

Coyote's Path Youth Program

Institute for Natural Learning

P.O. Box 2485
Brattleboro, VT 05303
(802) 254-5800

www.IfNaturalLearning.com
Info@IfNaturalLearning.com

Registration (Please print in ink)

Coyote's Path Youth Program Dates for 2010-2011:

(9 sessions, all sessions include optional overnight for ages 10+ only, unless where noted)

*Optional overnight for all ages

Oct 2, Nov 6, Dec 4, Jan 15, Feb 5, Mar 5, Apr 2*, April 30*, June 4*

Student's Name _____ Date of Birth ____/____/____

Nickname _____ Gender Male Female Age on First Day of Program _____

Student's Address _____ Home Phone _____

Address (continued) _____ e-mail _____

City _____ State _____ Zip _____

Present School _____ Grade _____

Previous Vermont Wilderness School, Deep Wilds or other nature programs/camps attended:

(Name and Year) _____

Siblings' Names and Ages _____

Student lives with mother father both other _____

Legal Guardian 1 Name _____ mother father other _____

Occupation _____ Work Phone _____ Home Phone _____

e-mail _____ Fax _____

Legal Guardian 2 Name _____ mother father other _____

Occupation _____ Work Phone _____ Home Phone _____

e-mail _____ Fax _____

Other Important Caregiver Name _____ Relationship to Camper _____

Occupation _____ Work Phone _____ Home Phone _____

e-mail _____ Fax _____

How did you learn about the Coyote's Path Program? Friend Web Class Trip Other

Please Give Details on Above _____

REQUIRED SIGNATURES

VERY IMPORTANT! PLEASE READ THIS PAGE CAREFULLY.

At Institute for Natural Learning Youth Programs, the safety of each child is our highest priority. We take all reasonable precautions to ensure your child’s physical and emotional safety and to provide a quality outdoor experience that focuses on fun, safety and character development. However, as in any other experience, we cannot, however eliminate all risk from our programs. By signing the following statements you will be acknowledging that you understand the risks of attending this program, assuming liability for your child’s participation and certifying that your application is complete and truthful.

Acknowledgement of Risk

I understand that the program takes place in rocky, mountainous and forested terrain and that water activities are a part of the experience. The following potentially hazardous activities, as well as others not mentioned, may be undertaken: camping, building and sleeping in natural shelters, hiking, wading, cooking, fire building, use of tools, & use of knives. These activities can cause personal injury, property damage, illness or death.

Parent/Guardian signature _____ Date _____

Assumption of Liability

In recognition of the potential hazards, I, or my children, my heirs and assigned, do hereby release Mark Morey and his employees, contractors, agents, volunteers, program participants and anyone else acting in any capacity on their behalf (hereinafter, collectively referred to as “Institute for Natural Learning”) from any and all liability, actions, causes of action, debts, claims and demands of every kind and nature whatsoever, and specifically including any claim for negligence or negligent acts, arising from my child's participation in a Institute for Natural Learning program. I further agree to hold harmless and indemnify Institute for Natural Learning and its agents for all defense costs, including my attorney's fees and any other costs resulting in connection with my child's participation.

Parent/Guardian signature _____ Date _____

Statement of completeness

All of the information on this Student Application form is confidential and will only be shared with the appropriate Institute for Natural Learning staff. Students with a variety of medical/psychological/physical conditions or problems have successfully participated in our programs but WE MUST BE AWARE OF THESE CONDITIONS. Other students, staff, and the applicant are all put at risk when this information is withheld.

I understand that if my child arrives at camp with a pre-existing condition, injury or other health problem not indicated on this application which Institute for Natural Learning staff discovers because of its negative impact on my child's experience, fellow campers, staff, or the camp program, my child may be asked to leave the program s/he is attending and I will receive no refund of tuition. I hereby certify that I have answered all questions on this application and the parent questionnaire truthfully and completely. If circumstances change between today and the first day of the program so that this application is no longer truthful or complete I certify that I will fully inform The Institute for Natural Learning of the new circumstances.

