



## 2015-16 Conferences

At Open World Learning Community, we believe that students do best when their families are informed and involved in their education. **For this reason, our crew leaders hold three required conferences with students and families each year.** We also have two other conference days in November and April by request of teachers or families.

### Goal-Setting Conferences

One unique aspect of conferences at OWL-- which we feel it is vitally important -- is that crew leaders hold planning conferences the week before school starts with each student and family. We feel that planning for a year of challenge and success needs to take place at the beginning of the year. This conference will be a chance to set academic and social goals, review class schedules and get to know each other.

### Student-Led Conferences

End-of-semester conferences in January and May are led by students, who exhibit their portfolio of work to their parents and Crew leader. In all conferences, students take a leading role, showing ownership of their accomplishments and challenges. Students work in their crews to prepare for each conference session, gathering samples of high quality work from each course and rehearsing the presentation of their work.

**Note: Your crew leader will contact you during the weeks of August 10 and August 17 to set up your goal-setting conference. Conferences will be held:**

- **Wednesday, September 2 from 4-8 PM**
- **Thursday, September 3 from 2-6 PM**

**If you have not received a call from your crew leader by August 22, please contact Principal Dave Gundale at: 651-293-8670/dave.gundale@spps.org**

\*Your conference will last 25 minutes, but we ask you to come 20 minutes early to fill out important forms if you did not do so in the spring.

### What to bring with you to goal-setting conferences September 2-3:

- **Your child**
- **Any contact info you need for emergency and health forms (health insurance, doctor, dentist, emergency contact, etc.).**
- **Your checkbook or cash to pay for expedition fieldwork and fall orientation trips.**
- **Look at your calendar for February 3-4, 2016 to sign up for a student-led conference.**



# Open World Learning Community School Supplies List

You can bring your school supplies to your goal-setting conference on September 2 or 3 or to the first day of school.

Community Items (to be given to your crew leader at your conference or on the first day): Teachers can use all of these items. Please bring as many as you are able.

- 3-5 Boxes of Kleenex
- Pack of Glue Sticks/Hot glue gun sticks
- Scotch tape/Masking Tape
- Box(es) of pencils to share (Ticonderoga brand preferred)
- Pack of Markers or Colored Pencils
- Dry Erase Markers/Sharpies
- Post-It Notes/Index Cards
- Target/Office Max gift card for miscellaneous supplies

Personal Items for all students (needed the first day):

- Backpack
- Jump drive/memory stick (optional)
- iPad Stylus (optional)
- Pens and pencils (get enough for the entire year)
- Highlighter pens
- 8 Pocket Folders
- 8 College-ruled notebooks
- 1 Sewn-bound quad (grid) composition-size notebook OR \$3.00 to buy them from your teacher
- Calculator: TI30XIIS (or you can get the more luxurious TI83 or 84)
- Physical Education: Tennis shoes
- AP Biology: 3 ring binder (2-3 inch)

**\*\*Consider buying more for those who can't afford as much. You can give any donations to your crew leader.**





## Middle School Athletics 2015-16

At OWL, we offer the following sports for grades 6-12:

**Archery** (November- March main season, weekly rest of the year)

**Ultimate Frisbee** (March-June, weekly in the fall)

In grades 6-8, if you wish to participate in another sport, Open World Learning Community has a cooperative relationship with the athletic program at **Humboldt Middle School**. Students must **get themselves home** after practices or games.

If you are interested in participating in athletics (beyond those listed above), please refer to the St. Paul Public Schools website [sports.spps.org](http://sports.spps.org) for forms and instructions.

Any questions regarding athletics can be directed to:

Dave Mergens, Humboldt/OWL Athletic Director 651-744-5640/[david.mergens@spps.org](mailto:david.mergens@spps.org).

### 6<sup>th</sup> – 8<sup>th</sup> Grade at Humboldt Junior High School

Middle school sports start the second week of school.

You can sign up at goal-setting conferences or the first week of school.

#### Fall Athletics

Volleyball (girls)

Boys Soccer

Girls Soccer

Flag Football (Boys and Girls)

#### Winter Athletics

Wrestling (Boys and Girls)

Girls Basketball

Boys Basketball

Alpine Skiing (CO-ED) Grades 7-12 (at Central)

Nordic Skiing (CO-ED) Grades 7-12 (at Central)

Girls Gymnastics (not at Humboldt/Possible at Central)

#### Spring Athletics

Baseball (boys)

Softball (girls)

Golf (boys and girls)

Badminton (girls)

Track & Field (boys and girls)



Child's Name \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 Child's Legal Name \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

