

June 18, 2010

Dear Tenth Grade Parents,

Sage Ridge School's Outdoor Education Week is September 13 through September 17, 2010. The entire student body and faculty will be participating on grade level trips. Regular classes will not be held. The Outdoor Education Trip Informational Meeting for parents is scheduled for Thursday, September 2, 2010 at 6:00 p.m. at Sage Ridge School. This is an important meeting for parents to attend. The faculty members for each trip will be present to answer any questions and to provide essential trip information. Please mark your calendars.

The 10th grade will travel to Pinnacles National Monument in California. We will employ the services of Naturalists at Large, a well-established outdoor education organization. Their naturalists, rock-climbing specialists, organization and curriculum make this an exceptional and safe experience for our students. This trip includes rock-climbing, designed for the novice, for the participants under the guidance of professional rock climbing instructors. Having worked for this company as a climbing instructor several years ago at this site, I can attest to the safety and professionalism of the experience. Sage Ridge School faculty will join each of the trail groups and be a part of all the activities throughout the week. Students will depart Sage Ridge School at 8:30 a.m. Monday, September 13 and travel to Pinnacles N.M., near Soledad, CA, by SRS bus. Students will return to Sage Ridge by 3:30 p.m. Friday, September 17. Please supply your child on the departure day with a bag lunch, drink and snack for the bus ride. Lunch on the return will be provided.

On Book Day, August 23, there will be an area dedicated to an **Outdoor Gear Swap and Share:** the swap and sharing of outdoor equipment and clothing. If you have anything to give to the swap or share with another family, a list will be established to keep track of the sharing between families. Please keep this mind over the summer. Consider your child's outgrown boots, rain jackets, extra sleeping bag, etc. and please bring it to the Great Space by Friday, August 20.

Please find attached the required forms to be completed by you on behalf of your child and returned to Mrs. Stephens, Divisional Assistant, no later than Friday, August 27. Please do not hesitate to call or email me about this trip.

Sincerely,

Colburn Shindell
Outdoor Education Coordinator
cshindell@sageridge.org

NATURALISTS AT LARGE

www.natsatlarge.com

OUTPOST LEARNING CENTER (OLC) EQUIPMENT LIST

Days will be spent being active! Comfortable, sturdy shoes and clothing for changeable weather are crucial. By following the list below, you will be providing the elements your child will need for layering. Layering will keep them comfortable no matter what the weather bring. Students will be sleeping in tents. Warm clothing may be especially important to stay warm in evenings and mornings. Naturalists at Large believes that students learn best in the outdoors when they are comfortable and confident, prepared with the essential clothing and gear. Please do your best to locate, borrow, buy, or improvise on the following list:

SLEEPING: *(Both pad and sleeping bag can be rented from your local outdoor sporting goods dealer.)*

- Sleeping bag (rated to 32 degrees)
- Ensolite, closed cell foam pad, or Thermarest

DAYPACK:

- Day pack (capable of holding a lunch, **2 1-liter** water bottles, poncho and notebook)

CLOTHING:

- Wind breaker OR light jacket
- Poncho OR coated nylon rain jacket with hood and rain pants
- Wool cap and mittens for late fall or early spring trips
- Warm jacket and sweater (wool or acrylic: no cotton)
- Boots (well broken in) OR sturdy walking shoes
- Heavy wool or synthetic socks (cotton does not retain heat when wet)
- Lightweight synthetic socks
- Shoes for water wear, ie. aqua socks, sports sandals (**must have heel strap**, no flip-flops) Canvas sneakers
- Jeans or sweatpants
- Shorts for walking
- Underwear (number appropriate for trip length)
- Thermal/long underwear
- Shirts (2 long sleeves and 2 short sleeves)
- Bathing Suit (where applicable)

OTHER ITEMS :

- HAT WITH BRIM (Baseball cap is okay)
- Sunglasses with strap
- Sunscreen (with a SPF of 15 or better)
- Lip balm
- Bandannas
- Small notebook and pen or pencil for journal activities
- Bath towel
- Toiletries (toothbrush, soap, etc.)
- REQUIRED MEDICATIONS (enough for the entire trip)
- One 33-gallon size plastic bag for dirty laundry (or wet things)
- Small flashlight with fresh batteries
- Wet wipes
- Extra glasses/contacts?

EATING AND DRINKING:

- Water bottle or canteen: **2 one-liter/quart minimum**
- Plastic plate, plastic bowl, & eating utensils
- Unbreakable cup

NOTE: PLEASE PACK ALL EQUIPMENT IN A DUFFEL BAG OR BACKPACK

Please do not bring many loose items. Mark everything you bring!

OPTIONAL EQUIPMENT:

Camera, board games, binoculars, reading material

DO NOT BRING:

Pocket knives, personal music devices, radios, electronic games, gum, junk food, or cell phones (they do not work at most sites and may be damaged or lost on program).

