

*Mr Howes is going outside
and he wants you to come with him!*

July 10-July 14

July 17-July 21

July 24-July 28

12:00-4:00

Go on an outdoor adventure with Mr. Howes!
Mr. Howes, teacher and outdoorsman extraordinaire is going to bring students on an outdoor adventure! You will leave the TVES campus after having lunch to go to our local trail heads and dams to explore the trails, natural habitats and wonders of our beautiful valley. Some days you will be hiking, others you will bike so make sure you have a bike helmet before camp starts. This program is \$10 per day unless you are registered for the Celebrate Summer Camp (Grades 5 and under).

**PREREGISTRATION & payment IS
REQUIRED!**

Hurry we have a limited number of spaces available.

First come- First have fun!

Registrations forms below↓

Please fill out BOTH pages.

Questions email katieboyd.wings@gmail.com

Please note this opportunity is available to students entering grade 6 & 7 only!

WINGS Outdoor Adventure AFTERNOON ONLY Registration

(PLEASE FILL OUT BOTH SIDES)

Please mail to: Wings c/o Halifax School 246 Branch Rd Halifax, VT 05358

Child's Name _____ Mailing Address _____

Parent's Name _____

Student's School _____ **Grade in 2017-2018** _____

Phone # _____ Cell # _____

Parents email address: _____

☐ I give permission for Wings staff to apply sunscreen and bug spray if needed

☐ I give permission for photos of my child to be used in print and/or the internet:

Weeks →	JULY 10 Week July 10-July 14 12:00-4:00 Lunch included	July 17-July 21 12:00-4:00 Lunch included	July 24 -July 28 12:00-4:00 Lunch included
Grades ↓	\$10 fee per DAY (if not attending morning Celebrate Summer Camp)	\$10 fee per DAY(if not attending morning Celebrate Summer Camp)	\$10 fee per DAY(if not attending morning Celebrate Summer Camp)
	Circle ALL weeks of interest ↓	Circle ALL weeks of interest ↓	Circle ALL weeks of interest ↓
Entering Grade 6 or Grade 7 ONLY*	JULY 10 Week OUTDOOR ADVENTURES WITH MR. HOWES	JULY 17 Week OUTDOOR ADVENTURES WITH MR. HOWES	JULY 24 Week OUTDOOR ADVENTURES WITH MR. HOWES

*Students entering Grade 5 have the opportunity to attend Outdoor Adventures in combination with Celebrate Summer camp. Please register with a Celebrate Summer registration form if entering grade 5. You can get forms at wingscommunityprograms.com- click on Summer Fun tab.

Pricing Information*: The cost of camp is \$ 10 per DAY for all campers IF NOT registered with morning Celebrate Summer

I am enclosing my check for: _____ amount. (\$50 per week)

Please mail to: Wings c/o Halifax School 246 Branch Rd Halifax, VT 05358

Please make checks out to: Wings Community Programs

☐ I give permission for pertinent information to be shared about my child (allergies, medical conditions, behavior concerns)

with the WINGS Site Coordinator, which will help keep my child's summer camp experience be safe, successful and meaningful. All information will be kept strictly confidential.

Child's Name: _____ Date of Birth: _____

Father/Guardian _____ Work Phone # _____

Place of Employment _____ Cell # _____

Mother/Guardian _____ Work Phone # _____

Place of Employment _____ Cell # _____

Please list two nearby relatives, neighbors, or friends who will assume temporary care of your child if you are unable to be reached.

Name _____

Name _____

Physical Address _____

Physical Address _____

Phone # _____

Phone # _____

Medications taken on a daily basis:

<u>Drug</u>	<u>Dosage</u>	<u>Frequency</u>
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Allergies _____ **Asthma?** _____

Is your child currently supported by an Aide? _____

Does your child have a health problem, illness, or disability of which we should be aware?

Child's Doctor _____ Phone # _____

I acknowledge that my child will be driven by volunteer drivers to outdoor adventure sites. (Please check) - YES _____

I acknowledge that I have been fully informed as to the nature of the activity and the provisions for my child's involvement and consent to my child's participation in the activity described in the registration documents.

In consideration of the permission granted to my child to participate in the above described activity by the School District, I release and hold harmless the School District, Wings Community Programs, the Windham Southwest Supervisory Union and its member Districts, and its and their agents, employees, and officers from any and all actions or causes of action of any nature for personal injury or property damage of any kind arising in any way from my child's participation in the above described activity. I further acknowledge that this release is binding on my heirs, successors or assigns, that I have read the foregoing and understand its significance and that I have executed this document voluntarily.

In case of accident or illness, I request Wings Community Programs to contact me. If I am unable to be reached, I hereby authorize Wings personnel to seek emergency medical care, including transportation to the emergency room. I hereby authorize the physician in charge to administer whatever emergency treatment is necessary at my expense.

I have signed this form on _____ (date) Parent/Guardian _____

Please make checks out to: Wings Community Programs