

Welcome to Woodland Ways!



You have a position reserved for: _____
in the following program(s).

- Forest Scouts
- Basic Course
- Way Of the Knife
- Wild Craft

Drop off time is 1:00pm-2:00pm. Lunch will not be served on day one so please be sure that campers have an adequate meal prior to the drop off time.

Pick up time for all programs are 11:30am. Lunch will not be served on the last day.

Drop off and pick up will be in the Hawthorne Valley School parking lot. Staff will meet campers and parents before heading off to the campsite. Parents and friends are welcome to walk with us up to camp for a quick peek and a last goodbye before the campers embark on their woodland journey.

Enclosed are the Woodland Ways Health Record and Medical Information and Release forms, they must be filled out and returned to Woodland Ways with 1/2 the tuition no later than June 1 *The balance of the tuition is due four weeks prior to program start date,* by June 14 Any participants who's forms or payments are not received by the specified date shall be moved to the waiting list and will forfeit his/her position and any money that has already been submitted to Woodland Ways. (Personal checks are fine, though we do not accept credit cards.)

DIRECTIONS:

From Albany and points north.

Take **I87 South** to **I90 East**. Get on the **Taconic State Parkway, South**, for approximately 7 miles. When you see a diner on your left be aware as the next exit is only about one half mile farther on. The exit is for Harlemville Road, and exits from the left lane. Stay on Harlemville Road until you come to a stop sign (less than a mile), bear right and take your first left into the big parking lot. We will be waiting.

From the New York City area and points south.

Take the **Taconic State Parkway, North** to the Harlemville/Philmont exit (after the Hillsdale exit). Bear right off the ramp and follow **Rte. 217/ 21C** into Harlemville (two miles). The town is small with one large parking lot on your right, we will meet you there.

From areas East of Harlemville.

The Taconic State Parkway is the easiest way to get to Harlemville, therefore you should take **I90 West**. Get on the **Taconic State Parkway, South**, for approximately 7 miles. When you see a diner on your left, be aware as the next exit is only about one half mile farther on. The exit is for Harlemville Road, and exits from the left lane. Stay on Harlemville Road until you come to a stop sign (less than a mile), bear right and take your first left into the big parking lot. We will be waiting.

From West of Harlemville.

Take **I90 West**. Get on the **Taconic State Parkway, South**, for approximately 7 miles. When you see a diner on your left be aware as the next exit is only about one half mile farther on. The exit is for Harlemville Road, and exits from the left lane. Stay on Harlemville Road until you come to a stop sign (less than a mile), bear right and take your first left into the big parking lot. We will be waiting.

Drop off time: 1:00pm-2:00pm **Date:** _____

Pick up time: 11:30am. **Date:** _____

Tuition due with medical forms: \$ _____ **To be received no later than** _____

Balance due two weeks prior to camp start: \$ _____ **To be received no later than** _____

Packing List

3 Week Course Students: Remember, you will be living in the woods for up to three weeks so make sure to adjust the quantity as you see fit. *You will also be responsible for hiking your personal gear up to the camp, back-packs are recommended.* Two laundry runs will be made over the course of the program (one at the end of both week 1 and 2).

1 week programs: You will need to adjust the packing list for one week instead of three. There will be no laundry done during this camp. You may want to pack a favorite book to read during siesta.

Advanced Programs: Please bring a plastic sheet or tarp *no bigger* than 10' X10' and no smaller than 6' x 8'.

Everyone: No electronic devices other than cameras, and flashlights!!

Clothes: All clothes should be earth tones. Bring only those articles you do not mind getting permanently dirty.

- 3 Shorts
- 2 Pants
- 6 Pair Socks
- 2 Pair Shoes (1 pair camp shoes, 1 pair river shoes or Texas)
- 8 Underwear
- 4 T-shirts
- 3 Long sleeved shirts (hooded sweatshirts, polartec)
- 1 Warm jacket
- 1 rain poncho, or other rain gear
- 1 Pair work gloves
- 2 bathing suits
- 1 Towel
- Washcloth

Other Gear:

- Sleeping Bag and Pad
- Pillow and case
- Tooth brush and paste
- Dr. Bronners shampoo/soap (Or other natural biodegradable soap)

- Unbreakable fork, butter knife, spoon, cup, bowl, and plate
 - Canteen
 - Day pack
 - Flashlight and batteries
 - Insect repellent
 - Sunscreen
 - Hat
 - Journal with pens and pencils.
 - Envelopes and stamps
 - Sheath knife or sturdy lock blade
- NO SWISS ARMY OR RAMBO KNIVES! If you have questions about knives please call and ask Mike Pewtherer @ (518)542-9081
- SHRADE knives are quite good and can be purchased at most hardware stores.



