

Dear Grade 7 Parents/Guardians and Students,

Crestwood Preparatory College is pleased to announce a 3 day, 2 night trip to Spirit Point Wilderness Academy and Camp located in South River, Ontario. This is an exciting opportunity for students to get to know each other in a dynamic and invigorating environmental setting that has inspired artists and adventurers alike. The students will have opportunities to challenge themselves and their new classmates with activities such as canoeing, hiking and high ropes courses.

We will be boarding the bus from the school on **September 10th at 6:45 a.m.** and will return to the school on **September the 12th at approximately 3:30 p.m.**

We ask that parents/guardians provide a cheque to homeroom teachers, for \$330.00 payable to “Crestwood Preparatory College.”

Please read through the packing list in detail and return all forms with your payment to homeroom teachers no later than **September 3rd, 2014.**

We are looking forward to an educational, recreational, and most of all, enjoyable trip. This trip will be supervised by Mrs. Jordana Winograd and Mr. Mark Pagano. If you have any questions or concerns prior to the trip, contact information is below:

jordana.winograd@crestwood.on.ca

mark.pagano@crestwood.on.ca

Yours truly,

Jordana Winograd and Mark Pagano
Spirit Point Trip Supervisors



**GRADE 7 SPIRIT POINT TRIP PARTICIPATION
CONSENT AND RELEASE OF LIABILITY WAIVER FORM**

The Grade 7 students will be participating in the Spirit Point Trip from Wednesday September 10, 2014 to Friday September 12, 2014. The group will travel to and from Sprit Point using school provided transportation. The following forms will aid us in case of emergency either on route or at Spirit Point.

By completing the forms below and the Spirit Point waiver you are consenting to your child’s participation on the trip.

Participant’s Printed Name _____ Participant’s Signature _____ Date of Birth _____

Parent/Guardian Printed Name _____ Parent/Guardian Signature _____ Date _____

Ontario Health Insurance Plan YES NO Other Insurance Insurance Plan Name _____

Health Card # _____ Policy Number _____

Emergency Phone Numbers
Home _____ Mother @ Work _____
Doctor _____ Father @ Work _____

If your child has or uses any of the following, please check it below. If your child has a medical condition that is not listed below, please write it down in the “Other Medications or Conditions” section.

Epi Pen	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Ritalin	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Inhaler(s)	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Penicillin	<input type="checkbox"/>	<input type="checkbox"/>	Insect Allergies	<input type="checkbox"/>	<input type="checkbox"/>
Food Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Injuries	<input type="checkbox"/>	<input type="checkbox"/> If Yes State Type: _____			

Other Medications or Conditions _____

If there is not enough space, please use a separate sheet of paper and attach it to this form.

CONSENT TO MEDICAL TREATMENT

In the event that the above listed Parents/Guardians are unavailable, they hereby consent to the administration of any medical treatment deemed by any qualified medical practitioner to be necessary for the health and welfare of my child, _____, including the administration of an anaesthetic and the performance of any necessary operation during the period of Wednesday September 10, 2014 to Friday September 12, 2014.

Dated _____ Signature of Parent/Guardian _____

Spirit Point



Wilderness Academy and Camp

Hinsburger Lake, South River, Ontario, Canada
T:1-800-820-1875 E: stay@spiritpoint.ca

Release of Liability Agreement, Waiver of Claims, Assumption of Risk and Indemnity Agreement

By signing this document you will waive certain legal rights, including the right to sue.

Please read carefully

Last Name:	First Name:	Initial:
Address:		
City:	Province:	Postal Code:
Birth date (dd/mm/yy):		Phone #:
Email:		

I, _____, agree that pictures and other media collected during my stay at spirit point may be used in advertising and promotional material associated with Spirit Point in print and/or online media formats.

In consideration of being permitted to participate in programs at Spirit Point Wilderness Academy and Camp, I _____, assume all risks and accept full responsibility for participating in activities and programs with Spirit Point Wilderness Academy and Camp. I recognize and understand that these risks, dangers and hazards include but are not limited to exposure to inclement weather, act of nature, accidents resulting from river crossings, kayaking, canoeing, swimming, and equipment failure, becoming lost or separated from the group, problems arising from participants sense of balance or inability to follow directions, as well as complications due to inaccessibility of medical facilities, and the inherent risks and dangers not specifically identified. I shall not hold or attempt to hold Spirit Point Wilderness Academy and Camp responsible for these risks.

I am aware of the risks, dangers and hazards associated with Spirit Point Wilderness Academy and Camp, and I freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury, death, property damage or loss resulting there from. I also accept responsibility for

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any personal or damage caused by or as a result of my participation in programs and activities at Spirit Point Wilderness Academy and Camp. If at anytime I question my ability to participate in activities I will withdrawal from doing so, by advising the group leader before participating. I acknowledge that I am required to wear appropriate safety equipment while participating in certain activities. I am aware that there are guides or instructors available to answer any questions that I may have as to the proper use of the equipment. I am aware that the physical exertion required of participating in programs and the forces exerted on the body can activate or aggravate pre-existing physical injuries, conditions, or congenital defects. I acknowledge that I should seek medical advice if I know or suspect that my physical condition may be incompatible with programs at Spirit Point Wilderness Academy and Camp.