**Open World Learning Community**  
**2015-2016**

Male  Female Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_

Address \_\_\_\_\_ House No. \_\_\_\_\_ Street \_\_\_\_\_ Apt. # \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_  
 Last School Attended \_\_\_\_\_

List all St. Paul Schools your child has attended \_\_\_\_\_

Has your child ever received Special Education services?  No  Yes If yes, please describe services \_\_\_\_\_

Child lives with:  Both Parents  Mother  Father  Guardian

Circle One: Mother Father Stepmother Stepfather Guardian NAME \_\_\_\_\_

Employer \_\_\_\_\_ Work Telephone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Circle One: Mother Father Stepmother Stepfather Guardian NAME \_\_\_\_\_

Employer \_\_\_\_\_ Work Telephone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

DAY CARE ONLY (Name, Address & Phone) \_\_\_\_\_

**EMERGENCY CONTACTS (other than parents listed above):** This is VERY important! If your child becomes ill, or if school closes for the day for an emergency, we must be able to contact someone who can care for and pick up your child. **PHONE NUMBERS MUST BE KEPT CURRENT!**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

\*Other adults who may pick my child up from school: \_\_\_\_\_

List Brothers or Sisters at O.W.L. Community:  
 \_\_\_\_\_ Grade \_\_\_\_\_  
 \_\_\_\_\_ Grade \_\_\_\_\_  
 \_\_\_\_\_ Grade \_\_\_\_\_  
 \_\_\_\_\_ Grade \_\_\_\_\_

**OFFICE USE**

Year \_\_\_\_\_ CIF \_\_\_\_\_ EC \_\_\_\_\_ Records Requested \_\_\_\_\_  
 Grade \_\_\_\_\_ Teacher \_\_\_\_\_ Records Received \_\_\_\_\_  
 Admit Date \_\_\_\_\_ Withdrawal date \_\_\_\_\_ To \_\_\_\_\_

Transportation: **OFFICE USE**

Bus \_\_\_\_\_ Bus Stop \_\_\_\_\_  
 Parent Pick Up \_\_\_\_\_  
 Patrol Line (Color) \_\_\_\_\_





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GRADES 6-12

## Family Communication Information Form

Building a strong community around our students is our main goal, and keeping parents and families informed is key to that goal. E-mail is the most efficient way for us to communicate with you about conferences, your student's class work and field trips, important forms, announcements, school and family events, volunteer opportunities (in the school, through site council and PTO) and more.

By providing us with the following information, you authorize the school to contact you with important information that will help you stay informed.

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Crew Leader: \_\_\_\_\_

Parent 1 Name: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_

Primary Address: \_\_\_\_\_

Home/Main family phone: \_\_\_\_\_

Parent 1 cell phone: \_\_\_\_\_ Text ok? Yes  No

Parent 2 cell phone: \_\_\_\_\_ Text ok? Yes  No

Student cell phone: \_\_\_\_\_ Text ok? Yes  No

Parent 1 email: \_\_\_\_\_

Parent 2 email: \_\_\_\_\_

Student email: \_\_\_\_\_







SAINT PAUL PUBLIC SCHOOLS  
FIELD TRIP PARENTAL/GUARDIAN AUTHORIZATION FORM  
TYPE II FIELD TRIPS

A field trip to:  
**End of Quarter Incentive Trips and End of Year Celebration**  
**Nov 13 Corn Maze at Waldoch Farms, Lino Lakes**  
**Jan 28 Riverview Theater, Minneapolis**  
**April 1 Wooddale Funzone Rollerskating, Woodbury**  
**June 9 Valleyfair or Como Park**  
**June 10 Lake Elmo Park Reserve**

is planned by: Open World Learning Community  
for the purpose of:  
**End of Quarter incentive for students and end of year celebration (Lake Elmo)**

The attached form must be completed and returned before the student will be permitted to participate in the above field trip.

**VERBAL APPROVAL WILL NOT BE ACCEPTED**  
\*\*\*\*\*

Detach and Return

Field Trip Parental Authorization

I/We authorize \_\_\_\_\_ to participate in the field trip.  
Student's Full Name

to **Nov 13 Corn Maze at Waldoch Farms, Lino Lakes**  
**Jan 28 Riverview Theater, Minneapolis**  
**April 1 Wooddale Funzone Rollerskating, Woodbury**  
**June 9 Valleyfair or Como Park**  
**June 10 Lake Elmo Park Reserve**

Does the student have any special health problems or handicapping conditions which will require special attention or supervision on this field trip? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is this problem and what special considerations should be made?  
\_\_\_\_\_  
\_\_\_\_\_

We understand that the necessary arrangements, plans, and precautions will be taken for the care and supervision of the student during the trip.

