



1453 Locust Lake Road · Amelia, Ohio 45102  
513-753-4744

May 4, 2017

Dear Parent/Guardian,

It has become a tradition for our sixth grade students to start their school year at Camp Joy. This experience has a broad focus. There are big forces at work in all children in the 11-13 year-old group: social identity, self-confidence, changing alliances, and finding common ground to name a few. Camp Joy's programming comes very highly recommended. Your student will be learning teamwork in a new way, and will also have some exciting outdoor activities designed to strengthen self-confidence – a great way to start the sixth grade. **Our sixth grade's day at Camp Joy is on August 21<sup>st</sup>.**

Students who have attended in the past really enjoyed it and one chaperone remarked, "Well worth every penny!" The cost for this experience is actually \$75 per student, but our PTO contributes \$15, reducing each family's out-of-pocket to \$60. The cost of the day includes lunch. Please make your check payable to St. Bernadette PTO and put "Camp Joy" on the memo line.

In addition to your payment, we need you to complete **two** permission forms. One is a standard St. B "field trip" form, and the other is the Risk and Release/Medical form for Camp Joy. Both of these must be returned to school with your payment by May 25 (last day of school). Chaperones do not pay a fee, but also need to complete the Risk and Release form, and I will attach one to a reminder email.

We will need one chaperone to stay the day with the students, but we will need enough drivers to transport all 20 students. **Please call me or email me if you are able to assist with transportation, or are interested in chaperoning.**

When the students return to St. Bernadette, we will provide pizza, snacks and drinks. The students will then attend an information session about their new tablets, and will be able to take them home as long as a parent has attended our mandatory parent information meeting on August 14, the evening of Meet the Teacher.

Thank you for entrusting your child to us. I am looking forward to a wonderful school year!

Sincerely,

Lizanne G. Ingram, M.Ed.  
Principal



ST. BERNADETTE

PARENT PERMISSION FORM FOR FIELD TRIP

Dear Parent or Legal Guardian:

Date: May 4, 2017

Your son/daughter is eligible to participate in a school-sponsored activity requiring transportation to a location away from the school premises. This activity will take place under the guidance and supervision of St. Bernadette Pre-School, St. Bernadette School, and/or Parish Staff. A brief description of the activity follows:

Name of event: Camp Joy Event for Grade 6

Destination: Camp Joy – Clarksville, OH

Designated Supervisor of Activity: Teacher to be assigned and chaperones

Date and Time of Departure: August 21<sup>st</sup>, 7:45 a.m.

Date and Anticipated Time of Return: August 21<sup>st</sup>, 5:15 p.m.

Method of Transportation: Car-pooling with teacher/parents of students

Student Cost/Items: \$60/student, pre-paid

Needed: Dress comfortably and modestly for outdoor adventure activities.

If you would like your child to participate in this event, please complete, sign and return the following statement of consent and release of liability. As a parent or legal guardian, you remain fully responsible for the actions and conduct of your child.

(Detach and Return)

\*\*\*\*\*STATEMENT OF CONSENT\*\*\*\*\*

I hereby consent to participation by my child, \_\_\_\_\_, in the Camp Joy event on August 22<sup>nd</sup>, described above. I understand that this event will take place away from the school grounds and that my child will be under the supervision of the designated adults on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

In consideration of my child being allowed to participate in this field trip, I agree to indemnify and hold harmless St. Bernadette Pre-School, St. Bernadette School, and/or Parish, their employees, agents and representatives, including volunteer and other drivers, from any and all claims, including negligence, arising from or relating to my child's participation in this field trip. The indemnification and hold harmless agreement does not apply to claims for intentional misconduct or gross negligence.

\_\_\_\_\_  
(Print Parent's Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent's Signature)



# JOY OUTDOOR EDUCATION CENTER (dba Camp Joy)

## RISK & RELEASE FORM

INSTRUCTIONS: Please read and complete this form carefully. **PLEASE PRINT.**

Participant's Name: \_\_\_\_\_ Date: \_\_\_\_\_ Circle: Male/Female Chaperone/Participant

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Check: Over 18  Over 21

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name/Relationship: \_\_\_\_\_ Phone #s \_\_\_\_\_

Emergency Contact Name/Relationship: \_\_\_\_\_ Phone #s \_\_\_\_\_

List any allergies & or dietary restrictions\*: \_\_\_\_\_

List any physical restrictions\*: \_\_\_\_\_

Please list any activities/programs the participant is NOT PERMITTED to participate in\*: \_\_\_\_\_

**Underground Railroad Program:** Guardian Signature \_\_\_\_\_

Please give consent for your child to participate in the Underground Railroad program or prefer an alternative.

