

Dear Families,

Our trip has been approved! Attached you will find valuable information regarding our visit to the Blue Ridge Outdoor Education Center. Please return the bottom of this sheet and all other required papers by Friday, November 7th. You will find the following pieces of information within the packet:

- ▶ Student Letter and Packing List
- ▶ Health Form*
- ▶ Activities Disclosure and Permission Form*
- ▶ Student Activity Liability Waiver and Release Agreement*
- ▶ Payment Information*
- ▶ Blue Ridge Rules of Conduct (to be signed by student)*
- ▶ Chaperone Request Letter**

We will depart the morning of Wednesday, March 18th and return around 3:00 PM on Friday, March 20th.

The cost of the trip will be \$175. This cost includes payment to the Blue Ridge Outdoor Education Center and transportation. You may pay the total in full or follow the payment option below (we will accept cash or checks):

\$75= Friday, November 7th, 2014

\$50= Friday, December 5th, 2014

\$50= Friday, January 9th, 2015

Last day to request refund: 1/16/15

All checks should be paid to Barnwell Elementary School

While we are thrilled to be able to experience this trip with your children, students who receive any suspension, in-school or out-of-school, any time between 2/16/15 - 3/17/15 will not be permitted to attend the Blue Ridge Field Trip. In addition, any student who, while on the field trip, commits a suspendable offense, must be picked up by his/her parent at the Blue Ridge Outdoor Education Center.

As the date approaches, more information regarding the trip will be made available. We are so excited, and we hope your child is, too!

The Fifth Grade Team

*Items must be signed and returned
**Item should be signed and returned if pertinent

(Please detach and return to school.)

Student: _____

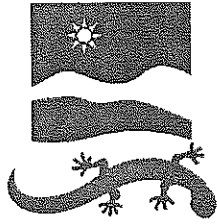
Teacher: _____

I give permission for my child to accompany his/her class on the field trip to the Blue Ridge Outdoor Recreation Center from Wednesday, March 18th and Friday, March 20th. In allowing my child to go, I also acknowledge that he/she will not be permitted to attend the field trip if he/she is suspended any time between February 16th and March 17th. In addition, should my child commit a suspendable offense on the trip, I will pick him/her up at the Blue Ridge Outdoor Education Center.

I do not give permission for my child to accompany his/her class on the field trip to the Blue Ridge Outdoor Recreation Center. I understand he/she will be given schoolwork to complete and placed in another teacher's room until the class returns from the trip.

Parent Signature

Date



Blue Ridge Outdoor Education Center

237 Camp Mikell Ct, Toccoa, GA 30577

706.886.7621

blueridge@windstream.net

www.blueridgeoec.com

Experiential Environmental Education

Dear Student,

In a short time you will be coming to the Blue Ridge Outdoor Education Center. In case you haven't already heard, this is a magical place. To understand more of what makes it so cool keep reading...

This is a place where snakes slither, owls hoot, salamanders creep, worms wiggle, hawks soar, songbirds chirp, deer frolic, turtles bask, lizards lounge, foxes slink, otters play, beavers gnaw, crayfish pinch, fish swim, frogs hop, trees sway, pollen floats, flowers bloom, squirrels leap, coyotes howl, and kids smile.

All around us there are plants and animals living and working together to survive. They're called communities, and each member plays a critical role. While you are here, you also will be part of a community made up of your classmates, your teachers and chaperones, and the Blue Ridge staff. Your role is to respect your environment, and cooperate with others. You will need to think of how to help your group, not just yourself. You will be a part of two different groups -- a cabin group and a field group.

You will be living in a cabin with as many as 11 other classmates. It will be fun, but only if you set some ground rules. For everyone to be comfortable, your cabin group will need to decide: When will people take showers? Where will you put dirty clothes? How will you clean the cabin in the morning? Each community member will need to cooperate and follow the rules.

You will be going to different classes with your field group morning, afternoon, and evening. Not like a school class, but like an adventure! You may be hiking along a ridge, wading in a creek, exploring a beaver pond, navigating with a compass, prowling for owls, ...the fun never stops!

But remember, we are not only guests at the Blue Ridge facilities, we are guests in the woods and streams on the property. As we explore the communities of plants and animals (some of them RARE!) keep in mind that this is their home and we should treat them all with respect. Most of the animals that live here (even the snakes) are afraid of us, and most of them are smaller and weaker than us. Some of them can hurt you, you can also hurt them, so it is a good idea not to touch any of the animals here unless a Blue Ridge staff member has said it is safe.

Enclosed you will find the rules of conduct. Please become familiar with these guidelines. Then, you need to sign to show you understand. We are psyched to meet you and to share our magical place.

