

September 9, 2016

Dear Students and Parents,

It's time for the retreat!! The retreat is scheduled for October 19-21-Wednesday, Thursday and Friday. This packet contains all of the forms and information you need about the retreat. Please make sure you read all of the information and complete all of the paperwork.. **COMPLETED PAPERWORK IS DUE FRIDAY SEPTEMBER 16TH BY 3:00.** Please make sure you meet this deadline. We cannot make exceptions because our planning and number confirmation with the camp depends on getting this information in to them on time.

Below is the information you need:

- ✓ It is at the Betsy Jeff Penn 4-H camp in Reidsville, North Carolina
- ✓ The **total cost of the retreat is \$125.** \$114.00 is for the camp fees that cover food, lodging, and activities and \$11.00 covers gas for the chaperone drivers. The cost for chaperones is \$78.00. Please make the check out to CFCI. **Payment will be accepted until October 7th.**
- ✓ We welcome any parents who want to chaperone. However, the camp has informed us that if we have an excess of chaperones, an extra fee will be charged. If you are "on the fence", you may want to contact your child's homeroom teacher to find out about the number of chaperones that have already signed up. The chaperone meeting for this trip will be on **Thursday October 13th FROM 5-6. Attending this meeting is mandatory for all chaperones.**
- ✓ If your child requires medication (prescription or nonprescription), please make sure you complete the Medication Form. This does require a physician's signature. Medicine cannot be distributed without this paperwork.
- ✓ Please make sure that you review and emphasize the importance of the student contract with your child.
- ✓ Students are allowed to bring cell phones, but they must be given to the homeroom teachers the morning we leave. Students will then receive their phones to call home in the evening/ night depending on the schedule. Phones will be returned to students for the return trip so they can contact you about their arrival time at CFCI.
- ✓ Students may bring cameras, but should not have any other electronic devices- this is a camp rule. Homeroom teachers will discuss use of electronics during the drive closer to the retreat date.

We hope the rest of the paperwork is self explanatory. If you have any questions, please contact your child's homeroom teacher.

Thank You-

Middle Grades Team

Please Keep.

Betsy – Jeff Penn 4-H Center – Overnight Programs

PARTICIPANT PACKING LIST

This is an **outdoor adventure** program. Please make sure that clothing is appropriate. Expect to get dirty. If it is very warm, shorts and t-shirts are appropriate. If it will be warm during the day, please still bring a sweater or jacket. Students can always take off a layer, but if they don't have one, it can make for a miserable day. For cold days, please bring several layers of warm clothes and long pants. Be prepared for all weather conditions. Bring rain gear. Shorts should be long enough to fit under climbing harnesses and to comfortably participate in activities. Students names should be on most of their gear.

Students will need to be able to carry their own gear a short distance from the busses to the cabins, so please don't overpack.

Students will not need any additional money to cover fees, food, etc. on this trip. However, they may bring a small amount for souvenirs from the Center store if the teacher makes arrangements for the store to be opened. We recommend no more than \$10 - \$20.

The following is a list of suggested items for a two or three day program:

Essential Clothing

2 pairs of long pants and or shorts

4 tee shirts

1 or 2 sweatshirts/fleece

1 jacket

3 sets of underwear

2 pairs of shoes/boots

*please no sandals/crocs for activities

4 pairs of socks

pajamas

rain gear / poncho

hat, gloves, etc.

Linens

twin bed sheet and blanket or sleeping bag

pillow and pillow case

Towel

*Cabins do NOT have sheets, blankets or pillows

Bath Items

toothbrush and toothpaste

brush or comb

soap, shampoo

optional shower shoes

hand towel –

*Paper Towels are NOT supplied in the cabins

Cold Weather Items

thermal underwear

gloves and stocking cap

heavy jacket

Miscellaneous

camera

books or cards

water bottle

flashlight

Do not bring

Electronics

jewelry or other expensive items

food, candy or gum

Money – unless told otherwise by coordinating teacher

(bring \$ for gift

The Center is not responsible for lost or stolen money or belongings. shop ≈ \$10-~~20~~



CFCI Field Trip Permission Slip Form—Please print all information—Thank you

Student Name _____ Teacher Middle Grades Teacher
Destination(s) Betsy Jeff Penn 4-H Center Reidsville NC
Date(s) Oct 19, 20, 21 Cost \$125/student + \$78/chaperone

Known risk (if any) see liability form
Time of Departure from CFCI 6:00 AM Time of Return to CFCI ≈ 4:30 - we will call about

completer please!

