

SCIENCE CAMP COVER LETTER

Dear Parents & Guardians:

We welcome you to the beginning of your child's Science Camp journey! Science Camp has been a long standing tradition with our 6th grade students and families for over 10 years. It is one of those memories that are long standing with our Pirate community. Due to the COVID-19 pandemic, we have missed out on a few of those years and we're hoping things will shift next school year to offer this opportunity once again. Not only are we looking to offer this opportunity once again, but we're extending it to students of all grade levels to ensure everyone gets an opportunity to join. Please note that due to capacity limit: 6th graders will be attending at a date that is different from that of 7th and 8th grades. Please view the details listed below and enclosed packet information.

Fall 2022 marks the beginning of the Science Camp process. Additional information regarding travel, packing list, and more will be shared with you as we approach the departure date spring 2023. Science Camp information will also be available on the NP³ MS website and on the Alliance Redwoods website: www.allianceredwoods.com.

For inquiries regarding Science Camp, please contact your child's Advisor.

You should find the following forms in this packet:

- Camp Details.
- Student Interest Form & Chaperone and Volunteer Form.
- Field Trip Permission Slip/Emergency information. The form is [linked here](#).
- Medical Form/Medical and Liability Release (Alliance Redwoods). **Please fill in both sides AND make sure to sign the forms.** The form is [linked here](#).
- A link to the Alliance Redwoods online store will be shared with you when it comes available which will allow you to order shirts, hoodies, and pictures as souvenirs.

Please complete the provided forms, and have your child return any hard copy forms to their Advisor by August 26th, 2022.

Thank you very much!

NP³ Middle Team

SCIENCE CAMP DETAILS

Our annual Science Outdoor Education Camp takes place at Alliance Redwoods in Occidental, CA near Santa Rosa. This camp is an incredible opportunity to experience science and adventure education in the outdoors! Camp provides initiative and team building activities, challenge courses and other day and night activities for learning. The content students engage with is based on some of our English Language Arts and Science State Standards. Some of the activities include rock-wall climbing, zip-lining, and nature and environmental classes. While we hope all students will be part of this fantastic experience, attendance is not mandatory. Students choosing not to attend camp are required to attend school as normal.

Camp details include:

- Length of stay is three days and two nights. Dates for camp are: April 12-14 for 7th and 8th grades and April 19-21 for 6th grade.
- Buses transport all students, chaperones, and teachers to and from the location.
- Three meals per day are provided by Alliance Redwoods. Special dietary arrangements can be made for your child, if needed. These include: vegetarian, vegan or gluten free options. Special dietary arrangements are an additional \$18 per student (this fee includes special arrangements for all meals).
- A nurse is present and on site, 24-7.
- Regular cost for camp is \$391 per student. The fees include transportation, regular meals, lodging, activities and classes. *Cost for camp for students requesting special dietary arrangements is \$409.* Donations for camp cost are being accepted immediately, although different payment methods over a longer duration are available. Checks and money orders can be made out to: **NP³ Boosters** and delivered to your child's Advisor.
- Additional information regarding travel, packing list, and more will be shared with you as we approach the departure date. The information will also be available on the NP³MS website and on the Alliance Redwoods website: www.allianceredwoods.com.

We are asking for your support:

- Support us as an organizer of, participant of, or contributor to, any and all fundraisers or as a chaperone at Science Camp itself! More details specific to these two opportunities are listed on the volunteer form that's included.

For inquiries regarding Science Camp, please contact your child's Advisor.

SCIENCE CAMP STUDENT INTEREST FORM

The camp interest form responses helps us with next steps and planning. The purpose is to indicate if your child will plan to attend Science Camp or not and if so, their dietary needs or preferences.

As a reminder the cost for camp per child is \$391 (regular meals) or \$409 (with special dietary arrangements). Checks and money orders can be made out to **NP3 Boosters**. Donations are being accepted immediately.

Please mark your responses and level of interest on the [Google Form](#). Please complete this by August 26th.

CHAPERONE & VOLUNTEER INFORMATION

Science Camp is not doable without the support of a small village! This includes onsite staff, NP³ staff, and parent volunteers. That's right, parent volunteers! We cannot do this without you! Check out the following information to consider if volunteering is of interest to you.

Options for volunteers:

1. Fundraiser Support: Parent fundraising volunteers are extremely important to this process. Volunteers can help with creating, designing, or finding 3rd party fundraising opportunities to share with NP³. Communication and management of the fundraisers is also needed. Fundraiser support can be a helping hand or more of a lead role.
2. Camp Volunteer: Camp requires about 10 male and 10 female chaperones per 150 students give or take. Camp volunteers are crucial to making camp successful! Chaperones will need to commit to the entirety of the camp dates and complete the NUSD volunteer process which includes a background check. If you are already cleared by the District, it is not needed a second time.
 - Chaperone spots will be filled on a first-come-first-serve basis. Advisors monitor this process according to when your student turns in the camp packet.
 - Chaperones can expect to supervise seven students at all times for the duration of camp. Minimum language and communication skills is a must. Also, be aware that some physical fitness is required! Daily hikes are about one to two miles on fairly steep terrain.