Date \_\_\_\_\_ Signature of Parent(s) or Guardian(s) \_\_\_\_\_

Telephone: \_\_\_\_\_ Address: \_\_\_\_\_  
Day Time \_\_\_\_\_  
Emergency \_\_\_\_\_





Form Due: \_\_\_\_\_

Medications Due to the Health Office: \_\_\_\_\_

Type of field trip and destination: \_\_\_\_\_

Teacher in Charge: \_\_\_\_\_ Date(s) of trip: \_\_\_\_\_

### Overnight Field Trip Health Form

Student's name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Phone (Home/Cell): ( \_\_\_\_\_ )

Parent/Guardian: \_\_\_\_\_ Phone (Home/Cell/Work): ( \_\_\_\_\_ )

Parent/Guardian: \_\_\_\_\_ Phone (Home/Cell/Work): ( \_\_\_\_\_ )

Health Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

Policy Holder: \_\_\_\_\_

#### Health Information:

Severe allergies/anaphylaxis (please specify):

Food: \_\_\_\_\_ Drug: \_\_\_\_\_ Bee Sting: \_\_\_\_\_ Other: \_\_\_\_\_

Please ✓ all that apply:

Asthma	_____	Seizures	_____	Other	_____
Diabetes	_____	Sickle Cell	_____		_____
Heart Condition	_____	Bed Wetting	_____		_____

911 or Emergency Medical Services will be called in the event of a medical emergency and the student will be transferred to the nearest medical facility.

I hereby give permission for emergency care to be secured by the school staff and understand that, should a medical emergency arise, every effort will be made to contact me before such care is given. We understand the arrangements described for this and believe that the necessary precautions/plans for the care and supervision of the students will be taken during this trip. Beyond this, we will not hold the school or those supervising the trip responsible. I do give consent for my child to go on this trip.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Complete reverse side.*



### Medication:

The administration of any medication to students on any field trips shall be done only when the student has a medical condition that may be adversely affected without medication. This applies to both prescription and non-prescription medication.

Prescription medication **MUST** come in the pharmacy labeled container with the student's name, pharmacy and telephone number, name of physician, drug name, dosage and time to be given. Non-prescription medication **MUST** come in its original container and be labeled/marked with the student's name.

**\*\*All medication requires Licensed Provider order and signature\*\***

### Parent/Guardian Request:

I request that the following medications be given to my child:

Student's name: \_\_\_\_\_ DOB: \_\_\_\_\_

while participating in the field trip. I release school personnel from any liability in relation to the administration of these medications. I authorize the reciprocal release of information related to medication between the nurse and the prescribing health professional.

#### Middle School and Secondary Students Only:

\_\_\_\_\_ I have signed a Secondary (6<sup>th</sup> - 12<sup>th</sup> Grade Students) Authorization to Self-Carry/Self-Administer Over-the-Counter (OTC) Pain Relief Medications (H-76OTC)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Side effects to watch for: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Side effects to watch for: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Side effects to watch for: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Side effects to watch for: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Side effects to watch for: \_\_\_\_\_

### Licensed Prescriber Order:

I have prescribed the above medication(s) for this child and request the dosages be given at the indicated times.

Prescriber's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone of prescriber: ( \_\_\_\_\_ ) \_\_\_\_\_





**OUTWARD BOUND  
ACKNOWLEDGEMENT AND ASSUMPTION OF RISKS and  
LIABILITY RELEASE AND INDEMNITY AGREEMENT**

In consideration of the services of Voyageur Outward Bound School, and its chartering organization, Outward Bound, Inc., and its affiliated Outward Bound Services Group, (collectively referred to as "OB"), participant (and parent or legal guardian of a minor participant) acknowledge(s) and agree(s) as follows:

I understand that participant (and parent) share(s) the responsibility for participant's safety. I have (or my child has) no mental or physical problems or limitations that might affect my (or my child's) ability to participate that have not been disclosed to OB in writing. I have had the opportunity to ask questions about the activities and the risks of the program in which I (or my child) will participate. I agree to obey all OB rules, regulations, and policies (and have my child obey them).

The activities in which I (or my child) may participate will depend on the program in which I am (or my child is) enrolled and may be physically strenuous. These activities may include but are not limited to: hiking; camping; rock, wall or tower climbing; ropes and/or challenge courses (traversing ropes suspended off the ground, potentially at great heights, swinging or traveling by a cable and pulleys and other such activities); physical problem-solving activities; water activities including swimming; vehicle travel; and community and other service projects that may involve using power tools. I understand that I (or my child) may engage in other activities not described above. It is impossible to know or list every risk associated with every activity; however, I understand the risks I (or my child) may encounter include but are not limited to: slipping, falling, being struck by or striking objects, persons or the ground; improper or malfunctioning equipment or structures; disease carrying or poisonous plants, insects, or animals; and physical contact with other participants. These and other risks are inherent to the activities, which means that they cannot be changed or eliminated without altering the essential elements of the activity.

