

# Youth Activities Checklist for Camps

	Yes	Needs Attention
1. Do you require that parents or guardians sign an Activity Participation Agreement prior to allowing young people participate in activities at camp? (See sample Activity Participation Agreement, included.)	<input type="checkbox"/>	<input type="checkbox"/>
2. If you offer high-risk activities (such as a ropes course, rappelling, whitewater rafting, etc.), do you use trained supervisors or enlist the services of a professional who specializes in the activity?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you give campers a safety orientation before they participate in specialized activities?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have adequate supervision for all programs and activities, especially those involving high risk?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you avoid games that might result in headfirst collisions with objects or other people?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have experienced, certified lifeguards on duty at any event involving swimming?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you document whether campers are covered by family medical or health insurance?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do camp staff and volunteers complete a Notice of Injury form whenever a camper gets hurt, no matter how minor the injury may seem? (See sample Notice of Injury form, included.)	<input type="checkbox"/>	<input type="checkbox"/>
9. Are camp vehicles inspected regularly and kept in excellent mechanical condition? (See sample Driver Inspection Checklist, included)	<input type="checkbox"/>	<input type="checkbox"/>
10. Are camp vehicles operated by experienced, responsible drivers? (See sample Driver Screening Checklist, included)	<input type="checkbox"/>	<input type="checkbox"/>
11. Do camp staff and volunteers regularly practice emergency response procedures?	<input type="checkbox"/>	<input type="checkbox"/>
12. Do camp staff and volunteers have ready access to first-aid supplies and have current first-aid training?	<input type="checkbox"/>	<input type="checkbox"/>

Notes: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

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