



Dear 10th Grade Family,

Can you believe it is time to start preparing for our Spring Into The Woods adventure? PSCS Sophomores have the amazing opportunity to participate in a 3 day/2 night introduction to backpacking trip in portions of the Pisgah National Forest on **April 22-24**.

This trip has been designed to challenge and prepare students for more intense adventures as they advance to 11th grade. Each day students will learn camp set up, backcountry cooking, orienteering/map reading, and trail etiquette on day hikes up and down mountains. Each evening participants will return to base camp at Camp Henry where they will sleep in tents, build fires, and learn backcountry survival skills. Lake Logan Outdoor School in Canton, NC will be serving as our guides throughout this amazing adventure.

***We will be holding a parent/student information session for students interested in attending the trip on December 19, 2023 at 5:30pm in the High School Music Room. The session will include detailed information about what students will experience, what to pack, and most importantly expectations while on trail.***

***Please keep in mind that we are truly in the backcountry. There is no cell service. Our guides carry a Satellite phone for emergency communications.***

Students should pack appropriately for backpacking/outdoor living, expect to have no access to showers and be prepared for primitive bathroom facilities.

Attached is a list of equipment students should have for the adventure. There are two categories. **Recommended (optional) items are items that students can borrow from Lake Logan but may need for future trips.** Example is a small tent. Lake Logan will provide tarps to make tents for small groups of students to sleep in, however many students prefer their own small tent and are welcome to bring one. **Required items must be provided by participating students.** Example: Sleeping bag, each student is required to bring a sleeping bag. Many items can be found on Amazon at a reasonable price. As students continue through their PSCS journey they will have opportunities to utilize the equipment on future trips.

***Please complete the equipment form attached to the back of this letter indicating your student's need for equipment.***

If you wish for your student to participate, please complete the attached health registration and waiver forms and return it to the school no later than **February 15, 2024**.

*The trip is paid for by your student's Adventure Fees. If you paid the initial \$50 Fall fee, your remaining balance is \$200. **The remaining balance is due no later than February 15, 2024 and can be paid on the school website.** If you have any questions as to the amount you owe, please contact Mr. Chris at [chriss@pioneersprings.org](mailto:chriss@pioneersprings.org)*

Chaperones needed! We will need a few parent chaperones for this trip as we will be carpooling to the camp. **Keep in mind, all chaperones will need to provide their own equipment.** Parent chaperones will be asked to have 3 to 4 students carpool with them. Although I wish everyone could chaperone these events, it is not possible. We are blessed to have so many active and involved parents. Applications of volunteers not selected will be saved to use in the event a chaperone can no longer attend or doesn't meet the requirements.

**If you wish to be considered as a chaperone, please complete the attached chaperone application and return by February 15, 2024.**

- ***All selected chaperones must have completed volunteer training.***
- ***Parent chaperones must pass a background check.***
- ***Chaperones will need their own equipment***
- **The \$100 parent chaperone fee is due by April 15, 2024**
- **We will have a Mandatory Chaperone Orientation prior to the camping trip date to be announced.**

Sincerely,

Chris Simeral  
Dean of Nature Education

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### Backpacking Equipment Request Form

Student Name \_\_\_\_\_

- Student needs to use Lake Logan Outdoor School's Recommended Equipment. (tarp tent, packable sleeping pad)
- Student will provide all of their own equipment Recommended & Required ( small tent, packable sleeping pad, etc.)

**All students are responsible for bringing their own sleeping bag, packable mess kit, water bottle/camelbak, base layer, fleece (or backpacking jacket), wool or synthetic hiking socks, hiking boots or shoes, and a comfortable hiking base layer.**

Parent Signature \_\_\_\_\_

## PSCS Spring Into The Woods Health History Form

The following information must be filled out by a parent/guardian/adult camper. The information is required by PSCS in order to provide appropriate care at camp. Keep a copy of the completed form for your records. Any changes to this form should be provided to school personnel prior to arrival at camp. Please provide complete information.

Dates Attending: \_\_\_\_\_

Return to PSCS at least 2 weeks prior to the beginning of Spring Into The Woods.

Camper's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_

Custodial Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

Address:  Same as Above (or) \_\_\_\_\_

Second Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

**Allergies:**  No known allergies  This camper is allergic to:  Food  Medicine  The environment (insect stings, hay fever, etc.)  Other

**For each Allergy, please indicate what the camper is allergic to, the reaction seen, and action to take in the event allergen is accidentally consumed.**

**Diet & Nutrition:**  This camper eats a regular diet.  This camper eats a regular vegetarian diet.  This camper eats a vegan diet.  This camper has special food needs (**Please describe below**)

**Restrictions**  I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.  I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations. (**Please describe below**)

**Insurance Information:** Is participant covered by family medical/hospital insurance?  Yes  No

If so, indicate carrier or plan number \_\_\_\_\_ Group # \_\_\_\_\_

Carrier Address \_\_\_\_\_

Name of Insured \_\_\_\_\_ Relationship to participant \_\_\_\_\_

**Health-Care Providers:**

Primary Doctor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Name of Dentist: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Name of orthodontist: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

The following non-prescription medications are commonly stocked in camp infirmaries and are used on an as needed basis to manage illness and injury. **Cross out those items the camper should not be given.**

Acetaminophen (Tylenol)

Calamine Lotion

Ibuprofen (Advil, Motrin)

Bismuth subsalicylate (Pepto-Bismol)

Chlorpheniramine maleate (Antihistamine)

Hydrocortisone 1% cream

Dextromethrophan (Cough Suppressant)

Topical antibiotic cream

Diphenhydramine (Benadryl)

Generic cough drops

**General Questions (Explain yes answers below)**

Has/does the participant:	Y	N	Has/does the participant:	Y	N
Have a chronic or recurring illness/condition?			Ever had problems with joints (knees, ankles)?		
Have frequent headaches?			Have diabetes?		
Ever had a head injury?			Have any skin problems (itching, rash)?		
Ever been knocked unconscious?			Have asthma?		
Ever had high blood pressure?			Had mononucleosis in the past 12 months?		
Had any recent injury, illness or infectious disease?			Will your child need any prescription medications at camp?		
Ever had seizures?			Had any recent surgery?		
Ever had chest pain after exercise?			Had an anaphylactic reaction?		
Ever had back problems?			Ever had ear infections?		