I acknowledge that participating in an OB program involves inherent risks and other risks, including some not described above, that can cause or lead to death, injury, illness, or property damage. I understand that OB cannot assure my (or my child's) safety and does not seek to eliminate all of these risks, in part, because they facilitate educational and other objectives. I agree to assume all of the risks of the activities in the program, whether inherent or not, and even if not described above.

I hereby forever release, waive and discharge OB and each of OB's respective agents, affiliates, employees, officers, directors, trustees, independent contractors, volunteers, and all other persons or entities acting under their direction and control (collectively "the Released Parties") from, and agree not to pursue a claim or sue the Released Parties or any of them, for any liability, claim, or expense in any way associated with my (or my child's) enrollment or participation in the OB program or the use of any equipment or facilities. Neither I nor anyone acting on my (or my child's) behalf will make a claim against the Released Parties as a result of any injury, illness, damage, death, or loss. This release includes any losses caused or alleged to be caused, in whole or in part, by the negligence, whether active or passive, of the Released Parties to the fullest extent allowed by law (but not for gross negligence) and includes claims for injury, property damage, wrongful death, breach of contract, or any other type of suit.

I further agree to defend and indemnify the Released Parties (to pay or reimburse them for money they are required to pay, including attorneys' fees and costs) with respect to any and all claims brought by or on behalf of me, my child, a family member, personal representative, estate, heir, next of kin, assigns, a co-participant, or any other person for any claims related to my (or my child's) enrollment or participation in the program or my (or my child's) use of equipment or facilities, including claims that the Released Parties were negligent.

I agree that the substantive law of Minnesota (but not any law that would apply the laws of another jurisdiction) governs this document and any dispute or suit I have (or my child has) with the Released Parties. Any mediation, suit, or other proceeding must be filed or entered into only in Minnesota. Any portion of this document deemed unlawful or unenforceable is severable and shall be stricken without any effect on the enforceability of the remaining provisions. OB has permission to use my photo or image for sale or reproduction in any manner it desires, including advertising or display.

**I HAVE CAREFULLY READ, UNDERSTAND, AND VOLUNTARILY SIGN THIS DOCUMENT. I UNDERSTAND THAT I AM SURRENDERING CERTAIN LEGAL RIGHTS. I HEREBY WARRANT THAT I HAVE LEGAL AUTHORITY TO ACT ON BEHALF OF MY CHILD. I AGREE, ON MY OWN AND ON MY CHILD'S BEHALF, TO THE TERMS AND CONDITIONS IN THIS DOCUMENT.**

*If participant is under the age of 18 (or if participant is a resident of Alabama and is under the age of 19) (or if participant is a resident of Mississippi and is under the age of 21) at the time this document is signed, at least one parent or legal guardian must sign the release in addition to the participant signing.*

_____	_____	_____	_____
Participant signature	Date	Print name here	Date of Birth and Age
_____	_____	_____	
Parent or Guardian signature	Date	Print name here	





OFFICE USE ONLY

FOLLOW-UP

APPROVAL

INSTRUCTIONS All the questions on this form are important. The answers are needed in order to assess your level of participation in the program. Please answer every question in every section and return the form as soon as possible, in order to allow time for any needed follow-up. Incomplete forms will slow down the screening process, and may cause you to miss out on your Outward Bound program. Please write legibly in blue or black ink.

PART I - GENERAL INFORMATION PROGRAM/COURSE NUMBER: START DATE:

Applicant

Name: Age at Program Start: DOB: Address: Height: ft. inches City/State/Zip: Weight: lbs. Home Phone: BLOOD PRESSURE - Taken within 6 months of course start Cell Phone: Blood Pressure: E-mail: Date Taken: Gender: Male Female Blood pressure may be taken with apparatus at a local grocery or drug store.

Parent/Custodial Guardian (if applicant is under the age of 18)

Name: Relationship to Applicant: E-mail: Occupation: Address: City/State/Zip: Cell Phone: Home Phone: Work Phone:

Emergency Contact (not a parent or guardian)

Name: Relationship to Applicant: Home Phone: Cell or Work Phone:

Ethnic Background (optional)

- Asian, Multi-Ethnic, Hispanic or Latino, Caucasian (Non-Hispanic), Native Hawaiian or Pacific Islander, African American, American Indian/Alaskan Native, Do Not Know Ethnicity, Other:

Insurance Information

If you have insurance, please attach a photocopy of both the front and back of your insurance card. Each participant is responsible for any medical expenses and should be covered by his/her own illness and accident insurance.

