

Explorers 2021 Woodland Ways Day Camp

Dear Parents,

Welcome to Woodland Ways and our day programs! We are really excited about the summer and hope you are too! We have a lot of fun in store for our campers. Please read the information below carefully and save this paper. Fill in, detach and mail the bottom portion in with payment to reserve your child's space in the program.

Drop off is in the back left of the Hawthorne Valley School parking lot across from the Farm Store. Please be sure that your child arrives and has someone to meet him/her at the end of the day *on time*. He or she will also need to be dressed for the weather (sun hat, rain gear etc.) and bring a bag lunch with a non breakable bottle of water. Please do not allow them to bring any sugary sweetened drinks, electronics or games. They will need to carry out what they bring in.

WHEN: 9 am – 3 pm Monday through Friday

Explorers I	June 28 - July 2
Explorers II	July 5 - 9
Explorers III	July 12 - 16
Knife Camp	July 19 - 23

Your child may attend one or more weeks of the program.

_____ will be attending Woodland Ways Explorers Program

for _____ weeks and \$_____ is enclosed (**please check weeks your child will attend**)

- June 28 - July 2
- July 5 - 9
- July 12 - 16
- July 19 - 23

In case of emergency, contact _____ (mother, father)

Phone Home () _____ Work () _____

The form on the reverse side *must* be filled out in order to attend.

If you have any questions, please don't hesitate to call.

Please send with payment to:

Woodland Ways, PO Box 228, Philmont NY 12565

Liability, Medical Treatment and Photo/Video Release Form

I, the undersigned, authorize Woodland Ways staff, on behalf of my child, to obtain medical treatment by licensed physicians and the performance of emergency first aid treatment services relative to injuries or illness arising during participation of a Woodland Ways program by certified emergency and healthcare providers.

I hereby release to Woodland Ways, rights to use any photograph or video with audio, taken of said student while participating in any Woodland Ways program, to be used as deemed by Woodland Ways, including advertising. I represent and warrant that I am over eighteen years of age and a legal guardian of above named student.

I understand that my child will be participating/engaging in activities on a farm as well as in the surrounding woods and fields during the program. My child does not suffer from any medical condition, ailment or other condition which could in any way limit their ability to participate in the activities required by the program. I hereby assume full responsibility for all risks which may be associated with, and all injuries which may occur to them in connection with, their participation in the program. I hereby release and hold harmless Woodland Ways, Mettabee Farm, Ruth Dufault, their agents, and others working or renting land and facilities, for it or on its behalf, from and against any and all claims, liabilities, injuries or accidents including, without limitation, any claims for personal injuries and any claims based on any negligent acts, omissions, or other fault on the part of any of the parties connected with, their participation in the program.

* _____

Parent/Guardian. Print Name

* _____

Signature

_____ Date