I waive any and all claims that I have or may in the future have against Spirit Point Wilderness Academy and Camp, and to release Spirit Point Wilderness Academy and Camp from any and all liability for any loss, damage, expense or injury including death that I may suffer, or that my next of kin may suffer resulting, either directly or indirectly from participating in programs or my use of the facilities and my presence on the premises due to any cause whatsoever, including negligence, breach of contract, or breach of any statutory or other duty of care and including the failure on the part of Spirit Point Wilderness Academy and Camp to safeguard or protect me from the risks, dangers, and hazards of participating in programs.

I hold harmless and indemnify Spirit Point Wilderness Academy and Camp from any claims or demands resulting from any property damage or personal injury to any third party, which might be made against Spirit Point resulting from my participation in programs and activities and my use of the premises and facilities. This agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, representatives, and assigns.

I HAVE READ AND UNDERSTAND THIS AGREEMENT. BY SIGNING THIS AGREEMENT, I ACKNOWLEDGE THAT I AM AGREEING TO THE FOLLOWING: I. THAT I AM ASSUMING ALL RISK OF INJURY, LOSS OR DAMAGE WITH RESPECT TO THE EQUIPMENT, THE ACTIVITY I WILL BE PARTICIPATING IN AND THE USE OF THE PREMISES AND FACILITIES; II. THAT I AM WAIVING ANY AND ALL CLAIMS ARISING FROM ANY CAUSE WHATSOEVER AGAINST THE RELEASEES, ON BEHALF OF MYSELF AND MY HEIRS, SUCCESSORS AND ASSIGNS; AND III. THAT I WILL INDEMNIFY SPIRIT POINT WILDERNESS ACADEMY AND CAMP IF ANY SUCH CLAIMS ARE BROUGHT AGAINST THEM.

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Signature of Participant:	Date:
Signature of Parent/Guardian(if under 18):	Witness:
Please print name of Parent/Guardian clearly:	Please print witness name clearly:
Email of Parent/Guardian:	Phone Number of Parent/Guardian:

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Wilderness Academy and Camp

MEDICAL FORM

In order to participate in a Spirit Point Program all participants must complete this form and return it to Spirit Point as soon as possible.

Personal Information

Name:	Date of Birth:
Permanent Address:	
Phone Number:	Shoe Size (for ski boot sizing):

Emergency Contact Information *(this person will be contacted in case of an emergence)*

Name:	Relation:
Home Phone#:	Work Phone#:
Cell Phone #:	
Permanent Address:	

Medical Information

OHIP #	Participants Height:
Fitness Level:	Participants Weight:
Family Physician:	Physician's Phone#:

Please specify any medical issues that you have been treated for or diagnosed with:

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Bleeding Problems
<input type="checkbox"/> Asthma	<input type="checkbox"/> Lactose Intolerance
<input type="checkbox"/> Heart Problems	<input type="checkbox"/> Debilitating Sports Injury
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Migraine headaches

Other Medical Problems (please specify):

List all medications you take, this includes non-prescription medication:

Allergies: none, bee stings, medication: _____, nuts, food:

Other allergies:

Epinephrine required: Yes, No. Participant carries own EpiPen: Yes, No

Dietary Restrictions: None No red Meat, Vegetarian, Vegan, Lactose Intolerant

Other Restrictions:

I, _____, (guardian's name) verify that the information provided above is accurate. To the best of my knowledge the above individual is in good health and physically fit. In case of a medical emergency, where I am not directly available for consultation, I hereby give permission to the physician, staff and/or nurse selected by Spirit Point, to secure proper treatment for the person as named above.

Signature of participant over 18/ parent/legal guardian

Date

Head Office 472 Fowlers Road, RR#5, Huntsville, Ontario P1H 2N5

Phone: 1-705-789-5081 Toll Free: 1-800-820-1875 Fax: 1-705-789-0434

www.spiritpoint.ca email: stay@spiritpoint.ca

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Wilderness Academy and Camp

Fall Packing List .

Essentials: Please when packing remember that evenings during fall can get quite cool.

Sleeping Bag.	4 T-Shirts.
Water shoes.	Lots of Under Garments.
Running /Camp Shoes.	6 Pair Socks.
Rain Coat & Pants	1 or 2 Warm Sweater/sweat shirt.
1 pair of Long johns.	Light jacket.
3 Long sleeve shirts.	3 Pair pants.
Sunscreen.	Bug Repellent.
Toiletries.	2 towels.
Back Pack.	

Useful:

Camera.	Flashlight.
Journal.	

Things not to bring:

Electronic Games.	Hair dryers/Curling irons.
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Note: For those sleeping out in tents, **please** make sure your sleeping bags are warm ones and that you do pack warm cloths to sleep in just in case of cold weather.