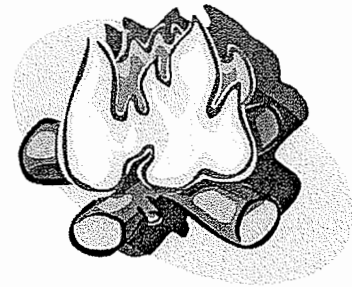
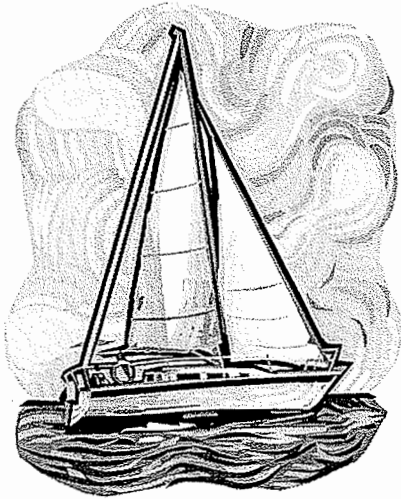


GIRL SCOUTS OF CONNECTICUT

Camp Candlewood Resident Camp Confirmation Information Summer 2009



GSOFC Registration Department
North Haven Service Center
20 Washington Avenue
North Haven, CT 06473

(800) 922-2770 Camp office: (203) 746-3497
www.gsofct.org email: camp@gsofct.org



Letter from Camp Candlewood Staff

Spring 2009

Dear Camp Family,

Welcome to the Camp Candlewood community. We are delighted that your child has chosen to come spend part of her summer with us. Our summer staff members come from all over the world, including many regions of the U.S., and are getting ready to share their knowledge of their home countries, the out-of-doors, arts, sports, and water activities with your camper.

If you've been to Candlewood before, we're certain you are excited. Some things may have changed because we learn, grow and, therefore, change each year. Please read this information carefully so you don't get caught by some unexpected procedural changes.

If this is your first summer at Candlewood, we are especially excited about welcoming you into our community. You may wish to pack a picnic lunch and visit the camp during one of our **Open Houses on April 19 from 2pm to 4pm and May 3 from 2pm to 4pm**. Some staff members and volunteers will be there to answer questions and conduct tours. Candlewood is on a steep hill, wearing sturdy shoes is recommended if your plans include one of our tours of the camp down to the waterfront.

Camp Candlewood builds a new, diverse community each summer. Girls and staff come from many backgrounds – some of us have very limited economic resources, others of us have not known economic limitations. Some of us are only children, and some of us come from large families. Some of us have had our own room, while others of us have always shared. At camp, girls learn what it means to live in a community while pursuing their special interest, whether it is canoeing, horseback riding, sports, or the arts. To help us learn to live together, we use the Girl Scout Promise and Law as the basis of our expectations for girls' behavior. We ask that you and your camper sign an agreement that she will live by the Promise and Law while at camp.

At camp we share our living space. Most girls and staff live in "A-frame" structures which have wooden roofs and canvas sides. Some A-frames have wooden sides. These structures hold either four or eight girls. Counselors will live in a similar structure in the same area. Camper possessions will be stored in the A-frame with the camper, so please limit luggage to one footlocker, large suitcase, or two (2) duffel bags. There is no "special place" for valuables, so please leave them home. Also leave all electronics, alcohol, illegal drugs, and fire arms at home.

On behalf of the staff, I wish to welcome you to Camp Candlewood. See you soon!

Anne Gair-MacMichael

Anne Gair-MacMichael
Camp Manager for Camp Candlewood

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Open House at Camp Candlewood

If you or your camper(s) have never been to Camp Candlewood, a pre-camp visit is highly recommended. Campers and their families are encouraged to visit camp during one of our Open Houses: April 19 from 2pm – 4pm and Sunday May 3 from 2pm – 4pm. Held rain or shine, Open House is a great opportunity to meet some of the staff, tour the facility, and get a feeling for how girls will enjoy nature and the great outdoors while being not all that far from civilization.

How Parents Can Help Girls Get Ready for Camp

Getting Ready. Talk about camp ahead of time. Let your child know that you believe she is ready to be away overnight and enjoy camp. Admit that you will miss each other, but that it is normal, and you will be able to continue your life as she is stretching her wings and expanding her life to include being part of the Candlewood community.

If either of you wonder, "just how it will be," encourage her to practice living out of a suitcase for a week. Mark her luggage clearly with her name. Help your camper to be excited about camp. Count down the days, plan a special send-off dinner, address postcards for her to send from camp to friends and relatives (home, grandparents, cousins, siblings, etc.). There are many ways to help prepare your family for this time of separation.

Discuss what life will be like when she is "un-plugged." Camp is a world without television, cell phones, Walkmans, iPods, electric lights, or computers. For most children this is a major change, but often a very positive opportunity to connect with the natural world. We feel strongly about camp being a life without electronics (except in the offices). If a camper brings an electronic device to camp, her counselors will take it to the office for safe-keeping; it will be returned to the adult who signs the child out of camp when she leaves.

What to expect. Expect your child to have a great time at camp! Girls having a great time at camp generally cannot find time to write home; so "no news is good news" is a very true adage when thinking of your child at camp. Some girls manage to write home during Me Time (rest hour) every day, and some of those girls are also having a wonderful time at camp.

No phone calls. The single highest contributor to homesickness is a parent saying, "If you're homesick, you can come home." The second highest is a phone call. If you are exceedingly anxious, call the office (203) 746-3497; we will check with your child's counselors, and get back to you within 36 hours; but please, for your child's sake, do not insist upon communicating with her by telephone.

Write letters to your camper. Campers love to get mail. Sometimes parents write a short story in installments for their child. It helps for your child to know that you are all following "the same boring routine" at home, she isn't missing anything exciting, and you are not devastated by her absence.

Home at camp. Your camper will live in an A-frame with other girls who are her age and most likely in the same program. Her unit assignment will be given to you when she arrives at camp. Many girls find sleeping to be more comfortable if they bring mosquito netting. A sheet and/or a mattress pad to cover the camp mattress makes her bedding more versatile and either familiar or exciting with special sheets for camp. Her sleeping bag can then either be used as a removable blanket when it is warm, or she can crawl inside on extra cool nights.

Friends at camp. One of the best parts of camp is making new friends. If your daughter and a friend listed each other as "buddies" on their applications, and she and her buddy are of the same age and program, they have properly requested to be together. Every effort will be made to honor such buddy requests, but requests cannot be guaranteed. Requesting a buddy is certainly NOT necessary, and cannot be extended beyond two girls. (If you feel this companionship is essential, talk to her Troop Leader about taking the girls to "Resident Camp by Troop" where entire troops will be together.) When several girls attempt to be together, exclusionary groups are often the result, and this greatly hampers our ability to form a cohesive camp community.

Homesickness

Homesickness is a perfectly normal part of growing up. Understanding that being sad is normal and that most girls grow accustomed to camp in a few days will help you and your daughter have a realistic perspective. In order to aid this process, be careful not to emphasize how much you will miss your camper. Girls sometimes feel guilty about leaving people and pets behind. It never hurts to say, "I love you," often, and hope that siblings leave on good terms with one another. Tell her you will be very excited to hear about her adventures. Send mail to camp for her. Be sure to encourage your camper to have fun

and make new friends. It is common for a camper to send letter(s) home the first night and day requesting that you come pick her up immediately; don't assume your camper still wants to be picked up days later. Usually, by the time you receive your camper's letter, she will have adjusted and is having fun. If you are anxious about your child, feel free to call the Camp Director.