Emergency Contact Information:

Parent/Guardian Name: _____ Phone #: _____ Relationship: _____

Alternate Name: _____ Phone #: _____ Relationship: _____

Pertinent Medical Information for participant: _____

Medication and instructions: _____

Medical Insurance Company's Name _____ Policy Number _____

Child Safety Statement: (check one)

By signing this form, I certify that my child is at least 8 years of age or over 80 pounds in weight and in compliance with the North Carolina State Law regarding child safety seats does not require a child safety seat for transportation.

My child does **not** meet the North Carolina state law regarding child safety seats and I understand that I must provide a child safety seat for my child's transportation or my child will not be permitted to participate in this event.

Transportation

Transportation: Parent driven vehicles rental van charter bus other: _____

I can drive and chaperone on this trip I cannot drive on this trip.

Phone # _____

_____ # of children I can place in appropriate seatbelts in my vehicle. **(Only children over 80lbs. may sit in a front seat.)**

If your child may participate in this event, please complete, sign and return the following statement of consent and release of liability. As parent/guardian, you remain fully responsible for any liability that may result from personal actions taken by your child. If your son/daughter brings or uses any drugs, alcohol, weapons, or tobacco products or engages in any reckless or violent behavior, you will be expected to immediately retrieve your son/daughter from the trip.

I hereby consent to participation of my child, _____, in the event described above. I further consent to the conditions stated above regarding participation in this event including the method of transportation. I hereby release Cape Fear Center for Inquiry, its Board members, employees, and their agents and volunteers from any injuries that may be incurred by my child on this trip.

I give permission for my child, in case of emergency, to be taken to a physician or hospital by either a CFCI teacher, parent volunteer or ambulance if necessary. I understand that every effort will be made to contact me. If I cannot be reached, however, I hereby give permission to the physician selected by adults in charge, to hospitalize and secure proper treatment, including surgery, for my son/daughter.

Parent/Guardian Signature: _____ Date: _____

sign!
Due Sept. 16th by 3:00
\$ Due Oct. 7th

Retreat Behavior Agreement- please read and sign

One of the unique parts of the retreat is sleeping in a cabin full of your classmates. Since this is out of the ordinary for CFCI, there are specific guidelines that must be followed. These are intended to guide the students to ensure that things go smoothly. We need to make sure that everyone gets a good night's sleep so that the busy, action packed days can be best enjoyed.

- Visiting around the cabin with classmates is fine, but once "lights out" is announced, you will need to **stay in your own bunk quietly**, only getting up to use the bathroom if needed.
- School rules for physical contact will apply while on the retreat. This means that no rough playing will be allowed. You must respect others' personal space.
- You must respect others' belongings – use only what is yours or ask permission to use another's belongings.
- You will have parents of some of your classmates in the cabin with you. They should be treated with the same respect that you give your teachers, as they are in charge of you when your teachers are not around.
- Cabins will be off limits unless an adult is with you, so if you need to go back to your cabin during the day, be sure to get an adult to go with you.
- The cabins are separated by the dining hall/ meeting area. Boys should stay on their side and girls should stay on their side.
- Meals will be "family style" with food dishes being passed around at each table. You will need to be calm and use your best manners, just like you would in a restaurant.

Any or all of the following consequences will occur for any student not following guidelines.

- Removal of student from activities for part or all of that day or the following day.
- Change of cabin to be with another grade level.
- In extreme cases, your parents will be called to pick you up.

I agree to follow the above guidelines in order to ensure a safe, productive and happy trip for myself, my classmates and our chaperones.