See you soon!

Matt Wagner
Program Director
Blue Ridge Outdoor Education Center

BLUE RIDGE ENVIRONMENTAL EDUCATION PROGRAM

PACKING CHECKLIST:

- 1 sleeping bag or bed roll (sheets and 2 blankets), pillow
- 1 pair of old jeans per day
- 1 pair of shorts per day
- 2 tee-shirts per day
- 1 heavy shirt (1 per day in cold weather)
- 1 sweater or sweatshirt
- 1 warm jacket (cold weather)
- 2 pairs of sneakers (one that can get wet)
- 1 change of underwear per day
- 2 pairs of socks per day
- 1 raincoat or poncho**
- 1 hat or cap
- 1 pair of pajamas
- toilet articles (soap, shampoo, toothbrush and toothpaste, towel etc.)
- sunscreen
- water bottle (a refillable, reusable bottle— not the throw-away kind)**
- plastic bag for dirty clothes
- pen and writing paper

OPTIONAL ITEMS:

- small day pack
- camera and film
- flashlight
- stamped, addressed envelopes

PLEASE DO NOT BRING: (Anything in this category will be taken from student and kept by staff until departure)

- candy, gum, or food of any kind
- knives, hatchets, or any other weapon
- fireworks
- radio, CD player, electronic games, cell phones, or any other electronics.

DO NOT bring MONEY unless your teacher says it is OK to bring some for Blue Ridge merchandise.

Make sure all items are marked with your name. Only old clothes are needed. New clothes may be ruined by heavy outdoor use.

The Blue Ridge Outdoor Education Center is not responsible for articles left behind.

HEALTH FORM

Blue Ridge Outdoor Education Center
237 Camp Mikell Ct.
Toccoa, GA 30577

Phone: (706) 886 - 7621
Fax: (706) 886 - 7580

School/Group: _____
Dates of Attendance: _____

General Information:

Participants Name: _____ Gender: _____
Date of Birth: ___ / ___ / ___

Home Address: _____

Parent/Guardian: _____
Home Phone: _____ Daytime Phone (if different): _____

Emergency Contact: _____
Phone Number(s): _____

Medical History and Related Information: Please list all medical conditions, medications, allergies; and restrictions to activity along with an explanation. Use back/additional sheets as necessary.

Insurance Information:

Is the participant covered by an insurance plan? Yes ___ No ___ Carrier/Plan name: _____

Group Number: _____ Name of Insured: _____

Carrier Address: _____

Social Security Number of policyholder or insurance ID number: _____

Permission to Provide Necessary Treatment or Emergency Care: I hereby give permission to the medical personnel selected by Blue Ridge Outdoor Education Center to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event of an emergency and an effort to reach me fails, I hereby give permission to the physician selected to secure and administer treatment, including hospitalization, for the participant named above.

Signature of parent/guardian: _____ Date: _____
(The signature above acknowledges the permission to provide necessary treatment and acknowledgment of risk)

Activities Disclosure and Permission Form

Blue Ridge Outdoor Education Center
237 Camp Mikell Ct
Toccoa, Ga. 30577
(706)886-7621

We are providing this information sheet to better inform you of the activities your child may be participating in while at the Blue Ridge Outdoor Education Center. They may not be participating in all activities - please contact your child's teacher for the classes they chose. All of our classes are led by trained staff. Chaperones from your child's school assist in supervision during classes and are fully responsible for supervision during meals, recreation, and cabin time. You will need to sign this sheet and return it to your child's teacher. Feel free to call us if you have any other questions.

Day classes: Day classes are primarily outdoor activities lasting up to three hours. They may involve hiking a few miles of trails through our hardwood forest, wading shin deep in moving and/or still water, collecting aquatic organisms, using kits to test chemicals in the water, and observing caged reptiles, amphibians, and mammals.

Evening Programs: After the sun goes down, students attend evening programs. Students may walk in a group along a trail without a flashlight, dissect owl pellets and play roles (i.e. representing various sides of an issue, an escaped slave).

Adventure Programs: Adventure programs on site include a High ropes course and Climbing Tower. High Ropes involves climbing 35 feet into the trees and negotiating a series of obstacles. At the Climbing Tower, students climb as high as they can on a 38 foot wall. All participants in the above adventure programs wear harnesses and helmets and are closely supervised by trained staff members. Off site we offer white water rafting just a short van ride away on the Chattooga River.

