

Touching the Earth and Arts Camp, Bold Paths

focusing on the environment and the arts

Registration Form

Outdoor Adventure afterschool program on Thetford Hill

Location: Open Fields School on Academy Rd, Thetford Hill, VT

Mondays 2018-19, from 3-5:30pm.

Costs: \$18/day , kayaking days an additional \$10

We will be outdoors as much as possible, playing team building games, hiking and exploring, learning camping skills including fire-building and cooking outdoors, cross-country skiing, building snow forts, doing natural arts and crafts. What we do is dependent on weather and winter conditions.

Children from all towns are welcome, grades K-6. Counselor-in-training positions available ages 15-18.

Child #1

Name _____

Birth date _____ Age as of September 1, 2018 _____

Child's grade and age (fall 2018) _____ Sex M F

Shoe size _____ Height _____ (for ski fitting)

Child #2 please indicate which days of the week M T W Th

Name _____

Birth date _____ Age as of September 1, 2018 _____

Child's grade and age (fall 2018) _____ Sex M F

Shoe size _____ Height _____ (for ski fitting)

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 #, emails

please return before the first of the month of your afterschool session to:

Bonna Wieler 107 Miller Pond Rd, Thetford Center VT 05075

Home (802) 333-3549, cell (802) 274-0810

boldpaths@gmail.com

www.boldpaths.com

PERMISSION SLIP and WAIVER for Afterschool program 2018-2019

My child _____ will be attending Mondays

in (which months SEPT OCT NOV DEC JAN FEB MARCH APR MAY JUNE (optional, not sure if it runs in June)

TRAVEL: I, _____ and _____,
Parents/guardians of _____,
give permission for my child(ren) 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 to Bold Paths land and other locations, and hiking, cross country skiing, sledding, skating, indoor climbing.

Parents' signature(s) _____

CROSS COUNTRY SKIING, SNOWSHOEING and SKATING ASSUMPTION OF RISK

Skiing and Skating Activities may take on trails either groomed or ungroomed to which we may travel. Campers will be supervised by the instructor and the counselors. Ski equipment may be available (no charge).

I, _____, have read all of the enclosed material and understand the risks and responsibilities involved in participating in the skiing 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 camp hiking, skiing, skating, sledding or other winter 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, OPEN FIELDS SCHOOL AND TOWN OF THETFORD, VT IN NO WAY RESPONSIBLE OR LIABLE FOR ANY ACCIDENTS OR INJURIES WHICH MAY OCCUR DURING A BOLD PATHS/ TOUCHING THE EARTH AND ARTS ACTIVITY.

* 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 _____

Participant's name(s) _____ Participant's Date of Birth _____

Parent/Guardian's Signature _____

Parent/Guardian's printed name _____ Date _____

Driving / Transportation Permission

- I relieve Bold Paths and its staff, Open Fields School and the Town of Thetford and its affiliated organizations, from all responsibility and liability if my child is injured or taken ill while participating in activities.
- I consent to have my child receive First Aid and, if necessary, be transported to a hospital for emergency care. Any and all such transportation and medical care is to be at my expense.
- I give my child permission to ride during sessions in a private vehicle driven by a staff person of Bold Paths Adventure or parent volunteer.

Printed name of Parent / Legal Guardian

SIGNATURE

DATE

BOLD PATHS: EMERGENCY MEDICAL TREATMENT PERMISSION AND LIABILITY WAIVER

I understand that during programs, 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 Bold Paths or the counselors to blame. Furthermore, we indemnify Bold Paths/ Touching the Earth and Arts Camp and its employees or contractors against any claim which may arise for such accident or injury.

EMERGENCY MEDICAL TREATMENT AUTHORIZATION In the event of a medical emergency, I hereby give permission for the Bold Paths staff and volunteers, to provide simple first aid treatment to my child(ren) _____ Date of Birth _____

_____ Date of Birth _____
when necessary; and in the event of a more serious illness or injury, I give permission for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary, and I authorize licensed health practitioners working in the hospital or emergency medical facility to examine and provide emergency medical treatment to my child if warranted. I understand that I will be contacted by program personnel as soon as possible regarding any emergency involving my child.

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 in Bold Paths' care? ____ yes ____ no

Does your child have any special dietary needs? _____

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.

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 the program.

Name _____ **Relationship** _____

Address _____ **Phone** _____

2nd Phone _____ **Email** _____

Name _____ **Relationship** _____

Address _____ **Phone** _____

2nd Phone _____ **Email** _____

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: _____