Please complete the following [Google Form](#) to share your level of interest in volunteering by August 26th.

Thank you for considering interest in our endeavors!

NP³ Middle Team

NATOMAS UNIFIED SCHOOL DISTRICT
Field Trip Permission/Emergency Information

(Top half of this form to remain in school office)

This form is in reference to a field trip to Alliance Redwoods in Occidental CA. The purpose of the field trip is: Science and Outdoor Adventure Education.

Mark the dates your child plans to attend: _____ April 12-14 2023 for 7th/8th
 _____ April 19-21 2023 for 6th

Your son/daughter will be transported by:

_____	Natomas Unified School District Bus	_____	Private Automobiles
_____	Other Natomas Unified School District Vehicle	_____	Walking
<u> X </u>	Commercial Transportation		

My child _____, has my permission to participate in the field trip to Alliance Redwoods Campgrounds.

Signature of Parent or Guardian

Date

Home Phone

Work Phone Cell Phone

(Teacher shall carry bottom half of this form while on the field trip)

NATOMAS UNIFIED SCHOOL DISTRICT
Field Trip Permission/Emergency Information

Please indicate action desired in the event of an accident or emergency. Fill out 1, 2, and 3, if applicable.

1. In the event of an accident or other emergency. When a parent/guardian is unavailable, I hereby authorize a representative of the school to make sure arrangements as he/she considers necessary for my child to receive medical or hospital care, including necessary transportation. Under such circumstances, I further authorize the physician named below to undertake such care and treatment of my child as he/she considers necessary. In the event said physician is not available, I authorize such care and treatment to be performed by any licensed physician or surgeon.

THE UNDERSIGNED HEREBY AGREES TO BEAR ALL COSTS INCURRED AS A RESULT OF THE FOREGOING:

Physician's Name: _____ Phone Number: _____

Medical Plan: _____ Military I.D. No: _____

Patient's Medical No: _____ Other: _____

2. I do not choose the above statement and desire the following action: _____

3. My son/daughter has the following medical condition: _____

Student Name _____
Date

Parent/Guardian Signature _____
Date

Home Phone *Work Phone* *Cell Phone*

Alliance Redwoods Unaccompanied Minor Medical Form			(For office use only) Cabin #	
Group Name (e.g. school or church):				
Minor Full Name (first, middle, last):			Date of Birth:	
Primary Emergency Contact				
Guardian Name (first, middle, last):				
Address:		City:	State:	Zip:
Home #:	Work #:	Occupation/Employer:		
Additional Emergency Contact				
Name (first, middle, last):				
Address:		City:	State:	Zip:
Home #:	Work #:	Occupation/Employer:		
Health Care Provider				
Medical Insurance Co:		Policy #:		
Physician or Clinic:		Phone #:		
Dental Insurance Co:		Policy #:		
Dentist or Orthodontist:		Phone #:		
Health History				
Indicate any conditions which apply:				
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizures	<input type="checkbox"/> Asthma	<input type="checkbox"/> Back/Neck Injuries	
<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Nosebleeds	<input type="checkbox"/> Fainting	<input type="checkbox"/> Headaches/Migraines	
<input type="checkbox"/> Other (please state):				
Last Tetanus Shot:				
Restriction of Activities:		Physical Disabilities:		
Allergies				
Food	Drug	Environment	Other	
Medication				
Condition requiring medication:				
Medicine and Dosage:				
OTC Medications to avoid:				
<u>Medical Waiver and Release of Liability on Page 2</u> <u>*Signature Required*</u>				

Alliance Redwoods Medical Waiver and Release of Liability

Please be sure to read and understand this document and sign and date at the bottom of this page

Medical and Liability Release

I agree to allow the ALLIANCE REDWOODS CONFERENCE GROUNDS Health Care Staff to render care to, arrange transportation for and administer over-the-counter medications to, the named minor, within the Staff scope of practice, and as deemed beneficial to the health and well-being of the named minor. I further agree that the over-the-counter and prescription medications, brought to camp will be collected by and then only administered by, the ALLIANCE REDWOODS CONFERENCE GROUNDS Health Care Staff, in accordance with all applicable prescriptive direction and/or on an as needed basis. No medications having reached an expiration date will be accepted or administered.