(student signature)

(parent signature)

★ please sign and return

**Parental Agreement, Liability Waiver, and Consent Form
Betsy – Jeff Penn 4-H Educational Center - School Programs**

Student's Name _____ Date(s) of Participation _____

Street _____ City _____ State _____ Zip _____

1. I, _____ give my permission for my child _____ to participate in the Outdoor Education Program (Orient, Soaring Thru Spaces or Environmental Education) at the Betsy-Jeff Penn 4-H Educational Center in Reidsville, NC. I realize this is an outdoor, active, intensive program which utilizes experiential education methods to teach, depending upon the program selected by your child's school; outdoor science, interdisciplinary lessons and/or challenge course activities (team challenge, low and/or high ropes). These hands-on programs are an extension of your child's current classroom curriculum.

I also understand that there are inherent risks, both known and unknown, involved with such experiential learning activities. These risks are consistent with outdoor learning and include, but not limited to, such environmental risks as insects, animals, weather, water and others. While the Betsy-Jeff Penn 4-H Center and its staff take reasonable measures to mitigate the risks, these risks cannot be completely removed without also removing any and all educational value of the program.

2. I hereby release the Betsy-Jeff Penn 4-H Educational Center, NC Cooperative Extension, NC State University, the local school and school system, their employees and volunteers from financial responsibility or liability for any sickness, injury or accident that may occur during, or as a result of, this program and its activities.

3. To insure prompt attention in the case of a serious sickness or accident, I hereby authorize the persons responsible to incur expenses considered necessary and I agree to pay for the same, if they are not covered by accident or illness insurance policy. Should the need arise, I give my permission for my child to be taken to a doctor or hospital for medical treatment.

My child is covered by health/accident/illness insurance coverage through the following plan:

Policy # _____

Company Name _____

Company Address _____

**The Betsy-Jeff Penn 4-H Educational Center does not provide health or accident insurance.

4. I understand that informational and promotional videos, recordings and photographs are frequently collected and produced to be distributed by the Department of 4-H Youth Development, College of Agriculture and Life Sciences, North Carolina State University, and the Betsy-Jeff Penn 4-H Educational Center (herein referred to as the University).

_____ I consent to the use of my child's likeness and voice, including all photographs and sound recordings, for informational purposes by the University, or anyone authorized by the University. I acknowledge that the University is the sole owner of all rights to such photographs or sound recordings. I understand that I shall receive no compensation for my appearance and participation in these materials.

_____ I do NOT consent to the use of my child's likeness and voice being used by the University.
**If Voice and Likeness Release is not granted, the program director must be notified so that he/she can be sure that no such recordings or photography are taken during your child's visit. Leaving both spaces blank is considered consent.

Parent/Guardian Signature: _____ Date _____

(Over)

Parental Agreement, Liability Waiver and Consent Form - continued

5. The phone number where I may be reached in case of emergency is:

Day: _____ or _____

Night: _____ or _____

If I cannot be reached, contact: Name _____

Relationship _____ Phone _____

Name of Child's physician _____ Physician's phone _____

6. Health Record: Please provide the following information for use in identifying limitations on your child's activities, and providing proper health history in the event we have to take your child for medical treatment.

A. Birth date _____ Last Tetanus immunization _____

B. Must any of the following medical or physical conditions be taken into consideration when your child is thinking about performing physical activities? Please mark "Yes" or "No" in the appropriate column below, then give specific detail in the space provided.

	Limitations Must Be Considered? Yes / No
1. Epilepsy, convulsions, loss of consciousness, dizziness, paralysis	_____
2. Lung Disease: Asthma, pain in chest or shortness of breath	_____
3. Diabetic or Kidney disease	_____
4. Arthritis, strained, pulled or weak muscle	_____
5. Pregnancy	_____
6. Environmental allergies (especially to insects)	_____
7. Impaired vision or hearing	_____
8. Allergies to Medicine.....	_____
9. Broken bones, strained/sprained joints	_____

If you answered "Yes" in any of the above spaces, please describe in detail any limitations that these conditions might cause while your student is doing various outdoor, physical activities.

Is your child currently taking medication or under the care of a physician? _____ If so, please describe