PART II - MEDICAL INFORMATION

A. ALLERGIES Include allergies to medications, foods, insect bites/stings, environmental, etc.

NONE (OR LIST TO RIGHT)

Table with 3 columns: Allergy List Below, Reaction List Below, Medications Required (if any)

B. MEDICATIONS YOU ARE CURRENTLY TAKING If psychiatric medication, please list any medications taken or changed within the past 3 months. Also list any over-the-counter, inhalers, herbal supplements, etc.

NONE (OR LIST TO RIGHT)

Table with 5 columns: Medication List Below, Taken For Symptom/Condition, Dosage Size/Frequency, Date Started, Current Side Effects (if any)

NOTE: If you are taking prescription medications, you MUST bring them in ORIGINAL PRESCRIPTION BOTTLES with the physician's dosage directions. If possible, bring a double supply. If there are any changes please contact Outward Bound.



**CURRENT EXERCISE ACTIVITY** Please list the activities you engage in daily or weekly which indicate your current level of physical activity. You will be expected to engage in rigorous physical activity during your program. If you are currently experiencing a medical condition, you should consult your physician in preparation for your program.

NONE  
(OR LIST TO RIGHT)

Activity	Frequency	Time/Distance	Leisurely	Moderately	Intensely
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PART III - HEALTH PROFILE** Please check an answer for each question, if yes please describe below.

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Asthma (If yes, please bring inhaler)	<input type="checkbox"/>	<input type="checkbox"/>	Hospitalization/Emergency Room/Urgent Care visit w/in past year
<input type="checkbox"/>	<input type="checkbox"/>	Bedwetting	<input type="checkbox"/>	<input type="checkbox"/>	Seizure within the past 6 months
<input type="checkbox"/>	<input type="checkbox"/>	Cardiac conditions, e.g., heart murmur or other rhythm abnormality	<input type="checkbox"/>	<input type="checkbox"/>	Unexplained chest pain/pressure, shortness of breath, rapid heartbeat, sweats, dizziness or faint spells
<input type="checkbox"/>	<input type="checkbox"/>	Current orthopedic problems(neck/back/knee/shoulder)	<input type="checkbox"/>	<input type="checkbox"/>	Use of tobacco/smoker
<input type="checkbox"/>	<input type="checkbox"/>	Currently pregnant	<input type="checkbox"/>	<input type="checkbox"/>	Other medical issues/illnesses/symptoms/requirements/prosthetic device(s)

Describe: \_\_\_\_\_

**PART IV - PERSONAL HISTORY** Based on the past one year.

1. Have you been diagnosed or treated for any of the following disorders currently or within the past year?

Yes	No		Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Adjustment Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Anxiety Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Attention Deficit Disorder (ADD)
<input type="checkbox"/>	<input type="checkbox"/>	Developmentally Disabled	<input type="checkbox"/>	<input type="checkbox"/>	Disruptive Behavior Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Eating Disorder
<input type="checkbox"/>	<input type="checkbox"/>	Impulse Control Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Learning Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Mood Disorder
<input type="checkbox"/>	<input type="checkbox"/>	Personality Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Pervasive Developmental Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Schizophrenia
<input type="checkbox"/>	<input type="checkbox"/>	Substance Related Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____			

2. Have you received treatment or therapy for any of the following, either currently or in the past year?

Yes	No		Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Day Treatment	<input type="checkbox"/>	<input type="checkbox"/>	Medication(s)	<input type="checkbox"/>	<input type="checkbox"/>	Out Patient Counseling
<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric Hospitalization	<input type="checkbox"/>	<input type="checkbox"/>	Residential Treatment			

3. Have you experienced any of the following significant events within the past year? If yes, please describe below.

Yes	No		Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Death of Family/Friend	<input type="checkbox"/>	<input type="checkbox"/>	Expulsion	<input type="checkbox"/>	<input type="checkbox"/>	Incarceration
<input type="checkbox"/>	<input type="checkbox"/>	Self Harm	<input type="checkbox"/>	<input type="checkbox"/>	Serious Accident/Injury	<input type="checkbox"/>	<input type="checkbox"/>	Serious Illness

Describe: \_\_\_\_\_

4. Please arrange for a release of information with your therapist and/or prescribing physician so we may contact them for further information as part of this screening process. Have you done so?  Yes  No

5. Please provide the name and telephone & fax #s of your therapist and/or prescribing physician:

Prescribing Physician Name: _____	Therapist Name: _____
Phone Number: _____	Phone Number: _____
Fax Number: _____	Fax Number: _____
Email: _____	Email: _____

**PART V - SIGNATURE REQUIRED**

All information will remain confidential except that information may be disclosed to a medical provider as needed for my (or my child's) care. Over the years, many participants with a variety of medical/psychological difficulties have successfully completed our programs, but we must be aware of these conditions. Failure to disclose medical information could result in serious harm to you (or your child) and fellow participants. I understand that I may be in an area where communication, transportation, or evacuation is subject to delay. I (or my child) will be attending an Outward Bound program and I give permission for any emergency anesthesia, operation, hospitalization or other treatment that may become necessary. I agree to be responsible for any and all charges associated with such treatment.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

(Required if applicant is under the age of 18 OR if applicant is a resident of Alabama and is under the age of 19 OR if applicant is a resident of Mississippi and is under the age of 21.)





