

Touching the Earth and Arts Camp 2017

focusing on the environment and the arts

Registration Form Session 1: possible dates June 26-30, Ages 9-16 Day camp with 1-2 overnights on the Connecticut River, primitive camping.

Outdoor Skills and Arts.

Session 2: July, Ages 11 -19, Full week trip to Plum Island, near Ipswich MA, with kayaking, biking, hiking, fun!

Child #1 Camp Session _____ Session Dates _____
Name _____
Birth date _____ Age as of June 1, 2017 _____
Child's grade and age (fall 2017) _____ Gender _____

Child #2 1 Camp Session _____ Session Dates _____
Name _____
Birth date _____ Age as of June 1, 2017 _____
Child's grade and age (fall 2017) _____ Gender _____

Parent/Guardian(s):

Name _____
Home address _____
Home phone(s) _____
Work phone _____
Email Address _____

Name _____
Home address _____
Home phone(s) _____
Work phone _____
Email Address _____

Emergency contacts:

names & phone #s & email addresses

please return before the camp session to: Bonna Wieler 107 Miller Pond Rd,
Thetford Center VT 05075 (802) 333-3549 (802) 274-0810 cell
boldpaths@gmail.com _____
www.boldpaths.com

PERMISSION SLIP and WAIVER for TOUCHING THE EARTH & ARTS CAMP 2017
session 1: June 26-30, Ages 9-16 session 2: July tba Ages 11-19

My child _____ will be attending camp session _____

My child _____ will be attending camp session _____

TRAVEL: I, _____ and _____, parents of _____, give permission for my son(s)/daughter(s) to travel with Bonna Wieler and counselors. My child(ren) will be traveling on adventure trips. This includes permission to ride in cars for camp activities, including hiking, canoe/kayaking, rock climbing, swimming and overnight camping.

parents' signature(s) _____

KAYAKING ASSUMPTION OF RISK Kayaking Activities take place on Miller Pond in S. Strafford, the Connecticut River and tributaries, and bodies of gentle water to which we travel, ie Adirondack lakes, Green River Reservoir, Groton State Forest, estuaries and bays on the Maine and Massachusetts coast, other quiet lakes. In order to participate, children must be big enough to fit into a life vest, wear it at all times, and follow all instructions. They will be taught kayaking by a certified kayak instructor, and supervised by the instructor and the counselors.

ROCK CLIMBING ASSUMPTION OF RISK The Rock Climbing Activity may use an indoor facility, or outdoor climbing at Rumney or Rutland VT. We also may go to a local outdoor climbing site, such as Eagle Ledges in Vershire, or Picadilly in Lyme, just beyond the skiway. We have full climbing gear, and experienced rope-setters./climbing leaders We will let you know if we will be climbing outdoors.

I, _____, have read all of the enclosed material and understand the risks and responsibilities involved in participating in the kayaking and climbing programs offered by Touching the Earth and Arts Camp. I assume these risks and understand my responsibility in my decision to have my child, _____, participate. I, _____, agree to hold Bonna Wieler, Touching the Earth and Arts Camp, Bold Paths Adventure, Connecticut RiverFest, or its staff, in no way responsible or liable for any accidents or injuries which may occur during a Touching the Earth and Arts Camp climbing or kayaking activity.

SWIMMING ASSUMPTION OF RISK Swimming Activities may occur at bodies of water at base camp or on our adventures. Life jackets are available for campers and counselors to wear during water play. Nobody may swim alone, and campers must be supervised by counselors. If your child must wear a life jacket, please indicate here. Yes my child _____ must wear a lifejacket while in the water over thigh-deep. I understand the risks and responsibilities involved in participating in my child being in the water and/or swimming, as offered by Touching the Earth and Arts Camp. I assume these risks and understand my responsibility in my decision to have my child, _____, participate. I, _____, agree to hold Touching the Earth and Arts Camp or its staff, in no way responsible or liable for any accidents or injuries which may occur during a Camp swimming activity.