Two-Week Sessions

Please note that if your child is enrolled in a two-week session, she will be in camp or on a scheduled trip for that entire time.

Six-Week Sessions

If your child is enrolled in a six week session we hope that you can plan for her to go home on June 18, and August 1, for a 30 hour period. If this is not possible please call the Camp Director and we will make arrangements for your daughter's care, and to have her laundry done. There will be a fee for this service.

Mail, mail, campers live for mail call

Frequent, cheerful, and supportive letters are important to campers. Mail service can be slow, so allow several days for delivery. We recommend writing letters to your camper and dropping them off in the box provided on opening day. Your camper's name, her program name, and the desired delivery date should be written on the outside of each envelope.

Camper's Name, delivery date

The Program in which your child is enrolled (or her Unit)

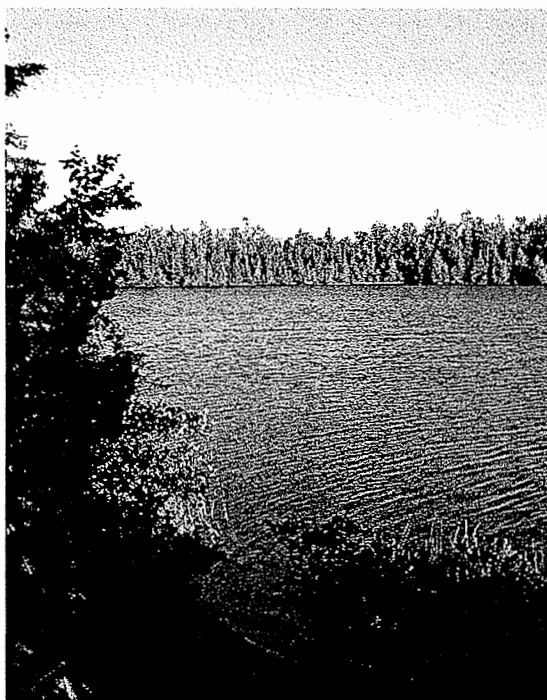
Camp Candlewood

29 Bogus Hill Road

New Fairfield, CT 06812

A Sample Day at Camp:

Wake-Up Time
Optional Early Morning Swim
Hopping (a kaper)
Breakfast
Flag Ceremony
Arts & Crafts
Swimming Lessons
Hopping
Lunch
Me Time (Rest Hour)
Mail Call
Archery
Free Swim
Canoeing
Dinner
Evening Flag
All-Camp Treasure Hunt
Unit Campfire
Goodnight Circle
Taps/Lights Out



Precise times depend upon many factors, such as a unit's chosen activities and programs, all-camp events and specials, and weather. Exact times of some events may also change from week to week.

Opening Day

Camp begins on Sunday. We do our best to get everyone through registration as quickly and painlessly as possible. However, be prepared to wait in a few lines, do some walking over rugged terrain, and meet many young adults.

Please leave your pets at home.

Do not pack, but bring with you, all medications in their original containers with the labels intact and unaltered. A copy of the **Health Record and Physical Examination form**, the **signed Medication Administration Authorization form**, and **other forms indicated on the packing list**. Also bring a check, or cash for any funds you want your camper to be able to use at the Trading Post (camp store).

Check-In

- Check-in is on Sunday afternoon from 2:00-4:00 p.m. Staff will be returning from their 24 hours off, so please do not expect to be able to arrive early.
- Upon arrival, you will be greeted by a staff member who will direct you to a parking area.
- A counselor will greet you and tell your camper what unit she will be living in, and give you directions for dealing with her luggage.
- A counselor will direct you through our check-in procedure that will include these tasks.
 - Turning in your completed Consent to Participate and Release form
 - Turning in your Behavior Agreement and other required forms
 - Trading Post:
 - Depositing any money you wish your camper to have in her camper account (optional), and completing the Trading Post Deposit form that you'll be given
 - Turning in the Unit Photo Order form (form is required, purchase is optional) that you'll be given
 - Health Screening
 - Lice check
 - Double-check of recent health history
 - Turning in Health forms
 - Turning in all medications and Medication Administration Authorization forms for each prescribed or over-the-counter medication.
- Your final step is to go to your camper's unit and meet at least one of her counselors and turn in your "About My Camper".
 - If your camper is enrolled in a two-week session, she will be at camp for 13 days. She will not go home during the session, and only hand washing of clothing is possible.

Closing Day

Camp ends on **Saturday morning**. Campers will be packed and ready to go home by 9:30 Saturday morning. Please pick up your child by 10 am as the staff must have a meeting before they have their 24 hours off.

Check-Out

- Adults picking up campers will need to have their ID with them to claim their camper. They must be listed on the Resident Camp Authorization of Drop-Off and Pick-Up form enclosed in your confirmation packet.
- If you left medications and any are remaining you will be able to retrieve them at this point. You will also receive a copy of the record of the medications that were administered to your child.
- Once an adult's ID has been checked, the adult may proceed to the camper's unit and sign her out with her counselor.
- Her counselor will have an envelope with her photo (if ordered), list of accomplishments, and Trading Post expense record.
- Please sign her out with her counselor.
- Make certain that all of her luggage gets to your vehicle. Ask your camper how many pieces of luggage she is going home with. (This is usually one more than she came with as the laundry bag is often kept separately.) Ask her to identify her luggage. For those pieces not marked with her name, she may know that hers has a scratch on the left corner while her cabin-mate's had a scratch on the right corner.
- Check the Lost and Found before leaving camp.
- Complete the Parent Evaluation form and mail it back to camp. Thank you, we appreciate your feedback!

General Information

Healthy Camping

Campers are living in the woods, they will be sharing space with other girls, they will get dirty, they will get bitten by bugs, and they will be exposed to the sun. We would like to keep all of these situations from becoming "issues." Parents can help keep this contact healthy by preparing their child and discussing your family's norms.

Sunscreen. Most people will burn when exposed to enough sunlight, especially when it is reflected off water. Please send your child with appropriate sunscreen (an SPF 15 or greater is recommended to prevent cancer-causing exposure, especially for those with fair skin). Choose your sunscreen with awareness of your child's skin sensitivities and your own preferences for chemical content. Teach her to put it on in the morning, how to protect her eyes, and to reapply it frequently, especially after physical activity and/or water exposure.

Insect Repellent. Please do not send aerosol cans. Pumps, wipe-ons, lotions, and stick applications are acceptable. As with the sunscreen, it is important that you are comfortable with the chemical exposure for your child. This exposure must be weighed against the discomfort of mosquito bites, and the potential health hazard of tick bites. Teach her how to apply the repellent while protecting her eyes (and those of the people around her).

Ticks. We do have ticks at camp. Please discuss with your camper what a tick is and what it looks like. Teach her to check herself daily, and to tell her counselor if she finds a tick. Her counselor will send her to the Health Center to have it removed. The Wellness Staff will check up on your child to look for any signs of infection. (Ticks removed within 24 hours have less chance of causing health problems.)