I GIVE MY CONSENT       I DO NOT CONSENT and wish for my child to participate in an alternative program

\*Additional space for allergy, diet, physical, activity, or program restrictions:

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## Acknowledgment of Risk and Release

INSTRUCTIONS: Please read this form carefully and contact Camp Joy with any questions.

I understand that completing and signing this form is a prerequisite for my or my child's participation in Camp Joy's programs.

I understand that my participation in programs offered by Joy Outdoor Education Center, LLC (dba Camp Joy) and Joy Outdoor Education Center Foundation, Inc., is based on a "Challenge by Choice" philosophy. I recognize that the program is designed to use experiential, engaging, teaching techniques, but that my participation is purely voluntary, and I elect to participate in spite of the risks.

**Activities:** I am aware that experiential, outdoor pursuits for which I have enrolled such as living history reenactments (Ex. Underground Railroad), hiking, walking on uneven ground, high ropes challenge courses, ground initiatives, mountain biking, archery, swimming, and other activities at Camp Joy entail certain risks. Camp Joy has a number of high ropes elements. High ropes courses can include poles, ropes, cables and platforms on which participants move with and without the assistance of staff and other participants. The level

of exertion required for the activities will be similar to a day of moderate to strenuous exercise. Activities are explained by staff, and belay or other support systems may be used. Activities vary in height and difficulty.

**Risks:** I understand and acknowledge that experiential education including high ropes courses and other Camp Joy activities involve risks which could result in injury, tripping, falling, broken bones, burns, death, or damage to my property. I may be in situations in which I depend on others for my physical well-being. The risks described and others are inherent in Camp Joy activities and without them the activities would lose their essential character and value.

Camp Joy recommends that those with heart conditions, high blood pressure, back or neck issues refrain from full participation in high ropes experiences and physically spotted activities. Expectant mothers (without a specific medical release) are not permitted to fully participate at height on ropes courses or with spotted activities.

**Release:** I, for myself and for my heirs, personal representatives, and assigns, and each of them, forever release and fully discharge Joy Outdoor Education Center, LLC and Joy Outdoor Education Center Foundation, Inc., and each of their members, managers, directors, employees, volunteers, agents, officers, predecessors, affiliates (including the Warren County Astronomical Society with respect to our Observatory), representatives, successors, and assigns, from any and all actions, causes of action, claims, costs, damages, demands, fees, and/or liability of any kind, nature, or descriptions whatsoever, whether known or unknown, arising out of or in any way related, whether directly or indirectly, to participation in any Camp Joy program, including, but not limited to any physical injury, psychological injury, or loss of life or personal property that may occur as a result of participating in this program.

**Photography:** I understand that photography commonly occurs during Camp Joy programs. I consent for myself and/or my child/minor of legal responsibility to be photographed for general Camp Joy use, including program and/or agency printed/internet publicity.  Check this box to decline the photo release.

**Authorization for Treatment:** I give permission to the medical personnel selected by the visiting organization to arrange necessary related transportation for this participant, and for the visiting organization or Camp Joy to secure and administer treatment, including hospitalization, for the participant named below.

**Signature:** I have read, understand, and accept the terms and conditions stated in this Risk and Release Form. The named participant has permission to engage in program activities, except as noted.

I understand that my signature on this Release form will remain valid for one year of programs at Joy and I acknowledge my obligation to inform Camp Joy in advance of any changes in the child's/participant's health that may affect the child's/participant's ability to participate in activities in any way. I certify that the information my child or I have provided is complete and accurate.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of participant (REQUIRED)      Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
If participant is under 18,      Date  
(Signature of Parent or Guardian is REQUIRED)

\_\_\_\_\_  
(Print Name Please)