* I HAVE READ ALL OF THE ENCLOSED MATERIAL AND UNDERSTAND THE RISKS AND RESPONSIBILITIES INVOLVED IN PARTICIPATING IN TOUCHING THE EARTH AND ARTS CAMP. I ASSUME THESE RISKS AND UNDERSTAND MY RESPONSIBILITY IN MY DECISION TO PARTICIPATE OR TO HAVE MY CHILD PARTICIPATE. * I AGREE TO HOLD TOUCHING THE EARTH AND ARTS CAMP OR ITS STAFF, BONNA WIELER, BOLD PATHS ADVENTURE, ORANGE EAST SUPERVISORY UNION, AND CONNECTICUT RIVERFEST, IN NO WAY RESPONSIBLE OR

LIABLE FOR ANY ACCIDENTS OR INJURIES WHICH MAY OCCUR DURING A TOUCHING THE EARTH AND ARTS TRIP . * TOUCHING THE EARTH AND ARTS DOES NOT CARRY ANY MEDICAL INSURANCE ON ANY PARTICIPANT. IN PARTICIPATING OR ALLOWING MY CHILD TO PARTICIPATE IN THIS PROGRAM, I RECOGNIZE MY RESPONSIBILITY ,

THROUGH APPROPRIATE INSURANCE OR OTHERWISE, TO COVER ALL EXPENSES. I, _____, HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND SIGN IT ON MY OWN FREE WILL.

Participant's name(s) _____

Participant's Date of Birth _____

Parent/Guardian's Signature _____

Parent/Guardian's printed name _____

Date _____

PHOTO PERMISSION RELEASE

I give Touching the Earth and Arts and Bold Paths permission to use my child's name and photographs for publicity purposes. Child(ren)'s name(s) :

Date: _____ Signature: _____

TOUCHING THE EARTH AND ARTS CAMP / Bold Paths EMERGENCY MEDICAL PERMISSION AND LIABILITY WAIVER In the event of a medical emergency, I give permission for Bonna Wieler and camp counselors, to administer emergency first aid. If I cannot be reached, I empower the staff of Touching the Earth and Arts Camp to authorize emergency medical treatment for my child(ren)

1) _____
Date of Birth _____

2) _____
Date of Birth _____ during the camp sessions during summer of 2017. I understand that during camp, my children will be under camp supervision, and good sense and prudence will be exercised. However, if any accident or injury occurs involving my child(ren), I will not hold the camp or the counselors to blame. Furthermore, we indemnify Touching the Earth and Arts Camp and its employees or contractors against any claim which may arise for such accident or injury.

Signature of Parent or Guardian _____ Date _____

Additional Emergency and Medical Care Information

Child's name _____

Pediatrician _____

Address _____ Phone _____

Dentist _____ **Address** _____

Phone _____

Allergies and medical problems _____

Will your child need to take any medication while at camp? ___ yes ___ no
(If yes, we will send a form.)

Does your child have any special dietary needs? _____

They are: _____

Is your child on a special behavioral plan or IEP at school? ___ yes ___ no.

Does your child have a behavioral or academic aid at school? ___ yes ___ no

(If yes, we will call you to discuss how we can best support your child.) You are not required to share this information with us, but we can work closely with the school to complement the plan with your permission. **Will your child(ren) need transportation to/from camp?** ___ yes ___ no (We carpool from Hanover Ray School and Norwich, please contact us if you will be dropping off in either location, and if you can carpool any morning or afternoon.)

EMERGENCY CONTACTS: Please give names of two other people who may be called in an emergency if above persons cannot be reached. These persons are also authorized to take the child to and from camp.

Name _____
Relationship _____
Address _____
Phone _____ Email _____

Name _____
Relationship _____
Address _____
Phone _____ Email _____

PICK UP/ DROP OFF PERMISSION:

My Emergency Contact people may drop off or pick up my child(ren) yes no
These people have my permission to pick up or drop off my child(ren):

Name _____
Relationship _____
Address _____
Phone _____ Email _____

Name _____
Relationship _____
Address _____
Phone _____ Email _____