Showers. Showers are available at camp, and girls will have the opportunity to shower on a regular basis. If your camper is only accustomed to baths, help her learn to use a shower before she comes to camp. Discuss the variances in modesty in American culture and be clear what your expectations of your camper are in this regard. Make sure she is aware that every family has its own standards.

Swimsuits. Swimsuits are for swimming and water sports. It is important that your child is aware of the health irritations that can develop from wearing a swimsuit all day long. Uncomfortable rashes can ruin a camper's experience. We encourage girls to change out of their bathing suits at lunchtime, and any time they will not be at the waterfront.

Menstruation. In today's world, girls as young as 8 are reaching menarche. Staff are prepared to help girls if they reach this mark of puberty for the first time while at camp. Please encourage your camper to talk with her counselor or the health care staff if she needs sanitary supplies or is having a problem. We encourage girls to participate in all activities while at camp, though we understand each girl's response to her "period" is unique, and families have differing expectations. Please discuss this with your child and the health care provider if you anticipate any problems.

Medical Information. The laws of the State of Connecticut require every person at camp to have a Health Form or religious waiver on file at camp. As these health forms may be used multiple times over the two year period, please make copies so that you will have them for her next event. Page 1 of the Health Record form must be completed by the parent/guardian within three months of the start of camp. Page 2 for the physical examination must be signed and dated by a licensed physician within 24 months of the start of camp. **Health forms must be at camp for a camper to remain in camp.** Please make a copy before sending your form in, and bring it with you to camp "just in case" a form was lost in the mail. Medications in camp must be in the original container. Medications are kept and distributed by the Health Care Supervisor (except for prn inhalers and anaphylaxis medication, i.e., Epi-Pens). Campers with inhalers and Epi-Pens are asked to bring two (2) sets so that one may be kept with the health care provider. All medications, whether prescription or over-the-counter, require a doctor's order as well as parental permission in order for camp staff to administer them. With permission from the camper's parent/guardian **AND** physician, we administer prescription medications to the person named on the label according to the directions written on the pharmacist's label on the bottle. When we are unable to obtain the services of a Registered Nurse we often staff our health center with an EMT or other certified First Aider instead. The state laws are more restrictive in this case. If your child takes an over the counter medication for aches, allergies, or sneezes, we can only administer any of these with both physician and parental permissions, and the provided over the counter medication. I would suggest that you send travel size bottles if possible.

Parent Notification. Parents/guardians will be notified by telephone in the following situations:

- Illness requiring the camper to be in the Health Center over 24 hours;
- Illness requiring the medical attention of a physician (parents generally take the child to her own physician);
- Injury which requires outside medical attention;
- Injury which interferes with the camper's participation in her chosen program;
- Severe homesickness lasting beyond the first Wednesday.

Alcohol, illegal drugs, and firearms are prohibited on Camp Property.

Other Information of Interest

The GSOFACT **Registration Department** may be reached at (800) 922-2770. Staff there will be able to tell you if there is more room in your daughter's program, perhaps she has a friend who would like to join her. They also will facilitate registration for additional sessions.

The **Camp Director** is a seasonal employee. During the summer the Director can be reached at **camp (203) 746-3497**. Prior to camp, please refer your questions to the Camp Manager, Anne Gair-MacMichael, at (203) 239-2922 or from within CT (800) 922-2770 extension 3368.

Camp policy **prohibits pets** on camp property. Only trained service animals may be brought to camp on opening and closing days.

Phone calls. Your camper's happiness and welfare are our top priority at camp. We have found that it is best not to interrupt a camper's adjustment to camp with phone calls. Campers do not receive or make phone calls during their stay at camp. Parents or guardians may call camp and speak with the Camp Director should they have a concern about their camper. Emergency messages will be delivered as soon as possible. Office phones must be kept available in case of an emergency. If there is a problem or if your camper is not doing well, the Camp Director will contact you.

Visiting Days. For campers in the six week program, there will be a special visiting program on August 1. Details will be sent to you during camp. All of you may tour the camp during Open House and/or when you drop off and pick up your child. The saying "out of sight, out of mind" is very true when girls are first learning to be away from home. If you limit your visiting time to opening and closing days, you avoid disrupting your camper's adjustment and the continuity of program.

Laundry. Any washing must be done by hand. We do not have a laundry service. If your child is a bed-wetter, please send two sets of sheets, and we will do her bedding and rotate her sheets so that she has clean sheets each night. If this is the case, PLEASE alert both the camp health provider and her unit counselor. If we are aware of the situation, our staff will be prepared to use discretion, and we can generally avoid an embarrassing situation for the camper.

Luggage. Luggage should be such that it can be carried by two girls the size and strength of your camper. This is generally a small footlocker, a large suitcase, or a duffel bag. Though many girls prefer duffel bags and do well with them, it is often difficult for younger girls to keep their clothing neat in a duffel bag.

Lost and Found. Girl Scouts of Connecticut is not responsible for lost, damaged, or stolen items. If you believe your camper is missing something, call the camp office (203) 746-3497 and let us know what we should be on the look-out for. Lost and Found is held for up to a week after camp. After this point unclaimed items may be donated to a charitable organization. After the final week of camp this happens more quickly.

Packing List

(Please label all items with camper's name.)

Clothing

- Underwear (1/day, plus 2 extra)
- Socks (1/day, plus 2 pair wool socks)
- 2 swimsuits
- Long pants (at least one pair)
- Shorts
- Long-sleeved shirt for sun protection
- T-shirts
- Polar fleece or wool sweater
- Raincoat or poncho
- Hat with a brim
- Bandanna (or AP)
- Sturdy shoes or sneakers
- Pajamas
- Water shoes (old sneakers are fine, as are boating sandals with back straps)

Equipment

- Sleeping bag
- Fitted sheet (cot, twin or queen size)
- Pillow
- Insect repellent (no aerosol)
- Sunscreen (SPF 15 or greater)
- Water bottle (1 liter with attached top)
- Toiletries (soap, shampoo, conditioner, toothbrush, toothpaste, floss, comb, hair ties, tampons, washcloth)
- Laundry bag
- Shower shoes
- 2 towels
- Flashlight
- 2 extra sets of batteries for the flashlight
- Day pack (last year's book bag is fine)

Optional

- Stationery and/or postcards with stamps
- Address book
- Disposable cameras or camera and film
- Mosquito netting
- Twin top sheet
- Mattress pad
- Ensolite or other sleeping pad for overnights

Leave at Home

- Cell phones
 - Duct tape
 - Electronics (personal music players, video games, etc.)
 - Food (snacks and meals will be provided)
 - Pets
 - Pocket knives or hazardous materials (such as matches)
 - Anything that could be considered a weapon
 - Alcohol, cigarettes, drugs
- The above items are prohibited and will be confiscated.

