

June 18, 2010

Dear Eighth 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 8<sup>th</sup> grade will travel to Yosemite National Park in California. We will employ the services of Naturalists at Large, a well-established outdoor education organization. Their staff, naturalists, organization and curriculum make this an exceptional experience for our students. 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 Yosemite by chartered bus. Students will return to Sage Ridge by 3:15 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](mailto:cshindell@sageridge.org)



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## SIERRA EQUIPMENT LIST

This program takes place at elevations exceeding 4,000 feet in the Sierra Nevada. Weather can be cold in the morning and evenings, moderate during the day. Students sleep in tents and spend days hiking. A sleeping bag and pad will keep students warm and comfortable while they sleep. Comfortable, sturdy walking shoes are very important for exploring the beautiful trails in this park: sturdy tennis shoes work, but broken-in hiking boots are preferable. Rain is a possibility at anytime: be prepared with a poncho. 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:**

- Sleeping bag (rated to 20 degrees)
- Ensolite, closed cell foam pad, or Thermarest

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

### **EATING, DRINKING, AND DAYPACK:**

- Day pack capable of holding a lunch, water bottle, poncho and notebook
- Plate, bowl, eating utensils
- Unbreakable cup
- 2 Water bottles: one quart minimum each**

### **CLOTHING:**

- Boots (well broken in) OR STURDY WALKING SHOES (Nike makes good hiking shoes)
- Wind breaker
- Warm jacket
- Poncho OR coated nylon rain jacket with hood and rain pants
- Wool cap for later fall or early spring trips
- Gloves/mittens for late fall or early spring trips
- Sweaters (wool or acrylic: no cotton)
- Shoes that can get wet
- Jeans or sweatpants
- Shorts for walking
- Socks: heavy wool or synthetic (cotton does not retain heat when wet)
- Lightweight synthetic socks
- Underwear (number appropriate for trip length)
- Thermal/long underwear
- Shirts (long and short sleeves)
- Bathing suit

### **OTHER ITEMS:**

- HAT WITH BRIM (Baseball cap is okay)
- Sunglasses with strap
- Sunscreen (with a SPF of 15 or better) and lip balm
- Bandannas
- Small notebook and pen or pencil
- Bath towel
- Lip balm/chap stick
- Toiletries (toothbrush, soap, etc.)
- REQUIRED MEDICATIONS
- Plastic bags: one each of one gallon and thirty-three gallon size
- Small flashlight with fresh batteries and a new bulb
- Alarm clock
- Extra glasses?

**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 lost or  
damaged on program).

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



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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.**