Parent/Guardian signature _____ Date _____

Institute for Natural Learning

Confidential Medical Record

Complete both sides and return to the Institute for Natural Learning, P.O. Box 2485, Brattleboro, VT 05303. (802) 254-5800

Your child's place in CP Youth Program is confirmed when we receive your deposit, all forms, completely filled out and signed, and his/her medical form has been approved. This medical form is an important way to ensure a safe and enjoyable experience for your child. Please fill out all relevant parts carefully and truthfully. Anyone in average physical condition can expect to complete our program. If we have any question about your child's ability to complete the course, we will call and discuss the matter with you. If we think your child should not participate in the course, we will refund all tuition payments made to IFNL. We cannot refund costs of medical examinations or other expenses you incur preparing for a course.

PART 1 General Information

1. Name _____ 2. Program Starting Date _____

3. Male _____ Female _____ 4. Birth date _____ 5. Height _____ 6. Weight _____

4. Family Physician _____ Phone () _____

5. Insurance: Each participant is responsible for medical expenses. Sickness and accident insurance is recommended but not required.

Is applicant covered by any hospitalization care policy? Yes No

Insurance company name _____ Policy Number _____

Address _____ City _____ State _____ Zip _____

Does insurance company require pre-authorization? Yes No If yes, phone () _____

PART 2 Medical Information

You should know that it is possible for children with a variety of medical/ psychological difficulties to participate in our camps, but we must be aware of these conditions for our benefit. Failure to disclose such information could result in serious harm to your child, other campers and staff.

1. Allergies - List below. Include foods, insects, plants and medications. Describe your child's reactions and any medication he/she may require.

1a. Does your child have any special dietary requirements? yes no If so, please describe. We can provide for vegetarian and vegan diets as well as allergies to a limited number of foods. If your child has more unusual dietary requirements please call us to make special arrangements

2. Medications your child is currently taking - List the dosage, condition it is for and any side effects your child is experiencing.

3. Describe your child's current physical exercise activity. Include frequency, duration and intensity.

Date of your child's last tetanus booster: _____. Who gave the booster? _____
 Their phone number: _____. Boosters are recommended at age 5 and every 10 years thereafter. It is recommended that children who get deep, dirty wounds or puncture wounds more than 5 years after their last booster receive another booster promptly.

- | | | |
|---|-----|-----|
| 6. Answer "yes" or "no" below. | yes | no |
| a. Asthma | ___ | ___ |
| b. Seizure within past year | ___ | ___ |
| c. Family history of heart attack | ___ | ___ |
| d. Hospitalization within past 2 years | ___ | ___ |
| e. Emergency Dept. visit within past year | ___ | ___ |
| f. Neck, back, shoulder, knee, ankle pain or injury | ___ | ___ |
| g. Medical equipment needed | ___ | ___ |
| h. Other medical issues, illnesses or symptoms | ___ | ___ |

Give details on any question for which you checked "yes". Include symptoms and/or any restrictions.

7. If you check "yes" to any of the following questions, we strongly suggest that you consult with a health care professional to determine whether your health status is sufficient for you to participate in the program:

Yes No

- ___ ___ a. High blood pressures (or currently being treated)
- ___ ___ b. Heart murmur
- ___ ___ c. Heart issues (current or prior heart disease, irregular heart beat, history of heart attack)
- ___ ___ d. Chronic, on-going disease such as diabetes, seizure disorder, bleeding disorder
- ___ ___ e. Chest pain/pressure, heart palpitations, frequent unexplained or heart-related dizziness or fainting, sweats or weak spells
- ___ ___ f. Severely over weight

Describe in detail any of the above for which you checked "yes" (include additional sheets if necessary):

PART 3 Signature required

I hereby give consent for emergency hospitalization for _____ (print participants name) if it becomes necessary as a result of his/her participation in a Institute for Natural Learning program. I understand that the program is a physically and mentally strenuous activity and may be in a remote wilderness area far from the facilities of civilization.

The information provided above is a complete and accurate statement of the physical and psychological factors which may affect my child's participation in a Institute for Natural Learning program. I realize that failure to disclose such information could result in serious harm to my child and fellow students and agree to indemnify and hold Institute for Natural Learning harmless if all relevant information is not disclosed. I also agree to notify Institute for Natural Learning should there be any change in my child's health status prior to the start of his/her program.