Things to Bring, but do **NOT** pack in luggage

- Medications/vitamins in original containers (both prescription and over-the-counter medications)
- If you generally carry an inhaler, or carry an Epi-Pen, it is helpful to bring two of these to camp
- Completed and signed required forms
 - o Behavior Agreement
 - o Consent to Participate and Release
 - o Consent to Medical Treatment for Camper
 - o Health Record and Exam (Pages 1 and 2)
 - o Medication Administration Authorization
 - o Resident Camp Authorization of Drop-Off and Pick-Up
 - o Special activity consent and release forms (i.e., horseback riding, river rafting), if applicable
- Trading Post Money
- Bedding (if you wish to help your child set up her bed)
- Bathing suit and towel (swim assessments are done before all luggage is settled in A-frames)

Directions to Camp Candlewood

29 Bogus Hill Road, New Fairfield, CT 06812

From the East: Take I-84 West to Exit 6. Turn right onto Route 37. (get in the left lane to stay on route 37 past the North Street Shopping Center) Continue past the Federal Prison on your right and Halas' Vegetable Market on your left. Continue on 37 to New Fairfield Center. At the traffic light in the Center, turn right on Route 39. Follow Route 39 through Candlewood Corners, where Route 39 takes a sharp left turn. You will then begin to see the lake on your right.

*Continue on Route 39. Go over the causeway. Squantz Pond will be on your left and Candlewood Lake on your right. Immediately after the causeway, take a right onto Bogus Hill. This is now also called Bogus Hill Road. Follow the road to the top of the hill. Enter the camp gate on your left.

From the South: Go North on Route 7, which merges with I-84 at the Danbury Fair Mall. Continue on I-84 East/Route 7 North to Exit 5. Go straight at the traffic light and continue to Route 37. As you go under I-84 you want to be in the left lane and follow Route 37 past the North Street Shopping Center. Continue on Route 37 to New Fairfield Center. Turn right at the traffic light onto Route 39. Follow Route 39 to Candlewood Corners. You will then begin to see Candlewood Lake on your right.

Follow from * above.

From the Northwest: Take US 7 South to CT 55 Webatuck Road Turn right on route 55. Turn Left on Route 39, then turn right on Routes 37 and 39. Take the left fork onto Route 39. Route 39 will follow the shores of Candlewood Lake on your left, (though not visible from the road) then Squantz Pond on your right. At the point where Route 39 makes a sharp turn right to head over the causeway between Lake Candlewood and Squantz Pond, go straight or slightly left onto Bogus Hill Road. Follow the road to the top of the hill and enter the camp gate on your left.

From New Haven: Take Route 34 West to I-84 West. Then follow directions from the East at the top of this page.

From Poughkeepsie, NY: Take route 55 East to route 22 South. In Patterson turn right on Haviland Hollow Road, Follow this to its end crossing into Connecticut. Turn right on route 37. Turn Left on Beaver Bog Road. This road winds down to Squantz Pond. Turn left on CT route 39, cross the causeway, and turn right onto Bogus Hill Road, Follow Bogus Hill Road to the top of the hill where you will find the entrance to camp.

Camp Emergency telephone number: (203) 746-3497



Behavior Agreement

(This form **must** be signed by **both** camper and Parent/Guardian and given to camp staff upon arrival at camp.)

Girl Scout Camp is a community formed each session by the girls and staff that enables girls to come together and experience the out-of-doors. The Girl Scout Program helps girls develop personal *Courage* and *Confidence*, and the integrity of *Character* needed to live cooperatively as positive citizens at camp and in our ever-changing world. We maintain this focus by following the Girl Scout Law and Promise each and every day.

The Girl Scout Promise
On my honor I will try,
To serve God and my country,
To help people at all times,
And to live by the Girl Scout Law.

The Girl Scout Law
I will do my best
To be honest and fair,
Friendly and helpful,
Considerate and caring,
Courageous and strong,
And responsible for what I say and do,
And to respect myself and others,
Respect authority,
Use resources wisely,
Make the world a better place,
And be a sister to every Girl Scout.

Camper Agreement

I, _____, agree to follow the Girl Scout Promise and Law while at Girl Scouts of Connecticut Summer Camp and on the bus traveling to and from camp. I will do this by doing my best to:

- Be honest and fair,
- Help where I am needed,
- Be friendly and considerate of both fellow campers and staff,
- Ask for help,
- Respect authority,
- Use resources wisely,
- Protect and improve the world around me, and
- Show respect for myself and others through my words and actions.

I understand that if I am unable to follow these rules, my Parents/Guardian will be contacted and I could be sent home from camp at any time by the Camp Director.

Camper Signature _____ Date _____

Parent/Guardian Agreement

I, _____, have discussed the above with my child and feel that she understands what is expected of her while at Girl Scouts of Connecticut Summer Camp. I also understand that if she is unwilling or unable to live within the stated guidelines, I may be called to pick her up at camp. I understand that if I am so notified, I must pick my child up within four hours of the notice at day camp, and within 24 hours of the notice at resident camp. I further understand that if I fail to collect my child within this reasonable amount of time, she will be reported to the local police as abandoned. I acknowledge that if my camper is asked to leave due to her improper behavior, there is no refund of any camp fee paid.

Parent/Guardian Signature _____ Date _____

Phone: Home () _____ Work () _____ Cell () _____



GIRL SCOUTS OF CONNECTICUT

1-800-922-2770 www.gsofct.org

RESIDENT CAMP AUTHORIZATION OF DROP-OFF AND PICK-UP

- ⚡ This document identifies people who are authorized to drop off/pick up the below-named child at camp.
- ⚡ This form must be signed at camp by the person dropping off/picking up the child.
- ⚡ Only authorized adults listed on this sheet may drop off or pick up the child from camp.
- ⚡ The individuals listed below will be asked to present proper identification before the child is released.
- ⚡ **Your child will not be able to participate in any program activities without this form.**

Parent/Guardian to complete, sign authorization, and bring to summer camp check-in.

Camper's Last Name	Middle Initial	Camper's First Name	Age Level <input type="checkbox"/> D <input type="checkbox"/> B <input type="checkbox"/> J <input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> Boy <input type="checkbox"/> Non-Scout
Program Name (i.e. Survivor)		Session Dates	Camp

Camper lives with: Mother Father Both Other (please specify):

I authorize the following people to drop off/pick up the camper. Should the camper need to leave camp when I am on vacation or otherwise unreachable, these persons are authorized and instructed to pick up this camper. Please list parent(s) and/or legal guardian(s).

1 st Parent/Guardian's Name	Home Phone	Work Phone	Cell Phone	Email
2 nd Parent/Guardian's Name	Home Phone	Work Phone	Cell Phone	Email
Names of Other Authorized Individuals	Relationship to Camper	Day Phone	Evening Phone	
3 rd				
4 th				
5 th				

For Early Departures and Special Circumstances

	Day and Date	Anticipated Time
I need to pick-up my camper early on:		
I will bring my camper back to camp on:		
I need to pick-up my camper early on:		
I will bring my camper back to camp on:		

Parent/Guardian to sign authorization of above-named individuals for drop-off and pick-up of camper.

Print name of Parent/Guardian	Signature of Parent/Guardian	Date
-------------------------------	------------------------------	------

Camp Use Only (Please do not write below this line.)

Camper Drop-Off
I am dropping off the above-named camper at camp.

Signature of Person dropping off child: _____ Date Signed: _____

Staff Witness: _____

Camper Pick-Up
I am picking up the above-named camper at camp.