NATURALISTS AT LARGE WILL NOT BE RESPONSIBLE FOR LOST OR DAMAGED PERSONAL BELONGINGS

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PROCEDURES FOR STUDENTS WITH SERIOUS FOOD ALLERGIES

Food allergies are becoming more and more apparent in students on our programs. Following are some guidelines for you, your child and your child's physician to consider when deciding whether or not to participate in a Naturalists At Large program. We will do everything possible to accommodate your child's needs, however, there are some requests that are simply not possible to honor. We cannot guarantee a peanut, tree nut, gluten, or dairy free environment on any of our programs. It is not possible for our kitchens to cook separate food for your child. We cannot accommodate requests for specific brands of food or ingredients to avoid. We will try to make information available about our food, but the ingredients of certain snacks or entrees may not always be available. Above all else, it is necessary for your child to be personally responsible for their own dietary needs as they would in any environment away from home.

If you or your child is worried about the availability of nut free snacks, we encourage you to send some of your own snacks for the duration of the program. We will assist your child in the storage and handling of their food. At the request of the administrator in charge of the program for your school, we may take peanut butter off the menu completely.

For a wheat, gluten, or dairy free menu it is best to talk with the Field Coordinator at Naturalists at Large about the menu for your program. You should supplement our menu by sending food with your child. We will assist in the management and handling of this food to the best of our ability. We will ice your child's cooler on tent-based programs, or finding refrigerator space on our lodge based programs. It is best to send your child with a cooler packed with prepackaged/ready-to-eat style meals that require little or no preparation.

If your child has a serious allergy resulting in anaphylactic reactions, consult your doctor. It is up to you and your Doctor to decide whether your child's allergy is too serious to keep them safe on a program with us. We encourage any student with a prescription for Epinephrine to bring two full doses with them to the program. Your child should carry one dose, and the school faculty in your child's trail group should carry the other.



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**ACKNOWLEDGMENT OF RISKS AND ASSUMPTION OF RISK AND RESPONSIBILITY
OUTPOST PROGRAM --CHILD**

NATURALISTS AT LARGE and its authorized agents, employees, and representatives (referred to herein, collectively, as "NAL") take precautions to provide proper organization, supervision, instruction, equipment, and supplies for participation in programs organized by NAL. However, there are significant elements of risk in any adventure, sport, activity, or training associated with the outdoors or wilderness, including environmental education, hiking, backpacking, ropes courses, rock climbing, boating or swimming that may be carried out in the course of your child's participation in this NAL program (referred to herein as "Activity" or "Activities") and the use of any related equipment. Any or all of these or other activities may involve physical contact with employees and/or other participants.

Outpost Based Program: This program is an outpost (camping) program. Participants may camp in NAL provided tents and assist NAL personnel in food preparation. Risks which are part of NAL's outpost based programs include, but are not limited to, changes in the weather, temperature related injuries, falling on uneven terrain, excessive sun exposure, equipment failure, loss of participant's sense of balance, and problems which may result from a participant's inability to follow directions. NAL attempts to mitigate these risks by previewing and debriefing all activities, teaching safe wilderness travel techniques, providing appropriate safety equipment (such as climbing helmets, climbing gear, and top ropes) and monitoring all participants.

ACKNOWLEDGMENT OF RISKS: I recognize the fact that there is inherent danger, foreseeable and unforeseeable, in these types of Activities. These risks may result in serious injury or loss of life, and include but are not limited to falls, cold weather related injuries, heat related illnesses, altitude related sickness, "acts of nature," accidents resulting from river crossings, fordings, or travel including travel to or from the Activity, equipment failure, varying wind, water, and weather conditions, vector exposure, and problems arising from a participant's sense of balance or inability to follow directions. I realize that a participant may suffer accidents or illnesses in remote places where there are no available medical facilities.

Parent's Initials: _____

NAL instructors and school faculty attempt to monitor all participants. Participants can lessen the inherent risk by carefully following the equipment list and following directions.

Parent's Initials: _____

EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY: In recognition of the various risks relating to the Activities which my child will engage in, both foreseeable and unforeseeable, I confirm that my child is physically and mentally capable of participating in all Activities and/or using equipment. I acknowledge that during the Activity my child may experience symptoms such as fatigue, chill and/or dizziness, which may diminish his or her reaction time or increase the risk of an accident. My child's participation is voluntary and I will assume all risks and full responsibility, on behalf of all parties including myself, my child, and my child's heirs and assigns, for (a) any and all losses incurred as a direct or indirect result of personal injury, accidents, or illness, and (b) any and all damage to or loss of personal property arising out of, relating to, or in connection with any Activity.

Parent's Initials: _____

WAIVER AND RELEASE FROM LIABILITY: ON BEHALF OF MY CHILD, MYSELF, MY CHILD'S OTHER GUARDIANS AND MY CHILD'S HEIRS AND ASSIGNS, I HEREBY ASSUME ALL RISKS AND WAIVE, RELEASE AND FOREVER DISCHARGE NAL FROM ANY AND ALL LIABILITY, ACTIONS, CAUSES OF ACTION AND DAMAGES OF WHATEVER KIND WHATSOEVER, INCLUDING, WITHOUT LIMITATION, GENERAL, SPECIAL, COMPENSATORY AND PUNITIVE DAMAGES, FOR PERSONAL INJURY, PROPERTY DAMAGE, NEGLIGENCE OR WRONGFUL DEATH ARISING OUT OF, RELATING TO OR IN CONNECTION WITH ANY ACTIVITY.