Permission to Participate

_____ (student's name) has my permission to participate in the activities at Blue Ridge chosen by their classroom teacher. I understand that trained persons will be in charge. I acknowledge that certain risks and dangers (such as those listed below) are inherent in outdoor recreation and that the Blue Ridge Outdoor Education Center does not guarantee accident free participation. These risks include, but are not limited to: adverse weather, moving water, slippery rocks, wild animals, equipment malfunctions or misuse, poisonous plants, human misjudgment, automobile collisions, and those activities listed on the 'Eco-Adventure Information Sheet' (if applicable). I further acknowledge that participation in these activities could result in loss of life or damage to personal property, and/or emotional or physical harm. I understand that prudent safety procedures will be taken to provide protection against these risks and that my child is responsible for following the instructions and safety rules outlined by Blue Ridge staff. I release Mikell Conference Center, its principles and the Episcopal Diocese of Atlanta, its Bishop, officers, and employees from all liability for any injury to me or my child during participation in activities at the Blue Ridge Outdoor Education Center.

Name of Student: _____

Address: _____ Phone: _____

Parental Signature: _____ Date: _____

I give permission for photographs or video tapes to be made of my child and for the resulting images to be used in the marketing of Blue Ridge programs.

Signed _____ Date: _____

FULTON COUNTY SCHOOLS

STUDENT ACTIVITY LIABILITY WAIVER AND RELEASE AGREEMENT

(ACKNOWLEDGEMENT, RELEASE, HOLD HARMLESS AND ASSUMPTION OF POTENTIAL RISK AGREEMENT)

(For all School District events, excluding tackle football)

Print Student Name

School/Facility/Department

Location of Activity or Event

Name of Activity/Event

Date(s) or Period of Time of Each Activity/Event

A Student Activity Liability Waiver and Release Agreement must be completed for each activity or event (may cover multiple dates for same activity or event).

I, the undersigned wish to participate and/or have my child participate in the Fulton County School District (FCS)-approved event or activity as referenced above (hereinafter referred to as "Activity or Event").

I understand and acknowledge that this Activity or Event is voluntary and by its very nature poses actual or potential risks of physical and emotional injury/illness, including but not limited to death, to the student identified above or to any individual who participates in such Activity. I am aware that there may be no District insurance that would provide coverage for medical treatment, for personal injuries or property damage which may arise out of this Event or Activity.

In order to participate in this Activity or Event, I agree to assume all liability and responsibility for any and all potential or real risks, injuries or even death which may result from participation in the Activity or Event. I represent and warrant that the Student is mentally and physically fit, capable, able and willing to participate in this Activity without any limitations.

I understand, acknowledge, and agree that the FCS District shall not be liable for any injury/illness suffered by the Student which arises out of and/or associated with preparing for and/or participating in the Activity or Event.

I hereby release, discharge, indemnify, and agree to hold harmless the FCS District, the Fulton County Board of Education, and the past, present and future officers, members (including Fulton County Board of Education Board Members), attorneys, agents, employees, predecessors and successors in interest and assigns of the FCS District and Fulton County Board of Education (hereinafter "FCS releasees") from any and all liability arising out of or in connection with Student participation in the Activity or Event, including but not limited to extra-curricular activities or events such as sports teams, clubs, debate teams, practices, training or practice activities, field trips, competitive events or activities, student fundraisers, or any other extra-curricular activity or event. For purpose of this Release, liability means all claims, demands, losses, causes of action, suits, or judgments of any kind that Student or Student's parents,

Original - Risk Management Department

Copy - School/Facility

Risk Management Form #SPAWLRA001, February 2013 - 1073553_1.doc

guardians, heirs, executors, administrators, and assigns have or may have against the FCS releasees because of Student's personal, physical, or emotional injury, accident, illness or death, or because of any loss of or damage to property that occurs to Student/Participant or his or her property during Student's participation in the Activity due to acts of passive or active negligence by FCS releases other than actions involving fraud, or actual malice.

Students are occasionally included in activities or events, publications, and/or public relation activities. I consent to FCS (and its photographers) approval to use my name, picture, likeness, work, voice, or verbal statement to appear in publicity, publications, videos, websites and any other media. I understand and agree that no monetary consideration shall be paid to me; and that my consent and release have been given without coercion or duress; and that my picture, likeness, work, voice, or verbal statement may be used in subsequent years.

A signed Student Activity Liability Waiver and Release Agreement must be on file with the FCS District before a Student will be allowed to participate in the above referenced Activity or Event. Student and/or parents or guardians who do not wish to accept the risks described in this Agreement should not sign this Agreement, and will not be allowed to participate in the Activity or Event.

I acknowledge that I have carefully read this Student Activity Liability Waiver and Release Agreement and that I understand the potential dangers of engaging in this Activity or Event, am fully aware of the legal consequences of this agreement, and agree to its terms. I understand I am waiving certain rights and assuming the risk of injury and property damage from my participation in the Activity or Event.