Woodland Ways Medical Information and Release Form

This confidential information will only be made available to medical personnel only in case of injury or illness while participating in Woodland Ways Programs. **This form must be filled out prior to attending the program.**

Students Name _____ Age _____

Address _____ Phone _____

City _____ State _____ Zip _____

Emergency Contact _____ Phone _____

Are you allergic to any medication, and if so, which ones? _____

List all allergies to foods or insect bites/stings _____

If allergic, do you have your own Epi pen? _____

Will you be taking medication while at camp? _____

If yes please give a complete list with instructions, of all medication. _____

I understand that my child will be participating/engaging in potentially life threatening and dangerous activities 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, its agents, and others working 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.

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.

* _____
Parent/Guardian. Print Name

* _____
Signature

Date

General Questions to be completed by parent or guardian.

Please answer yes or no to each question, and explain all "yes" answers below.

Has/does the participant :

1. Had any recent injury, illness or infectious disease? _____
2. Have chronic or recurring illness/condition? _____
3. Ever been hospitalized? _____
4. Ever had surgery? _____
5. Have frequent headaches? _____
6. Ever had a head injury? _____
7. Ever been knocked unconscious? _____
8. Wear glasses, contacts or protective lenses? _____
9. Ever had frequent ear infections? _____
10. Ever passed out during or after exercise? _____
11. Ever been dizzy during or after exercise? _____
12. Ever had seizures? _____
13. Ever had chest pain during or after exercise? _____
14. Ever had high blood pressure? _____
15. Ever been diagnosed with a heart murmur? _____
16. Ever had a back problem? _____
17. Ever had problems with joints (knees, ankles)? _____
18. Have an orthodontic appliance being brought to camp? _____
19. Have any skin problems (itching, rash, severe acne)? _____
20. Have diabetes? _____
21. Have asthma? _____
22. Had mononucleosis in the past 12 months? _____
23. Had problems with diarrhea or constipation? _____
24. Have problems with sleepwalking? _____
25. If female, have abnormal menstrual history? _____
26. Have a history of bed-wetting? _____
27. Ever had an eating disorder? _____
28. Ever had emotional difficulties for which professional help was sought? _____

Please explain any "yes" answers, noting the number of each question you are answering.

Is the participant currently under the care of a physician for any conditions? If so, please describe the condition and treatment.

Does this condition require any special care or treatment while the student is at camp? If so, describe below.

Please include all health insurance information. In the event a doctors visit is required, Woodland Ways insurance will cover the deductible as well as anything over your coverage limit. If you currently have no insurance, your child will be covered by the Woodland Ways policy.

Insurer:

Policy No.



Woodland Ways Health Record

Name of Student _____ DOB _____

To be Completed by Physician

Height: _____ ft _____ in

Weight: _____ lbs

Pulse: _____

BP: _____ / _____

Neuro-psych: _____

Lungs: _____

ENT: _____

Recommendations/Restrictions _____

Skin: _____

Spine: _____

Abdomen: _____

Neck: _____

Heart: _____

Head Lice: _____

Extr: _____

Immunization Records

Type	Date	Date	Date	Date
Haemophilus				
Influenza Type B				
Hep. B				
MMR				
DTP				
Td/Dt/T				
OPV				
Vericella				

Which of the following has the applicant had? (circle all that apply)

Measles

Chicken Pox

German Measles

Mumps

Hepatitis

This completed form *signed* by your physician shall serve as the **Physicians Certificate** of such immunizations as required by Public Health Law, Title VI-Section 2164.

If claiming religious exemption from immunizations please include your statement.

Physicians Name _____

Date _____

Physicians Signature _____

Date _____

Address _____

Phone _____