## 2015-2016 --- 8<sup>th</sup> Grade

### Expedition:

#### **Mississippi River:**

An in-depth study of the river that has shaped our city, state and country.

Fieldwork includes:

Excursion to the Headwaters and Upper Mississippi, Fort Snelling, Mill City Museum, Dakota History Tour, Padelford Riverboat Ride,  
Fieldwork with the National Park Service

### Core Classes (year long)

- English
- Social Studies: Global Studies
- Science: Earth Science
- Math\*: Algebra I (grade 8)  
Accelerated Algebra (grade 9)  
Other high school math

\*We will use teacher recommendations and OLPA and MCA data to identify students that need to be accelerated in math.

### Supporting Classes (semester):

- Journalism (semester or full year)
- Art
- Physical Education
- Health
- Creative Writing
- Research in Social Studies (to support History Day projects)
- Theater Arts
- Music Exploration

### Supporting Classes (year long)

- Spanish 1, 2 or 3
- Spanish for Spanish Speakers: Fluent, Literate Spanish only



## 8<sup>th</sup> Grade Fall Retreat Trip

Itasca State Park

Date: Sept. 29-Oct. 2

**Purpose:** The 8<sup>th</sup> grade OWL Expedition is focused on the Mississippi River. For the 2015-2016 school year, we have been exploring ways to get our 8<sup>th</sup> grade students an opportunity to gain a new perspective of the Mississippi River by doing a several day trip to the headwaters for our fall retreat fieldwork. Over the last several years, our 8<sup>th</sup> graders have done fieldwork locally on the Mississippi River, which has been great but has also limited our ability to see the river from another vantage point (we will continue to do local Mississippi fieldwork throughout the year). This coming year, we are very excited about the opportunity to partner with Wilderness Inquiry; a Minnesota based outdoor program organization. Details of the 4-day program are included in this packet (please note that the proposal will be modified to reflect 4 days instead of 5 days as stated in the document).

**Cost:** Trips such as this are inherently expensive as a result of transportation costs and programming/lodging/food. We are very conscientious of the need to keep costs as low as possible so that everyone can attend. We are fortunate that Wilderness Inquiry has been able to secure grant money to greatly reduce the cost of the programming by 50%. With the grant funding, we are calculating that the cost of the trip will be \$225 per student, which includes transportation, programming, food, etc. One of the things we are going to try on this trip is a sliding scale and payment options so that the overall impact on family budgets will be minimized.

### Option 1:

\$280 (Cost of trip + \$55 scholarship for another student). This still represents a \$70 reduction on the entire cost of the trip as a result of a Wilderness Inquiry grant. If entire amount can't be paid by Sept. 18<sup>th</sup>, monthly installments can be made through the end of 1<sup>st</sup> semester. Please note that every 4 families that can contribute \$55 extra will scholarship a student.

### Option 2:

\$225 (Cost of trip). This represents a \$125 cost reduction as a result of a Wilderness Inquiry grant. This amount will fully cover the student attending, including transportation. If entire amount can't be paid by Sept. 18<sup>th</sup>, monthly installments can be made through the end of 1<sup>st</sup> semester.

### Option 3:

\$150 (Partial cost of trip with some scholarship received). If entire amount can't be paid by Sept. 18<sup>th</sup>, monthly installments can be made through the end of 1<sup>st</sup> semester.

### Option 4:

Contact [dave.gundale@spps.org](mailto:dave.gundale@spps.org) for scholarship need, specific to family needs.

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please detach and return

## 8<sup>th</sup> Grade Itasca Intent to Attend Form

Name of Student: \_\_\_\_\_

Crew Leader: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Payment (circle 1)

Option 1      Option 2      Option 3      Option 4 (contact David Gundale at email above)

\*\*\*Please submit with deposit of \$50 by June 5





Wilderness  
Inquiry

# *Itasca State Park Canoe - Open World Learning 8th Graders*

## ***Overview:***

Introduce youth to the joy of outdoor adventure at the headwaters of the Mississippi River in Minnesota's Itasca State Park. Spend adventurous days stepping across the headwaters of the Mississippi and canoeing on Lake Itasca. Climb the 100-foot fire tower, take a refreshing swim, and attend a MN DNR Ranger-led interpretive program. Itasca State Park has a wealth of features and activities. Enjoy games and fun throughout the day, and wind down in the evening with s'mores around the campfire and night hikes under the stars.