Please explain any "yes" answers, noting the number of question(s)

\_\_\_\_\_

\_\_\_\_\_

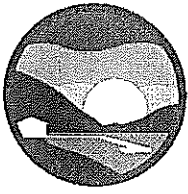
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\_\_\_\_\_

**Permission to Provide Necessary Treatment for Emergency Care:** I hereby give my permission to the PSCS staff or any competent medical authority to provide, seek, and consent to routine health care, administration of medications, and emergency treatment for me/my child as may be necessary, including but not limited to x rays, routine tests and treatment and/or hospitalization. The health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted.

Signature of parent or guardian of camper \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_



# LAKE LOGAN

Group Name	_____
Date(s) of Visit	_____
Cabin	_____ Room # _____
Vehicle Make & Model	_____

## Guest Registration and Release

Guest Name(s) \_\_\_\_\_

Minor(s) Covered Under this Release \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

### Lake Logan Conference Center and Camp Henry, Inc Activity Release

I am aware that recreational activities can be hazardous and I assume all risks of injury, loss of life and or damage to person or property as the result of my use of the property or any recreational equipment belonging to Lake Logan Conference Center and Camp Henry, Inc. (hereinafter "Lake Logan"). I agree that I will not hold Lake Logan or any person connected with the administration or ownership of Lake Logan responsible for any injury, loss of life, or damage that occurs in the course of my use of the facilities. I agree to pay for, defend, and indemnify Lake Logan for any injury or damage suffered by me directly or indirectly. I further agree that all equipment supplied by Lake Logan is provided "as is/where is" and release Lake Logan from any and all responsibility directly or indirectly connected to the equipment provided.

### Coronavirus / COVID-19 Warning & Disclaimer

Coronavirus, COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Further, I have read and agree to Lake Logan Conference Center and Camp Henry, Inc's Guidelines and Policies that were provided to me for handling risks related to COVID-19.

\_\_\_\_\_ Initial

Participating in Lake Logan programs or accessing Lake Logan facilities could increase the risk of contracting COVID-19. Lake Logan in no way warrants that COVID-19 infection will not occur through participation in Lake Logan programs of accessing Lake Logan facilities.

By signing this release, I certify that to my knowledge I have not exhibited symptoms, tested positive for, or been in contact with anyone who has exhibited symptoms or tested positive for COVID-19 in the past 14 days. Further if I am diagnosed with COVID-19 within 14 days of leaving Lake Logan, I will contact the executive director to disclose this information. I understand my identity will not be shared with anyone else.

As a guest of Lake Logan, I recognize that my likeness in photograph, video, or other digital media (phot) may be taken and hereby grant the Lake Logan permission to use my photo in any and all of its publications, including web-based publications, without payment or other consideration.

(As the parent or guardian of a minor child I make this agreement individually and on behalf of my child.)

Guest Signature \_\_\_\_\_ Date \_\_\_\_\_

## 10th Grade Trip Equipment

REI, Bass Pro, Cabela's, and other outdoor centers sell equipment for backpacking. Amazon can also be a great place to shop for equipment. The name of the game is durable and lightweight. Make sure you try out your equipment. Don't be afraid to send back equipment that doesn't fit or seem durable enough to withstand the rigors of backcountry usage.

### Required Equipment:

Packable sleeping bag



Packable mess kit



Water bottle



Hiking shoes/supportive tennis shoes



Hiking socks



Layered Clothing (Jeans are not recommended)



Rain jacket



Travel Toiletries (unscented)



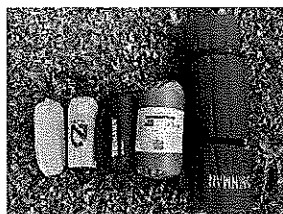
- *Make sure to bring warm layers, it gets cold in the mountains.*

### Optional:

Small Tent



Packable Sleeping Pad



Camelback/Water bladder



Parent Volunteer/Chaperone Application



To chaperone on a Pioneer Springs Community School field trip, you must have attended a school volunteer orientation.

\_\_\_\_ Yes, I have attended volunteer orientation.

***Pioneer Springs Community School reserves the right to request a criminal background check on all school volunteers.***

Personal Information :

Last, First, and Middle Name: \_\_\_\_\_

\* DOB: (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_ \*Gender: \_\_M \_\_F

E-mail Address:

\_\_\_\_\_

Home Phone #: \_\_\_\_\_ Alternative Phone #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

***(Please provide insurance information if you will be driving students for field trips.)***

Vehicle Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Date Issued: \_\_\_\_/\_\_\_\_/\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

***(Please attach a copy of your driver's license and current vehicle insurance.)***

**Field Trip Information:**

I would like to serve as a chaperone for \_\_\_\_\_ field trip.

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Teacher: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_