Signature of Person picking up child: _____ Date Signed: _____

Staff Witness: _____



GIRL SCOUTS OF CONNECTICUT

(800) 922-2770 www.gsofct.org

CONSENT TO PARTICIPATE AND RELEASE – GENERAL

Camper's Name (Please Print) _____

Camp Program/Activity _____

Camp _____

Girl Scouts of Connecticut camps and outdoor program centers frequently have rustic facilities and uneven terrain that may include hills, woodlands, and waterfront areas whose navigation may require concentrated physical exertion (such as walking, hiking, or swimming). Many of the general programs described in camp or program literature and provided by Girl Scouts of Connecticut include a variety of rigorous physical activities in the outdoors; those activities involving higher risk will require a separate consent and release form. By signing this general consent for your child to participate, you acknowledge that your child's participation in the program activities, as described in the camp brochure and other materials, requires an acceptance of possible serious injury to your child. You have made your own judgment that your child is capable of participating in activities at camp. You also are representing to Girl Scouts of Connecticut that your child has no undisclosed condition that might affect her fitness or ability to participate with or without reasonable accommodation. Please list below any conditions that might affect your child's ability to participate fully in a particular activity and identify any medical restrictions. We are requesting this information so that we can work with you to determine an appropriate level of participation. Disabilities or medical restrictions will not automatically exclude your child from participating in an activity.

In any activity at summer camp, there is always some risk of personal injury or property damage. In return for the agreement to permit your child to participate, you agree that you will not sue Girl Scouts of Connecticut (hereafter the "Council") and its members, employees, agents, assigns, or volunteers for any injury to your child that results from or is aggravated by the inherent risks of your child's participation in a program/activity at summer camp. The inherent risks involved in participation in any program/activity include those injuries which result from circumstances or actions of persons who are not employees or agents of the Council.

Please read this agreement carefully and make certain that you understand it fully before signing it. By signing below you may be giving up substantial rights that belong to you and your child. You agree that you are signing this consent freely and voluntarily.

My child is in good health and does not have any health condition or disability that might affect her ability to participate in general summer camp activities. Please check: Yes No.

If No, please identify the health condition or disability. Please include such items as allergies, medical restrictions, inability to read directions at an age-appropriate level, or similar factors that employees, agents, assigns, or volunteers of the Council should keep in mind when working with your child.

I certify that I, as parent/guardian with legal responsibility for _____, do consent and agree to her participation in camp programs as described in the camp brochure or other Girl Scout program literature on the terms described above and state that I have completed the form truthfully to the best of my knowledge and ability.

Parent/Guardian's Name (Please print) Parent/Guardian's Signature
Signed

Date



GIRL SCOUTS OF CONNECTICUT

www.gsofct.org 1-800-922-2770

CAMP NAME: _____
 SESSION DATES: _____

GIRL/STAFF HEALTH RECORD - HEALTH HISTORY

Page 1

- To be completed by parent/guardian or staff member, as applicable.
- This form should provide current information for summer camp.
- If you wish to use this form for other purposes, you should copy it prior to sending it to GSOFACT. GSOFACT maintains forms as required by law, but requires new submission of form annually.

Mail completed health record to:
Girl Scouts of Connecticut
Outdoor Program Department
20 Washington Avenue
North Haven, CT 06473

Participant Information					
Name (Last, First, Initial)		Parent/Guardian		Birth date	Age
Address			City	ST	Zip
Home Phone ()	Work Phone ()	Cell Phone ()			
In Emergency Notify	Relationship to Girl	Cell Phone ()	Home Phone ()	Work Phone ()	

Insurance Information (List your primary policy. This information may be released, if necessary, for insurance purposes.)		
Carrier	ID Number	Group Number
Member Services Phone Number	Address	I accept full responsibility for the costs of any medical care/treatment I have hereby authorized.

Health History (Check all that apply.)		
Diseases	Allergies	Chronic or Recurring Illness
<input type="checkbox"/> Chicken Pox <input type="checkbox"/> Measles <input type="checkbox"/> German Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Kidney	<input type="checkbox"/> Animals <input type="checkbox"/> Food <input type="checkbox"/> Hay Fever <input type="checkbox"/> Insect Stings <input type="checkbox"/> Medicine <input type="checkbox"/> Asthma <input type="checkbox"/> Penicillin	<input type="checkbox"/> Drugs <input type="checkbox"/> Plants <input type="checkbox"/> Pollen <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Ear Infections <input type="checkbox"/> Heart Defect/Disease <input type="checkbox"/> Seizures/Convulsions <input type="checkbox"/> Bleeding Disorders <input type="checkbox"/> Asthma <input type="checkbox"/> Mononucleosis <input type="checkbox"/> Fatigue
		<input type="checkbox"/> Bed Wetting <input type="checkbox"/> Diabetes <input type="checkbox"/> Musculoskeletal Disorders <input type="checkbox"/> Arthritis <input type="checkbox"/> Sinusitis <input type="checkbox"/> Frequent Headaches <input type="checkbox"/> Other _____

My daughter has permission to take or use the following, if available or if provided by me in their original container. During summer camp, over-the-counter medications may only be administered in an emergency when an R.N. is the camp's Director of First Aid and according to the Camp Physician's Standing Orders.

<input type="checkbox"/> Tylenol/Acetaminophen	<input type="checkbox"/> Benadryl/antihistamine	<input type="checkbox"/> Hydrocortisone Cream
<input type="checkbox"/> Antibiotic Ointment/Bacitracin/Bactoban	<input type="checkbox"/> Antidiarrheal	<input type="checkbox"/> Hydrogen Peroxide
<input type="checkbox"/> Antacids	<input type="checkbox"/> Tums/antacid	<input type="checkbox"/> Epinephrine
<input type="checkbox"/> Calamine/Caladryl	<input type="checkbox"/> Robitussin/expectorant	<input type="checkbox"/> Advil/ Ibuprofen
<input type="checkbox"/> Wound Wash	<input type="checkbox"/> Swimmer's Ear/alcohol-vinegar solution	<input type="checkbox"/> Epi-Pen Jr. (up to 9 years of age)
		<input type="checkbox"/> Epi-Pen (over 9 years of age)

Restrictions (The following restrictions apply to this individual.)
 Does not eat: Red meat Pork Dairy products Poultry Seafood Eggs Peanuts Other (describe) _____
 Explain any restrictions to activity (e.g., what cannot be done, what adaptations or limitations are necessary). Attach explanation, if needed.

General Questions (Please explain any "yes" answers, noting the number of the questions. Attach explanation, if needed.)