To accommodate your group size, we would likely stay at Camp Courage North on Lake George. We also can discuss options at Itasca State Park; however group sites have a max of 50 participants.



## ***Trip at a Glance:***

- 5 days, 4 nights
- Wilderness Inquiry Staff
- All meals and snacks included
- Tents and camping gear provided
- 24-foot Voyageur canoes
- Bathroom facilities
- Connection to academic content, games, activities
- Adaptive gear as needed

***Dates:*** 9/28/2015 to 10/2/2015





## ***Sample Itinerary:***

**Please note: Itinerary will vary depending on exact camping location. We will also work with you to ensure activities meet your group goals.**

**DAY 1:** Your trip starts in the early afternoon at the Elk Lake campsite in Itasca State Park. (Note: Your group may camp at nearby Courage North campground to accommodate numbers.) Students will learn how to set up camp, go over safety issues, and begin to explore the park. After dinner you'll engage with teambuilding games and make s'mores around the campfire.

**DAY 2:** After breakfast, drive down to the outlet of Lake Itasca and step across the headwaters of the Mighty Mississippi. After lunch, learn about canoeing and go for a paddle on Elk Lake. Swim before dinner. In the evening, attend an entertaining State Park interpretive program on the early explorers.

**DAY 3:** Engage in a day-long canoe trip from Elk Lake to Lake Itasca. Connect with local partners to learn about native history and culture.

**DAY 4:** Tour historic Douglas Lodge, visit the 100-foot tall fire tower, spend some time fishing, and take a hike through the pines.

**DAY 5:** Take one last hike before packing for home. De-brief about the week and head home.

**TERRAIN/ROUTE CHOICES:** Minnesota's Itasca State Park is located in a classic Northwoods environment. Enjoy mature forests of old growth pine and birch surrounding clear, pristine lakes. Itasca State Park offers a wide range of daily activity options that are perfect for youth trips. Hiking trails vary from very easy to moderately difficult.

**TYPE OF TRAVEL/DISTANCE:** An average day's activities consist of hiking, canoeing and making connections to the immediate area. You will travel in 24-foot Voyageur canoes, which hold 6-10 paddlers. They are fast and stable boats, designed specifically for big water. Canoe outings are typically 1-3 hours long. No previous experience is needed to complete this trip. Activities, including paddles may run in rotations to accommodate larger group sizes.

**WEATHER:** Temperatures in the summer and early fall range from 40 F to 95 F. Rainfall can vary and you should expect the possibility of rain.

**YOUR GROUP:** We are planning on accommodating roughly 70 8th grade students and additional school chaperones. Wilderness Inquiry would provide staff at approximately a 10:1 staff/student ratio. Our trips are cooperative in nature. WI staff will assist you in whatever areas you need, however students are expected to pitch in where they can. Part of the adventure involves learning about daily camp activities. We will also work with you to plan a more specific itinerary that meets your academic and youth development goals as well.

**ACCOMMODATIONS:** At night you will sleep in a comfortable Eureka tent. Typically, there are 3 people per 4 person tent. The Elk Lake Camp has a hand pump for water, toilets, and a screened shelter building. Courage North has similar accommodations.

**MEALS:** We know how to travel with youth and we pride ourselves on providing ingredients that are delicious, healthy and youth-friendly. Expect tacos, burritos, hotdogs, fresh vegetables, and plenty of fruit and snacks. Great food for adults, too, including plenty of coffee, tea, and more.

If students have special dietary restrictions, they need to list them on their registration.



# Registration

- You may register for trips by phone, by mail, or online at [www.wildernessinquiry.org/register](http://www.wildernessinquiry.org/register)
  - Complete this registration form and return it with a deposit of 25% of the trip fee (you may also do this online). Once your space is confirmed, we will send you a confirmation packet with relevant trip information (packing list, itinerary, departure information, etc.).
  - Please enclose a check or money order payable to Wilderness Inquiry for the appropriate non-refundable deposit, or complete the credit card information on this form. The balance of your trip fee is due no later than 6 weeks before your domestic trip or 12 weeks before your international trip. Please do not send cash by mail.
  - We recommend that you check our website, call, or e-mail us to determine the status of the trip you are interested in. If the trip you register for is full, or if we cannot accommodate you for whatever reason, we will promptly refund all fees.
  - Most people can successfully participate on our trips. If you have questions about your ability to participate, please call us. If we have any questions, we will contact you.
- Please print clearly and complete the form below.

