



Camp Shaw-Waw-Nas-See

7th Grade Class
Team Building
September 23, 24 or 25
8:15 a.m. to 5:00 p.m.

The 7th grade class will enjoy a day at Camp Shaw. This program is an action learning program designed to develop an understanding of how group members' actions and behaviors impact success, build trust and understanding among group members and provide opportunities to build self-awareness and self-esteem.

The cost to attend Camp Shaw is \$25.00, this includes, transportation, zip line, archery & low ropes.

Students are asked to bring a sack lunch or have Aramark prepare a lunch from the attached menu for \$2.65. If your student is eligible for free lunch, these meals are free. If you student is eligible for reduced lunch this lunch is \$.40. Just fill out the lunch request form & return with the other Outdoor Ed forms & \$25.00.

Please make checks payable to Aux Sable Middle School and return with the attached Camp Shaw consent forms to the Main Office by Friday, SEPTEMBER 6th, NO EXCEPTIONS.

Every student has been assigned a day they will attend with their Science teacher. There are no athletic games on the scheduled Outdoor Ed days.

If you should have any questions, please call Mrs. Garon at 815-439-7092.

Child's Group:
Mrs. Pluth
Mrs. Powell
Mrs. Rousonelos
Ms. Woodward
Mrs. Bangash

Date of Trip:
Monday, 9/23/19
Tuesday, 9/24/19
Tuesday, 9/24/19
Tuesday, 9/24/19
Wednesday, 9/25/19

PLAINFIELD COMMUNITY CONSOLIDATED SCHOOLS
TRIP CONSENT FORM

I hereby give permission and consent for my son/daughter, _____

to participate in the **7TH Grade Outdoor Ed Program at Camp Shaw**

on **9/23, 9/24 or 9/25, 2019** sponsored by Plainfield Community Consolidated School District 202

and to be transported by: School Bus Van Private Vehicle

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1. **CONDUCT:** I understand that my student must comply with the provisions of the Student Handbook and other rules of conduct established by the School District while participating in the above-mentioned activity. I have discussed this requirement with my student.

2. **EMERGENCY MEDICAL AID:** I hereby give permission for the School District to **secure whatever emergency medical treatment that my child needs in connection with the activity.**

Yes No

If I am away from home during the time of this activity, I can be reached at:

_____ (address) _____ (telephone)

Other health information about my child of importance to the activity: _____

3. **INDEMNITY /INSURANCE:** I agree to indemnify and hold harmless the Plainfield School District Board of Education and its employees and volunteers against any claim for damages or loss including reasonable attorney fees which arise out of the above-mentioned activity. I also understand that if transportation is provided by private vehicle, primary liability and insurance coverage resides with the driver and/or owner of the vehicle.

Signed: _____

Parent or Guardian Signature **Date**

Address **Telephone**

**AUX SABLE MIDDLE SCHOOL 7TH GRADE OUTDOOR ED
CAMP SHAW, MANTENO, IL – September 23, 24 or 25, 2019**

Dear Parents/Guardians,

The purpose of this booklet is to provide you with some valuable information related to our Seventh Grade Outdoor Education Program, scheduled for September 23, 24, or 25, 2019 at Camp Shaw in Manteno, Illinois.

Included in this packet is an overview of rules and expectations for student behavior, a sample schedule, and a list of items we recommend each student brings on the trip.

Also included are a *Chaperone Form*, *Medical Information Form*, and *Camp Shaw Zipline Agreement Form*. These **forms are in addition to the payment and Trip Consent Form**. These additional forms should be completed, detached from this packet and returned by Friday, September 6th to the **OFFICE**.

CAMP RULES

In addition to those rules/expectations set forth in the Aux Sable Student Code of Conduct, the students participating in Outdoor Education are also expected to follow any other rules given to them by teachers and parents while on the trip.

For Example:

- Students will be expected to report *on time* to each scheduled activity. Students may not leave that activity without permission from the teacher/chaperone and without being escorted by an adult.
- Students will demonstrate proper etiquette at meals.
- Students will show respect for the flora and fauna of the camp. This includes remaining on the trails.
- An infraction of any rules could result in the student being removed from camp by his/her parents.

SAMPLE DAILY SCHEDULE

Upon their arrival to school on their scheduled camp day, students will report to first period for attendance. Parent chaperones will meet in the cafeteria for a short meeting. At that time, parents will receive a schedule containing academic materials, as well as group and bus assignments. After taking care of some organizational matters, students will board buses and travel to Camp Shaw. We expect to arrive at Camp Shaw around 9:30 a.m. that morning.

Students need to be picked up at Aux Sable Middle School at the end of the day. Approximate return will be 5:00 PM.

The day will be filled with scheduled activities. These activities are a combination of Academic Activities and Recreational Activities.

Activities

Day

- Archery
- Guided tree and track identification hike
- Zip Line (**Waiver Needed**)
- Teams Course/ Team Games

RECOMMENDED ITEMS TO BRING

While we all hope for clear skies, sunshine and temperatures in the mid-70's, we must be prepared for the weather. The only time we will stay inside is if lightning or severe storm warnings are evident.