Has/does the participant:	Yes	No	Yes	No
1. Had any recent injury, illness, or infectious disease?	<input type="checkbox"/>	<input type="checkbox"/>	9. Have frequent nosebleeds?	<input type="checkbox"/>
2. Ever had a head injury?	<input type="checkbox"/>	<input type="checkbox"/>	10. Have a history of bedwetting?	<input type="checkbox"/>
3. Wear glasses, contacts, or protective eye wear?	<input type="checkbox"/>	<input type="checkbox"/>	11. Have any skin problems (e.g., itching, rash)?	<input type="checkbox"/>
4. Ever passed out during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	12. Have problems with diarrhea/constipation?	<input type="checkbox"/>
5. Have problems with sleepwalking?	<input type="checkbox"/>	<input type="checkbox"/>	13. Have severe menstrual cramps?	<input type="checkbox"/>
6. Ever had emotional difficulties for which professional help was sought?	<input type="checkbox"/>	<input type="checkbox"/>	14. Have an orthodontic appliance being brought to activity?	<input type="checkbox"/>
7. Had an operation or serious injury?	<input type="checkbox"/>	<input type="checkbox"/>	15. Ever been hospitalized?	<input type="checkbox"/>
8. Had a chronic or recurring illness or medical condition?	<input type="checkbox"/>	<input type="checkbox"/>		

Health Information Privacy Statement
 The Girl/Staff Health Record is for health care concerns at summer camp only. All records will be handled by staff/volunteers whose job includes processing or using this information for the benefit of the participant. All medical records will be held in limited access by the health care supervisor during summer camp. Minimal necessary information may be shared with camp staff in order to provide adequate participant safety and health care. The health form will be retained by the sponsoring council or GSUSA until it is destroyed. All forms/records with noted treatment will be retained for seven years past the age of maturity of the participant. Access to the information will be limited, but copies may be requested from the event coordinator by the participant or her legal representative. I have read the above procedures for handling the health form information, and I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

This health history is complete and accurate. My child has permission to engage in all prescribed activities, except as noted by me and/or the examining physician. I hereby authorize the Girl Scouts of Connecticut (GSOFACT) and any medical personnel selected by the Camp to provide medical assessment and routine medical treatment/services to my child, including hospitalization, and necessary related transportation, and in case of an emergency, authorize the provision of medically necessary treatment/services, including transfer to a hospital or facility for emergency treatment/services. I release GSOFACT and its officers, directors, employees, personnel, agents, and contractors, from and against any and all claims and liability arising from or related to the provision, authorization and administration of medical treatment, services and medication to my child. My child has not had any serious illness, injury or operation since the day of her last medical examination.

Signature of Parent/Guardian/Staff Member _____
 Form #2230 Summer Camp 08 Girl/Staff Health Record 02-10-09

Date _____



GIRL SCOUTS OF CONNECTICUT

www.gsofct.org 1-800-922-2770

GIRL/STAFF HEALTH RECORD - HEALTH EXAMINATION AND IMMUNIZATION P2

- To be filled in by physician after review of health history with parent/guardian/staff member.
- This form must be completed within the 24 months preceding a girl's participation in summer camp.
- If you wish to use this form for other purposes, you should copy it prior to sending it to GSOFC. GSOFC maintains forms as required by law, but requires new submission of form annually.

Mail completed health record to:
Girl Scouts of Connecticut
Outdoor Program Department
20 Washington Avenue
North Haven, CT 06473

Girl Name (Last, First, Initial)	Date of Examination
----------------------------------	---------------------

Health Examination (This part is to be filled in by physician after review of health history with parent/guardian.)

Height	Weight	Blood Pressure	Appearance-Nutrition
Eyes: Without Glasses	Left: 20/___	Right: 20/___	With Glasses Left: 20/___ Right: 20/___
Color Vision:			Physician's Comments
Ears: Hearing: Right: _____ Left: _____			
Code: Satisfactory: <input checked="" type="checkbox"/> Not Satisfactory: <input checked="" type="checkbox"/> Not Examined: <input type="checkbox"/>			The applicant is under the care of a physician for the following conditions:
Nose	Genitalia	Current Treatment (include current medications):	
Throat	Hernia	Explanation of any reported loss of consciousness, convulsion or concussion: Does the applicant have epilepsy? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the applicant have diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Teeth	Skin		
Heart	Musculoskeletal		
Lungs	Physical/ emotional status		
Abdomen	Urinalysis*		

* Not required for every health examination. A girl 5-10 should have this test if she has not already had it, either when entering school or at any time since. A girl 11-18 should have this test if she has not had it since entering puberty.

Record of Immunizations

Immunization	Year Primary Series Completed	Year of Last Booster	Immunization	Year Primary Series Completed	Year of Last Booster
DTaP			Oral Polio		
Diphtheria			Measles		
Pertussis (Whooping Cough)			Mumps		
Tetanus			Rubella		
Hep B**			Chicken Pox		
Td***			Meningitis		

Tuberculin test - year last given _____ Result _____

Other _____
 **Effective January 1, 1999, for all children born on or after January 1, 1992, three doses of Hepatitis B vaccine are required (105CMR430.155(4)).
 ***Adult tetanus-diphtheria toxoid

When an R.N. is the camp Director of First Aid, I give permission to administer the medication marked below, according to the Camp Physician's Standing Orders.

<input type="checkbox"/> Tylenol/Acetaminophen <input type="checkbox"/> Antibiotic Ointment/Bacitracin/Bactoban <input type="checkbox"/> Antacids <input type="checkbox"/> Calamine/Caladryl <input type="checkbox"/> Wound Wash	<input type="checkbox"/> Benadryl/antihistamine <input type="checkbox"/> Anti-diarrheal <input type="checkbox"/> Tums/antacid <input type="checkbox"/> Robitussin/expectorant <input type="checkbox"/> Swimmer's Ear/alcohol-vinegar solution	<input type="checkbox"/> Hydrocortisone Cream <input type="checkbox"/> Hydrogen Peroxide <input type="checkbox"/> Epinephrine <input type="checkbox"/> Advil/ Ibuprofen <input type="checkbox"/> Epi-Pen Jr. (up to 9 years of age) <input type="checkbox"/> Epi-Pen (over 9 years of age)
--	---	---

Physician's Recommendations

Has the applicant been on any medication within the last six (6) months? Yes No If yes, please explain: _____

For female: Has this person menstruated? Yes No If not, has she told you about it? Yes No If yes, is her menstrual history normal? Yes No

Physician's Recommendations and Restrictions While at Camp

Any treatment to be continued at camp: _____

Any Medications to be administered at camp (specific dosages): _____

Any medically prescribed meal plan or dietary restrictions: _____

Any allergies (food, drug, plants, insects, etc.): _____

Any physical activity to be restricted? _____

Additional health information: _____

This person is in satisfactory condition and may engage in all usual activities, except as noted.

Licensed physician's name	Licensed physician's signature
---------------------------	--------------------------------

City _____	ST _____	Zip Code _____
Phone _____	Date _____	

If over-the-counter or prescription medications may be taken at summer camp, PLEASE COMPLETE, SIGN, AND ATTACH THE **CAMP MEDICATION ADMINISTRATION AUTHORIZATION FORM**. INCLUDE DOSAGE AND ANY POTENTIAL HARMFUL INTERACTIONS (e.g., food, medications, environmental).



MEDICATION ADMINISTRATION AUTHORIZATION

for Summer Camp Only

In Connecticut, licensed camps administering medications to children shall comply with all requirements regarding the Administration of Medications described in the CT State Statutes and Regulations. **Parents/guardians requesting medication administration to their child from camp staff shall provide the program with appropriate written authorization(s) and the medication before any medications are dispensed. Medications must be in the original container and labeled with child's name, name of medication, directions for medication's administration, and date of the prescription. All unused medication will be destroyed if not picked up within one week following the camper's departure at the end of camp.**

In Massachusetts, all medications are administered in accordance with 105 CMR 430.160.

