



## Dewey Mountain Outdoor Explorers *for ages 5-8*

The Outdoor Explorer program aims to instill a love of outdoor activities and physical activity while focusing on the wonders of the outdoor world. This is done through hands-on experiences, discovery, and exploration of the trails at Dewey Mountain. Guided by lovers of the outdoors, children will have the opportunity to learn about and explore wildlife habitat, trees, wildflowers and other plants, bug life, fairy houses and forts, and streams and puddles. Children will participate in both outdoor activities and indoor activities and should be prepared to embrace their inner wild child!

The Outdoor Explorer program will be split into five summer sessions. Families will have the opportunity to sign up for individual sessions or all five sessions.

Children will be required to bring a pack lunch, snack, and water bottle. A suggested clothing and equipment list will be provided to each participant before the start of the program.

Lead Instructor - Elodie Linck  
For ages 5-8 years old  
Monday - Friday | 9:00AM – 3:00PM

Session 1 | July 22 - July 26  
Session 2 | July 29-August 2  
Session 3 | August 5 -August 9  
Session 4 | August 12-August 16  
Session 5 | August 19-August 23

Cost per session = \$150

“If happiness is the goal- and it should be, then adventures should be a priority.” -Richard Branson



## Dewey Mountain Youth Activities 2019 PARTICIPANT REGISTRATION

Participant's name \_\_\_\_\_  
Participant's age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
School \_\_\_\_\_

Parent's name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
Work phone \_\_\_\_\_  
Email address \_\_\_\_\_

Parent's name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
Wok phone \_\_\_\_\_  
Email address \_\_\_\_\_

**Emergency contact #1** \_\_\_\_\_  
Workphone \_\_\_\_\_  
Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
Can this person pick-up your child? Yes \_\_\_\_\_ No \_\_\_\_\_

**Emergency contact #2** \_\_\_\_\_  
Workphone \_\_\_\_\_ Home phone \_\_\_\_\_  
Cell phone \_\_\_\_\_  
Can this person pick-up your child? Yes \_\_\_\_\_ No \_\_\_\_\_

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*for official use only*

Program name \_\_\_\_\_  
Session(s) \_\_\_\_\_  
Paid in full - (YES) \_\_\_\_\_ (NO) \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Received by \_\_\_\_\_ Date \_\_\_\_\_

## HEALTH SURVEY

Does your child have any of the following illnesses/medical problems?

(Please check) Diabetes \_\_\_ Heart Disease \_\_\_ Asthma \_\_\_ Discharging Ear \_\_\_ High Blood Pressure \_\_\_ Bronchitis \_\_\_ Epilepsy \_\_\_ Recent Surgery \_\_\_

Explain each of the items checked above:

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**Allergies** \_\_\_ if yes please list

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**Taking medication** - if so what \_\_\_\_\_

Does your child have any physical limitations Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

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### PARENT'S CONSENT

I hereby give permission for my child \_\_\_\_\_ to participate in any of the Dewey Mountain Recreation Center's scheduled trips or activities, and for photos to be taken of my child while on trips or activities, without identifying last name, from this date until November 1, 2020.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

### EMERGENCY CARE PERMISSION

In the event your child may need emergency medical treatment, he/she will be taken to the nearest hospital at the time. Below is a form which will allow medical personnel/the hospital to administer proper treatment. Upon receipt of the completed form, we will retain it in our files for presentation to the hospital if the need arises I hereby grant permission to administer emergency medical care to my child, \_\_\_\_\_, including hospitalization, injections, x-rays, anesthesia or surgery, if necessary.

**I accept responsibility for all medical expenses incurred for such treatment.**

Parent/Guardian Name: \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

I understand that you will report this action to me at the earliest possible time. In case I cannot be reached at work or home, the following person and phone number is to be contacted/called:

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**\*\*PLEASE PROVIDE A COPY OF YOUR CHILD'S HEALTH INSURANCE CARD**