Parent/Guardian signature

Date

Institute for Natural Learning

Coyote's Path Youth Program 2010-2011

Payment Agreement (Overnights Not Included)

Tuition for the Coyote's Path Youth Program is a sliding scale of \$400-550 for 9 sessions, not including overnights. We leave it entirely up to you to decide where you fall in that range. The true cost for us to run the program is approximately in the middle of the scale. We are counting on your integrity in deciding where you fit on the scale. If everyone pays the lowest price, we will not be able to continue this sliding scale policy which allows those who can't afford the full price to attend. **The first payment is a non-refundable \$200 deposit due and paid in full when you return this registration packet.** The remaining balance is due on December 1, 2010. If necessary, you may choose to pay your balance in three equal payments. **Please complete one of the plans below** with the appropriate amounts for your situation. If you have any questions, please feel free to contact us in the office at 802-254-5800. **Please make all checks payable to the Institute for Natural Learning.**

What tuition will you be paying? \$_____ (min. \$400, max. \$550)

Payment Option #1

Total Tuition:_____
Deposit Paid:_____
Balance Due Dec. 1st:_____

Payment Option #2

Total Tuition:_____
1 st Payment (Deposit Paid):_____
2 nd Payment Dec. 1st:_____
3 rd Payment Feb 1 st :_____
4 th Payment April 1 st :_____

I, _____, commit to this payment plan for _____'s attendance at the Coyote's Path Youth Program for the 2010 – 2011 year. *Please keep a copy for your records.*

I understand that if my child leaves the program midyear, any payments I have made will not be refundable and that any overdue payments will be due immediately.

Parent Name _____ Email _____

Address _____

Home Phone _____ Work _____

Signature _____ Date _____

Return this completed Payment Agreement to The Institute for Natural Learning
 PO Box 2485 Brattleboro, VT 05303

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Parent Questionnaire

Dear parents,

Welcome to our youth programs!! We are looking forward to providing a high quality learning experience for your child. Parents of past students have reported transformational results for their children on many levels. Our staff is highly skilled and experienced at working with children in the outdoors. However, we have no mental health workers or special education specialists on staff. Therefore, our program may not be appropriate for some children. The questions are designed solely to help us decide whether or not we have the resources to give your child the quality experience he or she deserves. This will help us to prevent the unfortunate event of discovering that we are unable to serve your child after the program begins. Only the Youth Program staff will see this questionnaire. Please answer these questions completely and to the best of your ability. Please use additional sheets if necessary. A completed questionnaire is required for attendance. Thank you.

What is your child's name?

How much time does your child spend outdoors? very little some a whole lot

What gifts will your child bring to the program? What do you particularly want your child to gain from the this youth program?

Please describe your child's experience with wilderness and naturalist skills including day or overnight programs attended and/or experience with mentors. How does your child feel about coming to the program? (excited, anxious, worried, etc.)

How does your child interact with other children one-on-one and in a group? At home? At school?

How does your child interact with adults? Please address listening skills and ability to follow directions.

Has your child undergone any major changes such as a move, new sibling, divorce, illness or death of someone close? yes no If so, how is s/he adapting?

Has your child seen a mental health professional in the past two years? yes no

If so, when and for how long?

Recommended treatment: _____

Reason for treatment: _____

Name of most recent counselor _____ Phone _____

Address _____

Will you arrange for you child's counselor to release information about his diagnosis and course of treatment if it is requested by the staff? yes no

Does your child have any medical, physical, intellectual or emotional conditions that may effect his/her ability to participate in the program? yes no If so, please describe.

What creates stress in your child? How does s/he cope with stress and conflict?

What have you or your child's teachers found to be successful strategies for working with your child to manage stress and resolve conflicts?

Has your child physically hurt anyone in the past two years? yes no If so, please describe.

Do you understand that in order to administer prescription drugs to your child, Institute for Natural Learning requires the original labeled bottle or written directions from a doctor? yes no

Does your child take any kind of medication? yes no If so, what and since when?

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Student Questionnaire

Dear Student,

Welcome to our youth program! Below are some questions to help us get to know you better and make sure that we can give you the best experience possible. Please answer them as completely as you can.

What is your name? What do you like to be called?

How many times have you been to one of our programs? _____

What kinds of naturalist or outdoor experiences have you had this past year/summer?

Why are you coming to this youth program?

If you have been to Coyote's Path before, or another VWS or Deep Wilds program, what do you like about these youth programs?

Is there anything you don't like about our youth programs?

(more questions on back)

List four new wild plants that you have learned this year.

List four new wild animals or birds that you have learned this past year.

What are some things that you do well and that are easy for you?

What's been the most challenging thing for you in the past 4 months?

What's been the coolest thing that happened to you over the summer?

What are you really excited about doing or learning this year at our youth program?

What more would you like us to know about you?