105 CMR 430.160(A)

Medication prescribed for campers shall be kept in original containers bearing the pharmacy label, which shows the date of filling, the pharmacy name and address, the filling pharmacist's initials, the serial number of the prescription, the name of the patient, the name of the prescribing practitioner, the name of the prescribed medication, directions for use and cautionary statements, if any, contained in such prescription or required by law, and if tablets or capsules, the number in the container. All over-the-counter medications for campers shall be kept in the original containers containing the original label, which shall include the directions for use.

105 CMR 430.160(C)

Medication shall only be administered by the health supervisor* or by a licensed health care professional authorized to administer prescription medications. The health care consultant shall acknowledge in writing the list of medications administered at the camp. If the health supervisor is not a licensed health care professional authorized to administer prescription medications, the administration of medications shall be under the professional oversight of the health care consultant. Medication prescribed for campers brought from home shall only be administered if it is from the original container, and there is written permission from the parent/guardian.

105 CMR 430.160(D)

When no longer needed, medications shall be returned to a parent or guardian whenever possible. If the medication cannot be returned, it shall be destroyed.

**Health Supervisor – A person who is at least 18 years of age, specially trained and certified in at least current American Red Cross First Aid (or its equivalent) and CPR, has been trained in the administration of medications and is under the professional oversight of a licensed health care professional authorized to administer prescription medications.*

Instructions to Parents/Guardians

Page 2 of this Medication Administration Authorization form must be completed and signed by both you and the authorized Prescriber (Physician, Dentist, Physician Assistant, Advanced Practice Registered Nurse) for EVERY medication – whether over-the-counter (e.g., Advil) or prescription (e.g., Albuterol) – and each medication must have its own form.

Self-Administration Authorization applies to asthma and Epi-Pen medication only.



MEDICATION ADMINISTRATION AUTHORIZATION CAMP

Authorized Prescriber's Order (Physician, Dentist, Physician Assistant, Advanced Practice Registered Nurse) Only one medication per form, please.

Name of Camper _____ Date of Birth ___/___/___ Age ___ Today's Date ___/___/___

Medication Name _____ Controlled Drug? YES NO

Dosage _____ Method _____ Time of Administration/Frequency _____

Specific Instructions for Medication Administration (e.g., on empty stomach, with milk, etc.) _____

Specify Precautions _____

Medication Administration: Start Date ___/___/___ Stop Date ___/___/___ Quantity Received _____

Expiration Date of Medications Received ___/___/___ Special Storage Requirements _____

Relevant Side Effects/Adverse Reactions _____

Plan of Management for Side Effects _____

Known Food or Drug: Allergies? YES NO Reactions to? YES NO Interactions with? YES NO

If "yes" to any of the above, please explain _____

Diagnosis (at parents discretion) _____

Prescriber's Name _____ Business Telephone (____) _____

Prescriber's Signature _____ Prescriber's Emergency Telephone (____) _____

Prescriber's Address _____ Town/State/Zip _____

Parent/Guardian Authorization

I hereby authorize that medication be administered to my child as described and directed above and in accordance with CT State Statutes and Regulations and MA 105 CMR 430.160.

Name of Camp where medication administration will occur _____

Camp Program (if applicable) _____ Dates Attending _____

Child's Name _____ Address _____ Town _____

Name of Parent/Guardian Authorizing Administration of Medication _____

Relationship to Child: Mother Father Guardian/Other (explain): _____

Address _____ Town _____ Home Telephone (____) _____

Business Telephone (____) _____ Emergency Telephone (____) _____

Signature of Parent/Guardian _____ Today's Date ___/___/___

Name of Camp Staff Receiving Written Authorization and Medication _____

Title/Position _____ Signature (in ink) _____



GIRL SCOUTS OF CONNECTICUT

(800) 922-2770 www.gsofct.org

CONSENT TO PARTICIPATE AND RELEASE – CHALLENGE COURSE AND CLIMBING WALL

Camper's Name (Please Print) _____

Camp Program/Activity _____

Camp _____

Some of the programs and activities provided by Girl Scouts of Connecticut include a variety of rigorous physical activities. By signing this consent to participate, you acknowledge that your child's participation in the activities listed above, and described in Girl Scout camp or program materials, requires an acceptance of possible serious injury to your child. You have made your own judgment that your child is capable of participating in these activities. You also are representing to the Girl Scouts of Connecticut that your child has no undisclosed condition that might affect her fitness or ability to participate with or without reasonable accommodation. Please list below any conditions that might affect your child's ability to participate fully in a particular activity and identify any medical restrictions. We are requesting this information so that we can work with you to determine an appropriate level of participation. Disabilities or medical restrictions will not automatically exclude your child from participating in a sport.

In *Challenge Course and Climbing Wall Activities* there is always some risk of personal injury or property damage. In return for the agreement to permit your child to participate, you agree that you will not sue Girl Scouts of Connecticut (hereafter the "Council") and its members, employees, agents, assigns, or volunteers for any injury to your child that results from or is aggravated by the inherent risks of your child's participation in the *Challenge Course and Climbing Wall Activities* program. The inherent risks involved in participation in the *Challenge Course or Climbing Wall Activities* program include those injuries which result from circumstances or actions of persons who are not employees or agents of the Council.

The three camps listed below have team-building and challenge elements on site:
Pattagansett: Low and High Ropes Challenge Course elements and Climbing Tower;
Candlewood and Timber Trails: Low Ropes Challenge Course elements.

Please read this agreement carefully and make certain that you understand it fully before signing it. By signing below you may be giving up substantial rights that belong to you and your child. You agree that you are signing this consent freely and voluntarily.

I understand that without this form, my daughter may not participate in any activities relating to the *Challenge Course and Climbing Wall*. I agree to instruct my daughter to follow all safety instructions given by staff during these activities.

My child is in good health and does not have any health condition or disability that might affect her ability to participate in the *Challenge Course and Climbing Wall Activities*. Please check: Yes No.

If No, please identify the health condition or disability. Please include such items as allergies, medical restrictions, inability to read directions at an age-appropriate level, or similar factors that employees, agents, assigns, or volunteers of the Council should keep in mind when working with your child.

I certify that I, as parent/guardian with legal responsibility for _____, do consent and agree to her participation in the *Challenge Course and Climbing Wall Activities* on the terms described above and state that I have completed the form truthfully to the best of my knowledge and ability.

Parent/Guardian/s Name (Please Print)

Parent/Guardian's Signature

Date Signed

About My Camper
Girl Scouts of Connecticut

Name of Camp attending: _____

Camper's Name: _____

Program Name: _____

Camper's Age: _____ Grade: _____

Session Date: _____

Returning Camper? Yes ___ No ___

Guardian Phone Contact: _____

Guardian Email _____

Dear Parent /Guardian:

We want to be able to respond well to the needs of all of our campers this summer. In order to do this, we ask that you please take a moment to share information within your realm of comfort, about your child. This will help us prepare for your child so that she may have a safe, exiting, time where she will feels safe and cared for.. Thank you!