In this context, please refer to the list below when preparing for the trip.

Do not wear/bring anything you are anxious about getting dirty, torn or ruined. The students will be out and about. Keep newer, nicer clothes at home.

FOR RAINY WEATHER

Light raincoat or rain gear

CLOTHING (Think Layers!)

Athletic Pants with shorts underneath

Hat

Old shoes (They will get dirty. No sandals or flip flops allowed!)

Light T-shirt with hoodie if necessary

Please apply sunscreen or bug spray in the morning before you arrive at school

Crush/Drawstring Backpack (Chaperones will NOT carry anything for you)

This form MUST be returned by 9/6/19

CHAPERONE FORM

Parents/Guardians,

If you would like to be a chaperone for Outdoor Education, please fill out the form at the bottom of this letter and have your child return it by Friday, September 6th -Random lottery selection process.

*Please remember that this is an all-day field trip that requires a time commitment from approximately 8:45 a.m. to 5:00 p.m. You will also need to ride on the bus with your assigned group. Chaperones attend Camp for no charge.

Once final numbers have been determined, a staff member at the school will contact you if you are selected as a chaperone. On the day of the trip, you will receive a packet of information the morning of the trip, which includes the students in your group, safety information, and the day's itinerary.

_____ Yes, I would like to be a chaperone for the Outdoor Education Trip.

Student's Name

Chaperone's Name

Telephone Number: _____

Best Time to be reached: _____

Email: _____

Child's Science Teacher: _____

Child's Group:

Date of Trip:

Child's Group:

Date of Trip:

Mrs. Pluth

Monday, 9/23/19

Mrs. Powell

Tuesday, 9/24/19

Mrs. Rousonelos

Tuesday, 9/24/19

Ms. Woodward

Tuesday, 9/24/19

Mrs. Bangash

Wednesday, 9/25/19

**This form MUST be
returned by 9/6/19**

MEDICAL INFORMATION FORM

Yes No Does your child have any allergies? If so, please specify:

Yes No Is your child allergic to bee stings?

Yes No Does your child have any physical condition which would hinder his/her physical activity?
Please list:

Yes No Does your child take medication regularly? Please list:

Yes No Will your child need to take it at camp? If so, what time should the medicine be administered?

Yes No Does your child require any special dietary considerations? Please list:

Yes No Does your child have any medical condition of which we should be aware? Please specify:

Yes No Date of most recent tetanus booster (**please specify**): _____

Yes No In case of a minor mishap, cut, scratch, etc., may the nurse administer first aid?

Yes No If an emergency exists, may the nurse transport your child to the emergency room?

Student Name : _____

Date: _____

Parent Signature: _____

***Medication:** If your child would require any kind of medication to be administered while attending the Outdoor Education Program, please have the attached Plainfield District 202 Medication Authorization Form completed by **both parent and physician**. All medication must be labeled with the correct name of the drug, the name of the child, and the times the medication should be given. If you have any questions or concerns, please call the nurse at 815-439-7092.

**This form MUST be
returned by 9/6/19**

**PARTICIPANT AGREEMENT, RELEASE, AND ACKNOWLEDGEMENT OF RISK ZIP LINE AND
CHALLENGE COURSE**

In consideration of the services of Camp Shaw-waw-nas-see, and their agents, owners, officers, volunteers, participants, employees and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "NICA"), I hereby agree to release, indemnify, and discharge NICA, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that zipline and other activities, offered at Camp Shaw have unanticipated risks which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: acts of other participants in this activity, adverse weather conditions; contact with plants, insects, or animals; my own physical condition or my own acts or omissions; first-aid, emergency treatment or other services rendered; consumption of food and drink.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless NICA from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity of my use of NICA'S equipment or facilities, **including any such Claims which allege negligent acts or omissions of NICA.**

4. Should NICA or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I have no medical or physical conditions which could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such conditions.

6. In the event that I file a lawsuit against NICA, I agree to do so solely in the state of Illinois, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against NICA on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

****Signature of Participant: _____

**** Student must sign this form to participate in Zip Line****

Print Name: _____

Address: _____

Phone: _____ Date: _____

**PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION
(Must be completed for participants under the age of 18)**

In consideration of _____ ("Minor") being permitted by NICA to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless NICA from any and all Claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian: _____ Print Name: _____ Date: _____

Students Name: _____

Science Teacher: _____

Student Name: _____ ID# _____ Science Teacher _____

Camp Shaw Outdoor Ed

Prepared by: ARAMARK

_____ Sun Butter & Jelly on whole grain bread \$3.00

_____ Turkey & Cheese on whole grain bread with mayonnaise \$3.00

_____ Ham & Cheese on whole grain bread mayonnaise \$3.00

All the above lunches will include carrot sticks, snack mix & 100% juice

_____ Add a reduced fat/whole grain cookie for .50 cents

Total Lunch Amount: \$ _____

Payment preference

Please check one:

_____ Bringing own lunch from home

_____ Use student's meal account

_____ Check made payable to Aux Sable Middle School or cash enclosed

_____ Student is Eligible for Approved Free Lunch

_____ Student is Eligible for Approved Reduced Lunch