Parent's Initials: _____

MEDICAL AUTHORIZATION: I hereby authorize any medical treatment deemed necessary in the event of any injury while my child is participating in the Activity. I either have appropriate insurance, or in its absence, agree to pay all costs of rescue and/or medical services as may be incurred on my child's behalf. I agree to hold NAL harmless for any and all costs or liabilities so incurred.

Parent's Initials: _____

NAL ACTIONS: I realize that NAL, as provider of goods and/or services, may find it necessary to terminate an Activity, whether due to forces of nature, medical necessities, problems in the group or other reasons that NAL, in its discretion, deems prudent. I also realize that NAL may refuse or terminate the participation of any person NAL, in its sole discretion, judges to be incapable of meeting the rigors or requirements of participating in the Activity. I accept NAL's right to take such actions with respect to my child and other participants.

Parent's Initials: _____

I HAVE CAREFULLY READ AND UNDERSTOOD THIS ACKNOWLEDGMENT OF RISKS, ASSUMPTION OF RISK AND RESPONSIBILITY AND WAIVER AND RELEASE FROM LIABILITY AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS AN ASSUMPTION OF RISK AND A RELEASE FROM LIABILITY THAT INVOLVES THE WAIVER OF CERTAIN LEGAL RIGHTS AND I SIGN IT OF MY OWN FREE WILL.

Participant's Name

Signature of Parent or Guardian

Signature of Parent or Guardian

Date



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CHILD PARTICIPANT'S PERSONAL AND MEDICAL INFORMATION
To be completed by parent or guardian: **PLEASE PRINT and use dark ink.**

PARTICIPANT'S NAME: _____ AGE _____ DATE OF BIRTH _____ / _____ / _____ SCHOOL _____

STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

TELEPHONE: (_____) _____ FAX (IF AVAILABLE): (_____) _____

PARENT'S NAME: _____ PARENT'S NAME: _____

PARENT'S WORK NO.: (_____) _____ PARENT'S WORK NO.: (_____) _____

PARENT'S FAX: (_____) _____ PARENT'S FAX: (_____) _____

PARENT'S CELL PHONE: (_____) _____ PARENT'S CELL PHONE:(_____) _____

PLEASE INCLUDE INFORMATION FOR ALL PARENTS OR GUARDIANS

E-MAIL ADDRESS _____

IN AN EMERGENCY, NOTIFY: _____ RELATION TO CHILD: _____

PHONE: (_____) _____ ALTERNATE PHONE: (_____) _____ WK/FAX/PGR _____

PARTICIPANT'S PHYSICIAN: _____ PHONE: (_____) _____

DATE OF MOST RECENT TETANUS TOXOID VACCINATION: _____

YOUR HEALTH INSURANCE COMPANY: _____ PLAN NO./I.D. NO. _____

Non-swimmer?	Yes	No
Any medical conditions which will restrict participation in vigorous physical activity, such as a five mile hike?	Yes	No
Other conditions?	Yes	No
Allergies to plants or medications?	Yes	No
Carries Epinephrine for emergencies?	Yes	No
Taking any regular medication? (Fill out attached medical information form)	Yes	No
Recent surgery, dietary restrictions, or other pertinent medical information?	Yes	No

Please provide details of any items to which you have answered "yes" to above:

Please understand the importance of honest and accurate disclosure. Incomplete or misrepresented information may impact your child's well being.



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PRESCRIPTION MEDICAL FORM FOR CHILD PARTICIPANT

This form should be filled out for each prescribed medication the student will be taking. Accurate counts of all medications should be taken before and after the course in the presence of the head chaperon. This form is placed in the student's file and a copy is taken into the field for the program duration.

Program _____ Program Dates _____

Student Name _____ School Name _____

Doctor's Name _____ Phone (_____) _____

Parent or Guardian Name(s) _____ Phone (_____) _____

MEDICATION	SYMPTOMS REQUIRING MEDICATION	DOSAGE	FREQUENCY/SPECIAL INSTRUCTIONS

Side effects (reactions to food, dehydration, sun, stress, iodine, other medications, decreased balance, or ability to concentrate, increased motor activity, etc.):

Other important information about this medication is helpful since there may not be easy access to medical information and facilities:

SEND: Small envelopes or ziploc baggies for each medication. Enclose one (1) day of medication in each envelope or baggie.

- LABEL EACH ENVELOPE:**
- (1) Day of the week
 - (2) Child's name
 - (3) Name of medication
 - (4) Dosage and time to be taken
 - (5) Prescribing doctor's name and phone number

PLEASE PLACE ALL OF THE CHILD'S MEDICATIONS TOGETHER, LABELED AND PACKAGED AS PER INSTRUCTIONS ABOVE.

PLACE IN ONE ZIPLOC PLASTIC BAG WITH CHILD'S NAME ON THE BAG.

Please send essential medications only.

Please understand the importance of honest and accurate disclosure. Incomplete or misrepresented information may impact your child's well being.