SIGN LEGAL NAME AND PRINT INFORMATION BELOW NEATLY – MUST BE COMPLETED BEFORE ACTIVITY/EVENT.

Signature of Student (unless a Minor) _____

Date _____

Signature of Parent if Student is a Minor _____

Date _____

Birthdate of Student _____

Participant's Name _____

Home Address _____

Telephone Number _____

Email _____

Emergency Contact Name and Contact Information (Printed)

For Minors under the age of 18 the following must be completed by custodial parent or legal guardian.

Full Name of Minor: _____
Street Address: _____
City, State & Zip Code: _____
Minor's Date of Birth: _____

Name of Parent or Legal Guardian: _____
Parent Holding Legal Custody (if separated or divorced): _____
Phone Numbers - Work: _____
Home: _____ Cell: _____

Alternate Emergency Contact:
Name: _____ Phone: _____
Relationship to Minor: _____

Health Insurance information for Minor:
Provider: _____

Medical Information for Minor:
Allergies (food or drug): _____
Are any prescription medications being taken by the minor be in use in the dates of
child's involvement? _____ Yes _____ No.
If yes, please provide the name of the medication and the dose/frequency

Blue Ridge Outdoor Education Center
5th Grade Field Trip
March 17th – 20th

Student Name: _____

Teacher: _____

Payment Information

Money should be submitted to your child's teacher.

Cash or checks are accepted.

Please make checks payable to *Barnwell Elementary School*.

Total Amount of Trip \$175.00 (This amount can be paid in full or in installments as listed)

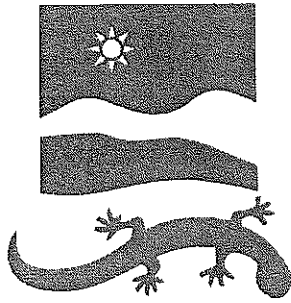
Due by Friday, November 7th: \$75.00

Due by Friday, December 5th: \$50.00

Due by Friday, January 9th: \$50.00 (Paid in full)

Optional Donation to Scholarship Fund: \$ _____

Total Amount Paid Today (November 7th): \$ _____



BLUE RIDGE OUTDOOR EDUCATION CENTER

Rules of Conduct

All students should read and be thoroughly familiar with the following rules. Students will be held responsible for knowing, understanding and following them. We believe these few rules are necessary to provide a safe, positive experience for all students.

1. Students must remain with their group and Blue Ridge staff member or teacher/chaperones at all times. This is to ensure that no one will get lost and that any injuries that may occur can be dealt with immediately.
2. Students will be expected to show respect for the plants and animals we encounter and to help keep the grounds clean.
3. Students should use equipment for its intended purpose and in a safe manner. Students are asked to take care of Blue Ridge property and report any damage.
4. Students should respect the rights of other members of our community by being quiet at rest times and after lights-out, by respecting the property and privacy of others, and by listening to and following the guidance of adults.
5. Students may not have in their possession alcoholic beverages, illegal drugs, or tobacco products. Students violating this standard will be sent home.
6. All prescription drugs should be bagged, labeled with the student's name, and given to your teacher.
7. Visitors are not allowed in camp during the Blue Ridge Program.
8. Shoes must be worn at all times (except, of course, in the cabins).
9. Students must remain in their cabins with chaperones after lights-out.
10. Radios, mp3 players, digital tablets, cell phones, electronic games, and money (unless buying Blue Ridge gear) are prohibited.
11. Come to Blue Ridge expecting to be part of a loving, caring community. Know that if you invest yourself in the program fully and completely you and all of us will be richer for this time we share together.

I, _____, have read, understand and agree to abide by these rules.
(Camper's name printed)

Signed: _____
(Camper's signature)

Dear Fifth Grade Parents,

We are excited to be heading to the Blue Ridge Outdoor Education Center this coming spring! If you are interested in joining us as a parent chaperone, please fill out the information below and return it by Friday, November 7th.

Take Note!

- We will leave the morning of Wednesday, March 17 and return the afternoon of Friday, March 20th.
- You will be responsible for a group of approximately 10-15 students during the day's activities and 12 students of your same gender in the cabins at night.
 - Please note: For this reason, if you are a male adult with a daughter, please recognize you will be in a different cabin than your daughter.
- Fulton County Schools requires all chaperones to go through a background check at a fee of \$44.25 (to be paid for at your own expense).
- Ms. Lakasha Thompson (Barnwell CST) will be randomly choosing the chaperones in the event that we have more volunteers than space available.

Name _____

Child's Name _____

Homeroom Teacher _____

E-Mail Address _____

Phone Number _____