Sleep Habits:

Typical wake- up time: _____ Typical bedtime: _____ Wakes easily? Yes ___ No ___

Sleepwalks? Yes ___ No ___ Talks in sleep? Yes ___ No ___ First Time Camper? ___

Bedwetting? Yes ___ No ___

If yes to any, frequency or in what situations? _____

Has your child ever been away from home? If yes, for how long and in what setting? _____

Any other helpful information? _____

Food Habits:

Vegetarian? Yes ___ Vegan? _____ Ovo-lacto? ___ Religious? _____ No ___

Other Dietary Restrictions? Wheat? Dairy? Gluten? Religious? Other?

Details to help us: _____

Self Care:

Wearing clean clothes Does on own ___ Needs reminding ___

Washing hair Does on own ___ Needs reminding ___

Brushing teeth Does on own ___ Needs reminding ___

Any other helpful information? _____

Fears (check if yes):

Thunder ____ Dark ____ Being alone ____

Animals ____ Water ____ Other _____

Health/emotional issues or learning disabilities: _____

What unique qualities or abilities will your child contribute to the camp community? What do you particularly wish your child to gain from her stay at Camp ? _____

What activities does your child especially enjoy participating in? _____

Any recent changes in your family that may affect your child's behavior at camp (marriage, divorce, birth, death, move, etc): _____

How does she relate with children her own age? _____

How does she relate with children younger/older than she is ? _____

How does she relate with adults? _____

Does she have any siblings? What is her position in the family? _____

How does your child approach "something new"? _____

What creates stress for your child? How does she deal with stress? _____

Please share any other information you feel is important for us to know about your child: _____

Guardian Signature: _____ Date: _____

Please return this form to the North Haven Office, 20 Washington Avenue, North Haven, CT 06497 by June 15, 2009.

Horse Waiver- Camp Candlewood

HOLD HARMLESS AGREEMENT FOR HORSEBACK RIDING

_____ has my permission to ride horses and assist in the care and management of the horses under the control of Laura Wells-Whitcomb (Wells Valley Farm, LLC) and Diane Kennedy (Peeper Hollow Farm).

I fully understand the dangers inherent in horseback riding, as well as the dangers inherent in the vicinity of even the most carefully run riding stable. Also, I EXPRESSLY ASSUME THE RISK of such dangers on behalf of myself/my child, and agree not to hold Laura Wells-Whitcomb (Wells Valley Farm, LLC), Diane Kennedy (Peeper Hollow Farm), their assistants, or any other property holders whose property may be used for any activity relating to horseback riding, responsible for any and all injuries to myself/my child or my personal property.

I also authorize myself/my child to participate in jumping classes, horse shows, trail rides, cross country rides, and pleasure rides in addition to other riding activities.

By this instrument I authorize any medical doctor or hospital selected by Laura Wells-Whitcomb, Diane Kennedy, or their assistants to render emergency care to the above named person. I will assume all costs of such medical treatment and hospital services.

Riders Name _____

Address _____

Telephone _____ Emergency _____

Doctor _____ Telephone _____

Physical Limitations _____

RIDERS MUST WEAR ASTM/SEI APPROVED HELMETS AT ALL TIMES

Signature (parent if minor) _____ Date _____

Voyageur

Packing List

(in addition to those items on the general camper list)

- pair WOOL socks (warm even when wet) *essential*
- 1 poly pro or polar fleece sweater / jacket / or pullover *essential*
- set of synthetic or wool (NOT COTTON) long underwear (top and bottom) *essential*

- pair of nylon underwear suggested because they dry quickly
- pair quick dry long pants (NO blue jeans)
- 1 pair poly pro or polar fleece long pants (required)
- 1 wool or polar fleece hat (mittens are optional)
- pair quick dry shorts
- long sleeved shirt for sun protection
- t-shirt
- camp t-shirt (may be purchased at camp)
- bathing suit. (actually the one from the original list is fine)
- pair of old sneakers or full foot water shoes (shoes that you will slog through muddy water in, possibly be ready to discard at the end of the program).
- 1 liter water bottles. (empty soda bottles are fine)
- bandanas
- 1 Raingear (coat and pants or chaps OR poncho and pants or chaps)
- synthetic sleeping bag. Rated to 25 degrees (down is useless if it gets wet).
- ensolite or ridge rest or therm-a-rest, or other sleeping pad (no traditional air mattresses),
- dry bag or stuff sack with plastic liner for personal gear
- quart size zip lock type bags
- cloth diaper (not prefolded), pak towel, or diver's towel

- Frame pack (internal preferred)

- If you have a favorite PFD, bring it, otherwise one will be provided.

- Some people like kneeling pads. (they sell them for gardeners)

- Disposable Cameras are nice, especially the waterproof type.

Voyageur Canoe Program.

The Voyageur Canoe Program will include a multi day trip to the Adirondack Lake Region. Your child will travel by camp vehicle to the Launch point on Saturday, July 25, and return to Camp Candlewood by camp vehicle on Thursday, July 30. If you include an email address, when a route is finalized and permits obtained you will be notified by email of the planned trip. If not, know that an itinerary will be filed with the Camp Director when they leave.

My daughter

Child's name

has permission to participate in the Voyageur Program at Camp Candlewood . The program begins July 19 and runs through August 1. I understand she will be leaving camp.

Parent or Guardian Signature and Date

Email address:

Trekker Equipment list:

(in addition to what you bring to camp anyway)

- Frame Pack (optional, camp will provide if you do not have one you prefer).
- Light weight Sleeping Bag rated to 25 degrees F.
- Sleeping pad (ensolite, or thermarest types are acceptable, camp has some)
- 3 pair wool socks (smart wool or other double thickness non abrasive wool preferable)
- 3 pair liner socks if you do not have double thickness wool socks inquire of the knowledgeable)
- Poly pro or wool long underwear (top AND bottom)
- Wool or polar fleece mittens or gloves
- Wool or polar fleece hat
- Wool or polar fleece pullover, jacket, or sweater

- Hiking boots. Leather or lightweight or Gore-tex are all acceptable. We are looking for ankle support. (Please break them in BEFORE camp. not: it takes from two to four weeks to do a good job with leather boots)

- Raingear Poncho AND lightweight raincoat, plus chaps or rain pants.

- 1 pair long pants other than blue jeans. (chinos are fine as are stretch pants)
- 1 pair shorts (quick dry is nice).
- 1 long sleeved shirt
- 2 t-shirts
- 2 bandanas
- 3 – 1 liter water bottles (empty soda bottles are fine)
- camp t-shirt (may be purchased at camp)
- stuff sack for sleeping bag
- quart size zip lock type bags
- cloth diaper (not prefolded), pak towel, or diver's towel

Trekker Backpacking Program

The Trekker Backpacking program will include a multi day off site trip. This trip will either run to the Adirondack High Peaks Region or on the Appalachian Trail in New York, Connecticut, and / or Massachusetts. Your child will travel by camp vehicle to the trail head on Saturday, August 8, and return to Camp Candlewood by camp vehicle on Thursday August 13. If you include an email address, when a route is finalized and permits obtained you will be notified by email of the planned trip. If not, know that an itinerary will be filed with the Camp Director when they leave.

My daughter

Child's name

has permission to participate in the Trekker Program at Camp Candlewood . The program begins August 2 and runs through August 15. I understand she will be leaving camp.

Parent or Guardian Signature and Date

Email address: