

## Touching the Earth and Arts Camp 2022

focusing on the environment and the arts

**Registration Form:** We need signatures on this form, so please print out and mail.

**Session 1: August 1-5 Ages 12 and up.** Squam Lake Camping trip is Monday-Friday. We will meet at 9am, and travel starting from our camp location at 107 Miller Pond Rd, S. Strafford VT.

Trip camp is to Squam Lake, NH, Monday is the day we leave, and will stay till Friday at Squam Lake, Wister campsites 2 and 3. We will camp by the lake at these hike or paddle-in sites, hike Rattlesnake Mtn, paddle to other trail locations around Squam Lake and take various hikes, and practice primitive and camping skills.

There are tent platforms but not shelters

**Child #1** Camp Session \_\_\_\_\_ Session Dates \_\_\_\_\_

Name \_\_\_\_\_

Birth date \_\_\_\_\_ Age as of June 1, 2022 \_\_\_\_\_

Child's grade and age (fall 2022) \_\_\_\_\_ Gender \_\_\_\_\_

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Name \_\_\_\_\_

Birth date \_\_\_\_\_ Age as of June 1, 2022 \_\_\_\_\_

Child's grade and age (fall 2022) \_\_\_\_\_ Gender \_\_\_\_\_

### Parent/Guardian(s):

**Name** \_\_\_\_\_

Home address \_\_\_\_\_

Home phone(s) \_\_\_\_\_ work phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Email Address \_\_\_\_\_

**Name** \_\_\_\_\_

Home address \_\_\_\_\_

Home phone(s) \_\_\_\_\_ work phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Email Address \_\_\_\_\_

### Emergency contacts:

Names & phone #s & email addresses

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

please return before the camp session to: Bonna Wieler 1885 Miller Pond Rd, Thetford Center VT 05075  
(802) 274-0810 cell [bonna.wieler@gmail.com](mailto:bonna.wieler@gmail.com) [www.boldpaths.com](http://www.boldpaths.com)

**PERMISSION SLIP and WAIVER for TOUCHING THE EARTH & ARTS CAMP 2022**

My child \_\_\_\_\_ will be attending camp session \_\_\_\_\_  
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**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, which may include hiking, canoe/kayaking, rock climbing, swimming and overnight camping.

Parents' signature(s) \_\_\_\_\_

**KAYAKING/CANOEING ASSUMPTION OF RISK** Kayaking/Canoeing 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 staff.

**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(ren) \_\_\_\_\_ 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.

**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: \_\_\_\_\_

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\* 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, WHITE RIVER VALLEY 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 \_\_\_\_\_

**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 \_\_\_\_\_

**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 2022. 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.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Parent or Guardian

**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.) Counselors will hold the medication for the child.

**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 need an aid at camp?** \_\_\_yes\_\_\_no

**Will your child(ren) need transportation to/from camp?** \_\_\_ yes \_\_\_ no (We can help you coordinate carpooling. Please contact us if you can carpool any morning or afternoon. )