Return one completed form per person to:



**Wilderness Inquiry**

808 14th Avenue SE  
Minneapolis, MN 55414

In the Twin Cities, call:  
612-676-9400  
Outside the Twin Cities:  
800-728-0719

You may FAX your trip registration to:  
612-676-9401

**OR register online at [www.wildernessinquiry.org/register](http://www.wildernessinquiry.org/register)**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone: WORK (\_\_\_\_\_) \_\_\_\_\_ HOME (\_\_\_\_\_) \_\_\_\_\_  
 CELL (\_\_\_\_\_) \_\_\_\_\_ E-MAIL \_\_\_\_\_

**DATES AND DESCRIPTION OF TRIP YOU ARE REGISTERING FOR**

Trip Name Itasca State Park Dates Sept 29 - Oct 2, 2015

**CONFIDENTIAL HEALTH & EMERGENCY INFORMATION - Please answer all questions thoroughly!**

Wilderness Inquiry serves people of all abilities. We ask the following confidential questions to get a better understanding of you. These questions do not reflect what your actual trip activities will be.

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Male Female Weight \_\_\_\_\_ Height \_\_\_\_\_

**Please rate the following:**

I exercise (1 = never; 5 = every day) ..... 1 2 3 4 5  
 My upper body strength is (1 = poor; 5 = excellent) ..... 1 2 3 4 5  
 I can independently walk or ambulate 1/2 mile over rough terrain. (1 = unable; 5 = easily) ..... 1 2 3 4 5  
 I can lift 25 lbs. and carry it 100 yards. (1 = unable; 5 = easily) ..... 1 2 3 4 5  
 My general physical condition is (1 = poor; 5 = excellent) ..... 1 2 3 4 5

Do you have any sensory, physical, cognitive or emotional disabilities? No Yes - If yes, list them and state how they affect you. Please be specific.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you currently taking prescription medications? No Yes - If yes, please list their names and describe what they are for.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you use a wheelchair, crutches, or other assistive devices? No Yes - If yes, please list them: \_\_\_\_\_

\_\_\_\_\_



Check any boxes that apply to you and describe below:

- |                        |                      |                  |                |
|------------------------|----------------------|------------------|----------------|
| Allergy to bee stings  | Diabetes             | Ear perforation  | Incontinence   |
| Allergy to medications | Dysreflexia          | Food allergies   | Mental illness |
| Arthritis              | Decubitus ulcers     | Hepatitis A or B | Seizures       |
| Asthma                 | Dietary restrictions | HIV/AIDS         |                |

If you checked any of boxes above, please explain more fully here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY INFORMATION**

Your health insurance provider \_\_\_\_\_ Policy # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: PRIMARY (\_\_\_\_\_) \_\_\_\_\_ SECONDARY (\_\_\_\_\_) \_\_\_\_\_

**OPTIONAL INFORMATION**

We are sometimes asked for the following information about people we serve. Your response will not affect your participation in Wilderness Inquiry programs.

How did you hear about Wilderness Inquiry? \_\_\_\_\_

What is your previous wilderness experience? Very experienced Some experience Beginner

What is your occupation? \_\_\_\_\_ Your employer? \_\_\_\_\_

Ethnic Background: African American American Indian Asian American Caucasian Hispanic Multiracial Other

**RELEASE OF LIABILITY: Please read carefully and sign below if you agree to all of the terms.**

I certify that the above information is true, accurate and complete. I recognize there is a significant element of risk in any adventure activity associated with the outdoors and I voluntarily assume that risk. Knowing the inherent risks and rigors involved, I certify that I am fully capable of participating in the Wilderness Inquiry ("WI") activities and that I wish to do so as a voluntary participant. In consideration of WI providing the Activities, I hereby release any claims for personal injury or property damage against WI (and its agents, employees, directors, officers, and volunteers), arising out of ordinary negligence. I also release such claims arising out of any act by anyone not under control of WI. This release of liability may not apply to any incidents occurring on lands administered by the National Park Service. I give permission to WI to use photographs taken of me for promotional purposes. I have read, understand, and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon me during the entire period of participation in Wilderness Inquiry activities. This agreement is governed by the laws of the State of Minnesota without applying its choice of law provisions. If any minor children will be accompanying me, I make the same certification and provide the same release on their behalf. If I am a minor, by signing below my parent or legal guardian makes this certification and provides this release on my behalf.

Signed: \_\_\_\_\_ Print Name \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE SIGN ABOVE.** This form must be signed before participating in any Wilderness Inquiry program. If you are under 18, or if you are considered a vulnerable adult, your legal guardian must sign.