In the event I cannot be reached by phone at the time of an injury or illness to the named minor, I hereby give, as parent/legal guardian, my permission to the doctor selected by the ALLIANCE REDWOODS CONFERENCE GROUNDS to hospitalize, access and procure necessary medical records, and secure appropriate treatment, including but not limited to, injections, anesthesia, testing, radiology, or surgery for the named minor as deemed necessary. Medical insurance coverage by the ALLIANCE REDWOODS CONFERENCE GROUNDS' insurer is secondary to your medical insurance policy, and available only following the usage of your policy to the limit of your policy coverage or if you have no medical insurance of your own.

I understand that in signing this form that I am providing both a Medical and Liability Release to the ALLIANCE REDWOODS CONFERENCE GROUNDS for the minor named on the front page. I hereby acknowledge that during his/her attendance at a camp session certain risks exist, which may be known or unknown at this time, and may result in physical injury or illness. In signing this Liability Release, I assume full responsibility for mitigation of such an incident, and I am granting permission for the participation of the named minor in all session related activities, unless specifically noted on this form. This release is intended to stand on the behalf of the named minor, and in place of all claims by any family member or agent. These releases of ALLIANCE REDWOODS CONFERENCE GROUNDS shall be in effect only for the duration of the camp session as indicated, and only while the named minor is on the grounds of ALLIANCE REDWOODS CONFERENCE GROUNDS, and/or under the direct supervision of ALLIANCE REDWOODS CONFERENCE GROUNDS employees.

I agree that, in the event of dispute between myself as guest or parent/legal guardian of, or on behalf of, the named minor, I will submit to arbitration by an organization sanctioned for this purpose, in lieu of pursuing litigation in a court of law. I further agree as parent/legal guardian, to absolve and hold harmless the ALLIANCE REDWOODS CONFERENCE GROUNDS a Non-profit Corporation, its Board of Directors and Trustees, agents and employees against liability for; damages, losses, or injuries or illnesses to; myself, my property, or the named minor.

Non-compliance with disclosed behavioral standards and instructions, written or oral, may result in disciplinary actions, up to and including, being asked to remove the named minor from the grounds. Anyone asked to leave the grounds shall forfeit all camp fees previously paid, while remaining liable for any fees due.

I hereby give my permission to the ALLIANCE REDWOODS CONFERENCE GROUNDS to use photography of the named minor taken while on the grounds for promotional purposes.

Participant Waiver and Liability Release

In consideration of The Alliance Redwoods Conference Grounds furnishing services and/or equipment and/or using my own equipment to enable me to participate in ropes course, biking, kayaking, canoeing, rock climbing, skateboarding, inline skating, scooters, paintball games or any other activities, I agree as follows:

I FULLY UNDERSTAND AND ACKNOWLEDGE THAT:

- A) Risks and dangers exist in my use of the equipment and my participation in the activities stated above;
- B) My participation in such activities and/or use of such equipment may result in injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, death or other ailments that could cause serious disability;
- C) These risks and dangers may be caused by the negligence of the owners, employees, officers, or agents of The Alliance Redwoods Conference Grounds; the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or other causes. These risks and dangers may arise from foreseeable or unforeseeable causes; but not limited to, guide decision making, including that a guide may misjudge terrain, weather, faulty equipment, trail or river route location, and water level, risks of falling out of or drowning while in a raft, canoe or kayak and such other risks, hazards and dangers that are integral to recreational activities that take place in a wilderness, outdoor or recreational environment;
- D) And by my participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibilities for any losses and/or damages, whether caused in whole or in part by the negligence or other conduct of owners, agents, officers, or employees of The Alliance Redwoods Conference Grounds, or by any other person.

I, on behalf of myself, my personal representatives, and my heirs hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify The Alliance Redwoods Conference Grounds and its owners, agents, officers and employees from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my participation in any of the activities stated above, or any other activities. I specifically understand that I am releasing, discharging, and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the owners, agents, officers or employees of The Alliance Redwoods Conference Grounds.

I have read this waiver and release of liability and by signing it agree, it is my intention to exempt and relieve The Alliance Redwoods Conference Grounds from liability for personal injury, property damage or wrongful death caused by negligence or any other cause. I also understand that in signing as a parent or guardian in the event of an emergency if I can not be reached, I hereby give permission to the physician selected by The Alliance Redwoods Conference Grounds staff to hospitalize or to secure proper treatment, order injections, anesthesia or surgery for my child.

Please sign here or your typed name signifies agreement and serves as your signature on this form

Signature (Parent or Guardian must sign for campers under 18 years of age.)

PRINT Camper Name:

School or Group Name:

PRINT Parent or Guardian Name:

Signature of Parent or Guardian: