

Wilderness Survivor Camp (Grades 5 - 8)

By Midwest Native Skills Institute

Mentoring students to become more confident, self reliant and knowledgeable in dealing with unexpected survival situations

The goal of the camp is to have students learn how to meet the worst of situations under the best of terms by being prepared with the knowledge to logically analyze a situation, inventory materials on hand, formulate a plan and then execute it. Under supervision, students will gain the skills of analysis, prioritization and execution of a plan that they designed to deal with a simulated adverse situation. The basic skills acquired in the class can be easily applied to other real world situations. On each day practical skills will be introduced such as building a "one-match" fire, building shelter, and identifying plants for food and medicinal sources. Young adults will also be invited to explore techniques to quiet their minds and listen to their "6th sense." These techniques will allow them to become more aware of their surroundings as well as how to walk gently on the earth to move without a sound. The week will culminate (Thursday night) in an overnight camping experience where students will get a chance to apply the skills that they learned during the week.



Fee: \$150 (\$170 after 7/30)

2100 Mon - Weds August 4 - 6 (9 a.m. - 3 p.m.)

AND overnight Thurs. Aug. 7 (9 am) through Fri. Aug. 8 (Noon)

Hudson Springs Park Pavillion

HCER REGISTRATION FORM (330) 653-1210

Hudson Community Education & Recreation • 2440 Hudson Aurora Road • 44236

Fax: (330) 653-1366 Make checks payable to: Hudson City Schools

Parent's Last Name

First Name

Address

City

Zip Code

Phones: Home

Work

Other

e-mail



For office use only:
Receipt: _____

Youth Activities: Must Complete Medical Authorization

Participant	Class #	Course Name	Grade	Birthdate	Fee

CC PAYMENT: CARDHOLDER NAME: _____

CARD# _____ VISA _____ MC _____

EXPIRATION DATE: _____ SIGNATURE: _____

I, as parent or guardian of this registrant, do hereby consent to his/her participation in the listed program. Registrant is in good health and can participate in all activities. Therefore, in consideration of services to be performed, we do hereby release the Hudson City School District Board of Education, Hudson Community Education and Recreation, its officers, agents, members, and employees (collectively referred to as the "Board"), in their official and individual capacities from any and all claims, liability or demands for any personal injury, sickness or death as well as property damage expenses of any nature whatsoever which may be sustained or incurred by said registrant in connection with participation. Furthermore, we, on behalf of the registrant, hereby assume all risk of personal injury, sickness, death damage and expenses as a result of the registrant's participation in the listed program.

The undersigned further agrees to defend, hold harmless and indemnify the Board for any liability sustained by said Board as a result of the negligent, willful or intentional acts of the registrant.

List any special considerations or health problems, medications or allergies and specify which child if registering more than one:

In the event of an emergency, if parents/guardians cannot be reached at phone numbers listed, please contact:

Name _____

Phone _____ Relation _____

The undersigned acknowledges that the Board does not provide insurance for participants. I further acknowledge that registrant must have insurance coverage to participate in the program listed. I hereby certify the presence of such valid health insurance policy for registrant. In the event that reasonable attempts to reach parents/guardians at the phone number listed have been unsuccessful, I hereby give my consent for the administration of any and all emergency treatment deemed necessary by a licensed physician or the transfer of child to nearest appropriate hospital or emergency facility.

We further understand, consent and agree that the Board will not be held responsible for the results of such emergency treatment.

X
Parent Guardian Signature for Medical Consent. _____ Date _____
Participation, and Waiver and Release