

Touching the Earth and Arts Camp 2021

focusing on the environment and the arts

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

Session 1: June 28-July 2 Ages 10 and up. Groton State Park group campsite at Kettle Pond--Outdoor Skills, kayaking, hiking, biking and primitive and survival skills. Camping trip is Monday-Thursday. Parents drop off and pick up at Kettle Pond group campsite. **Session 2: July 5-9. Ages 8-12.** Groton State Park Kettle Pond. Same as above, but 4 nights.

2022 camp session: {Perhaps next year we can revisit the cancelled 2020 Trip camp to Squam Lake, NH, Monday is day camp with prep, Tues-Fri at Squam Lake: Tues at campground with hike up small mountain, Wed-Fri paddle to an island campsite}.

Child #1 Camp Session _____ Session Dates _____

Name _____

Birth date _____ Age as of June 1, 2021 _____

Child's grade and age (fall 2021) _____ Gender _____

Child #1 Camp Session _____ Session Dates _____

Name _____

Birth date _____ Age as of June 1, 2021 _____

Child's grade and age (fall 2021) _____ 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

www.boldpaths.com

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PERMISSION SLIP and WAIVER for TOUCHING THE EARTH & ARTS CAMP 2021,
Session 1: June 28-July 1 M-Th, Ages 10 and up (Fri day camp is possible, let's talk)
Session 2: July 5-9 M-F Ages 8-12 (Entire camp is at Groton State Forest)

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, 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.

* 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 _____

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 2021. 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.)

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 _____