Statement prohibiting all glass, sharp objects, etc. in pool area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Statement prohibiting running in pool area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Requirement that young children must be accompanied by adult?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Location of nearest telephone?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Statement prohibiting alcoholic beverages?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Statement prohibiting electrical cords of any kind in pool area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are drains equipped with security attached grates?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a certified lifeguard present when swimmers are present?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, is there a warning sign posted advising such?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the ratio of lifeguards to swimmers?	
Is there an automatic chlorinating machine?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How often is the pool cleaned? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
By whom? _____	
Is the pool area lit at night?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the restroom and locker room floors protected with a slip resistant surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are electrical outlets within pool area equipped with ground fault interruptors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is safety equipment easily accessible within pool area (hoods, life preservers)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a baby or wading pool?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do all items above also apply to this exposure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a hot tub or whirlpool?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is temperature posted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are temperature controls and flow force clearly marked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are they available to patrons?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are health tips/danger signed posted?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Scuba Questions**

Is the instructor U.S.-trained? Yes No

By which organization is instructor certified? \_\_\_\_\_

Does the instructor have his/her own liability coverage? Yes No

Limits \_\_\_\_\_ Insurance Carrier \_\_\_\_\_

Who owns the equipment? \_\_\_\_\_ Who maintains the equipment? \_\_\_\_\_

Where is the equipment stored? \_\_\_\_\_ Where is diving conducted? \_\_\_\_\_

Number of students per class \_\_\_\_\_ Number of classes \_\_\_\_\_

Minimum age of participants \_\_\_\_\_

Is any verification of participants' health required (physical, etc.)

Is a release signed by participant or guardian prior to participation to exclude claims of negligence arising from participant's own physical or mental limitations? Yes No

**Horseback Riding Questions**

How long is the program? \_\_\_\_\_ weeks \_\_\_\_\_ months

How many clients will ride horses at any given time? \_\_\_\_\_ Ages \_\_\_\_\_

Name and address of stable

Where is most of the riding done? \_\_\_\_\_ What is the surface covering? \_\_\_\_\_

What is the ratio of instructors to riders? \_\_\_\_\_ Does the stable provide instructors? Yes No

Are helmets required? Yes No Is there any jumping with the horses? Yes No

Describe any horseback riding activities that are not part of a social service program

**Challenge/Adventure Course Questions**

Does your organization and apparatus have Association of Challenge Course Technology Certification? (If yes, please attach a copy of the certificate to this questionnaire.) Yes No

Who is responsible for the upkeep and maintenance of the ropes course or climbing wall (e.g., contracted vendor or your staff)?

If you use the services of an outside vendor to perform ongoing upkeep and maintenance of the apparatus, please provide their name and address below	
How high above the ground is the ropes course? _____	
How tall is the climbing wall? _____	
How often is the apparatus in use throughout the year, e.g., every day? _____	
Do you rent the climbing wall or ropes course to others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, do the renters furnish certificates of insurance and provide a waiver of liability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Who administers the ropes course or climbing wall while being used by renters, e.g., does your staff assist renters?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are renters permitted to use the apparatus unassisted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If renters are trained to use the apparatus or to instruct other participants, who trains them and certifies that they are able to use the apparatus?	
Is your staff actively present while rental parties are using the apparatus?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are staff required to be trained in emergency medical procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What were the total receipts from rental activities during the past calendar year? _____	
How often is the apparatus inspected? _____	
Does an outside vendor or contractor perform the inspection(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If an outside vendor/contractor performs the inspection, provide their name and address below	
Does this vendor have Association of Challenge Course Technology (ACCT) certification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a written contract with this inspection vendor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you obtain proof of liability insurance from this contractor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, attach a copy of the Certificate of Liability Insurance to this questionnaire.</i>	
What initial and continuing training and re-certification , if any, is provided to your staff to operate the apparatus?	
Is this training provided by an outside contractor or by your organization's staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide the contractor's name and address below	

How do you prevent unauthorized use of the apparatus?	
Do you purchase an accident policy for participants who use the apparatus?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the name of the carrier and policy limits here:	
Carrier Name: _____	
Effective dates of coverage: _____	
Limits Provided: _____	
Does the ropes course include a Zip Line?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you keep a log and follow a schedule for "retiring" ropes after hours of use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you keep a "close call" log or incident log?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require participants to wear special protective gear or clothing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe the protective gear or clothing required: _____	
Are harnesses required to be used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the ratio of staff-to-participant when the apparatus is being used?	_____
What is the floor/ground covering beneath and surrounding the apparatus?	_____
What is the proximity of the apparatus to your other facilities and operations?	_____

**Other Activities**

What other recreation activities do you provide:

- Archery                       Trampoline
- Rifle range                       Non-contact sports
- Contact \_\_\_\_\_
- Other \_\_\_\_\_

**This form has been completed by:**

\_\_\_\_\_  
Name:

\_\_\_\_\_  
Title: Date: