



Dear 2nd and 3rd grade family,

Can you believe it's time to start planning our Spring Into the Woods Camping trip? We will be going to YMCA Camp Weaver in Greensboro, NC on March 21st and 22nd. Students will participate in amazing classes facilitated by Camp Weaver Staff on their beautiful camp facility. Experiences may include but are not limited to ecosystem exploration, archery, canoeing, orienteering, campfires, and teambuilding. The trip includes lodging in cabins and meals. Students will eat lunch before leaving school on March 21. You can check out the Camp Weaver Facilities at: <https://campweaver.org/>

We need the support of our parents to be able to make this trip a reality. First, ***in order for your student to participate, they must have their entire \$150 Adventure Fee paid by February 15.*** Most families paid the \$50 Fall trip fee earlier in the year, leaving a balance of \$75 for the Spring Adventure. *If you haven't paid your Adventure Fee in full, please do so as soon as possible. It is easy to pay via the Pioneer Springs Website (located under the programs tab).*

Next, we will be needing parent chaperones for each grade to be in charge of cabin and class groups. Thanks to Camp Caraway for allowing us to offer chaperones the opportunity to experience the camp at the reduced price of \$40. We need both male and female chaperones. I look forward to having a great group of parent volunteers!

Parent chaperones will be asked to have 3 to 4 students carpool with them. Chaperones will need a copy of their valid driver's license and insurance on file in the office. We will depart from school at 11:30am on March 21 and leave camp to return at 1:00 pm on March 22. *If you are interested in serving as a parent chaperone, return the chaperone interest form by February 1. I will contact the parents selected to chaperone by the 15th of February. If selected, you will be asked to pay your \$40 registration fee and provide a copy of your driver's license and insurance.* Prior to leaving for the camp we will have a chaperone orientation (date to be determined).

Please complete and return the camper registration forms to your child's teacher by February 1. This will allow me to provide any special student instructions to the Camp Director as far as allergies and dietary requirements. I have attached the camper registration forms and chaperone application to this packet.

Sincerely,

Chris Simeral
Dean of CTE & Nature Education

Spring Into The Woods Packing List

Pack all items in a duffel bag, or backpack.

Necessities

- Sleeping bag/Bed linen
- Pillow
- Towel
- Toiletries (soap, shampoo, toothbrush, etc.)
- A Positive Attitude
- 2 pairs of shoes (Old Sneakers) **Wet shoes can make camp miserable!**
- Clothes for 2 days (outdoor activity appropriate)
- Pajamas
- Jacket
- Water Bottle**
- Rain Gear
- Medication form and medications (original container) in a ziplock bag

Optional Items

- Camera
- Stuffed Animal
- Sunscreen
- Bug Repellent
- Sun Glasses
- Flashlight

Items Not to Bring

- Video Games/Electronics **(We are not responsible for lost or broken items.)**
- Jewelry
- Knives or other weapons
- Valuable Items
- Animals
- Snacks **(Snacks aren't permitted in the cabins. We don't want hungry wildlife visiting at night!)**

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

Dextromethorphan (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)

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 _____

**Minor Participant Waiver, Release, Indemnification of
All Claims & Covenant Not to Sue, Media Release**

PLEASE READ CAREFULLY. THIS DOCUMENT EFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT, YOU ARE RELEASING YMCA OF GREENSBORO INC FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFORE

Assumption of Risk

I, in my legal capacity as the parent/guardian of the minor name below ("Minor"), acknowledge and agree that any use of YMCA of Greensboro, Inc. Facilities, services, equipment and premises ("Facilities") and any participation in YMCA of Greensboro, Inc. programs and activities ("Programs") come with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death and (5) sickness or disease. I voluntarily, for myself and Minor, accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of Minor's use of facilities and participation in Programs I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that YMCA of Greensboro, Inc., its officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by Minor, however occurring including, but not limited to, the negligence of Releasees. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or death sustained from the use of Facilities and participation in Programs.

I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including , but not limited to, the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs.

Media Release

In consideration of my Minor's use of facilities and participation in programs, I **GRANT PERMISSION** to use my minor child(ren) likeness in a photograph, video or other digital media ('photo') in any and all of its publications, including web-based publications, without payment or other consideration. I also understand and agree that all photos will become the property of the YMCA of Greensboro/Camp Weaver and will not be returned.

Minor Name (Print Clearly)

Date

Parent Guardian Signature

Parent/Guardian Name (Print Clearly)

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: _____