

Westminster Woods Environmental Education Information Packet

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- I. Trail Group and Cabin worksheet

* separate links on teacher web page:

- J. Sample Itinerary
- K. Directions to Westminster Woods
- L. Map of the Westminster Woods site

2. Chaperone information packet (if your school provides any other type of "Chaperone Responsibility Form", please send us a copy) (Use forms from Teacher/Coordinator packet to photocopy this packet for parents)

- A. Chaperone responsibility letter
- B. Sample Parent(s) & Student letter and equipment list
- C. Medical form and liability release
- D. Directions to Westminster Woods
- E. Map of the Westminster Woods site

3. Parent & participant information

(Use forms from Teacher/Coordinator packet)

- A. Sample Parent(s) & Student letter and equipment list
- B. Medical form and liability release

Teacher Coordinator Letter

Dear Coordinator and Teacher(s),

Thank you for choosing Westminster Woods as the site for your environmental education program. The enclosed information packet is designed to help as you organize your event. Please read the material carefully and call me with any questions you have.

It is necessary to have one person coordinate the program. This can be either a parent or a teacher. All the teachers involved need to be part of the process and receive a packet.

Coordinator pre-trip responsibilities:

1. Communicate logistics with Westminster Woods Guest Services Coordinator.
2. Complete the enclosed checklist.
3. Fill in the (pink) group **roster**.
4. Deliver the map to the drivers and/or bus company.
5. Work with teachers in recruitment, coordination, and training of **chaperones**.
6. Send out Chaperone Information packet.

Teacher's pre-trip responsibilities:

1. Work with Westminster Woods Environmental Education Coordinator to:
 - A. Schedule a classroom visit and orientation
 - B. Establish goals and objectives
 - C. Assist in pre-trip curriculum activities with students
2. Distribute **Medical/liability form, Parent(s)/Student letter** and **equipment list**.
3. Work with teacher/coordinator in recruitment, coordination, and training of **chaperones**.
4. Divide students into cabin/trail groups and submit to the EE coordinator at least **two weeks prior** to arrival.

We appreciate all the hard work you do to make programs like this possible for the students!

For more information please call our **Environmental Education Program Office**.

Sincerely,

David Berman
Environmental Education Director
707-874-2426 ext. 616
davidb@westminsterwoods.org

Teacher Coordinator Checklist and Information Sheet (page 1 of 2)

Did You Remember To?

- Sign and return the contract.....
- Send your deposit
- Send your certificate of Insurance.....
- Send a copy of your Trail Group and Cabin Rosters to EE Coordinator
- Distribute packets and copies toTeacher or Coordinator
- Distribute Medical / Release Forms to Parents and Chaperones.....
- Look over draft itinerary and contact EE director about any changes two weeks prior to coming.....
- Tell students to bring sack lunch on first day.....

Contact WW about special needs

- Bus Drivers Needing Housing_____
- Do you have students with handicap needs?

What to Bring on the Day of Your Event

- First Aid Kit
- Medical Release Forms for campers, staff and chaperones.
- Roster, including students, staff and chaperones. (Pink Sheet)
- Sack lunches for students on first day.

Arrival / Departure

Cabins must be swept and cleared of gear by 10am on the day of departure.

Special Day Excursions

- Special excursions off site should be coordinated through the EE Director.**
- Transportation is the responsibility of the school.**
- Contact the WW Environmental Education Director

Insurance

- Proof of liability insurance will be required of all groups.**
- Certificates must be faxed or mailed to our office prior to group arrival.

Meals

Meal times are: Breakfast 8:30am / Lunch 12:30pm / Dinner 5:30pm
Seating in the dining room is 9 persons per table, 8 students and 1 counselor. The kitchen can prepare vegetarian options for all meals, please be sure to advise us of the number of vegetarians in your group. Please talk to us about special dietary needs and food allergies.
Refrigeration can be provided to assist in your planning and for foods to supplement special diets. Contact EE coordinator for assistance with special dietary needs.
The dining room is a shared facility, please note that other guest groups may be present at meal times.

Teacher Coordinator Checklist and Information Sheet (page 2 of 2)

Cabin and Trail Groups

Cabin groups consist of 8 or 9 students and 1 adult. Our goal is to support the Trail Group dynamic through this arrangement. Trail Groups will be made of two cabin groups, ie. 14 students and 2 adults; one boy and one girl cabin. A form for cabin assignments has been provided to assist you.

Please return a copy of the Trail Group and Cabin Worksheet to WW two weeks before arrival. If you have any questions about this please contact David Berman.

No food is allowed in the cabins, no raids, no graffiti. Students will be expected to pay for graffiti removal and any damage to cabins. Students will sweep cabins at checkout and the school will do a cabin check for cleanliness and damage.

Chaperones

The school should recruit 1 chaperone per 7 students 3rd thru 8th grades, 1 per 3 students 1st thru 2nd grades.

Chaperones must receive the chaperone packet, have release forms on file with the group and be adults or two grade levels higher (or two year older) than students. They should become familiar with the information provided regarding supervision in the cabins and dining room.

Swimming Pool Usage

The pool is open April 1st through October 1st. Certified lifeguards are present during use. Pool time is scheduled during free time. Each group must provide chaperones to assist with supervision in the pool area. The ratio is 1 chaperone per 15 students.

Did you check your school policy on pool use?

Lost and Found Policy

Westminster Woods will make every effort to help campers keep track of their belongings. If an item is discovered missing contact our office immediately. Items found at the end of an event will be held for two weeks only and then donated to a local shelter.

Teacher Meeting Time and Overall Role

Each evening, from 6:30 to 7:30 pm, we schedule a time for students to meet with their teacher. The teacher(s) are responsible for coordinating this hour with their students. Most teachers use this time with their students for journal writing, extra free time, reflection on the activities of the day, or do an activity of their own. Please contact the EE Director if you have any questions about the teacher meeting time. We prefer teachers do not stay in cabins with the students so they can be available to help with the whole class and any circumstances that may arise. We encourage teachers to rove and visit each trail group during the teaching time.

David Berman
Environmental Education Director
(707)874-2426 ext. 616
davidb@westminsterwoods.org

Westminster Woods Environmental Education Teacher Questionnaire

School name _____ Grade (s) _____ Date _____

Teacher(s) name(s) _____

(Fill out one form for your school. List all teachers. Let us know if you want this form emailed to you. Please use dark ink if you are faxing this form)

1. Have you been to Westminster Woods for an Environmental Education program before? Y N

What did you like best? Least?

2. Have your students been to other environmental education programs? Where? When?
Briefly state what worked and didn't work?

3. What are your expectations for your students at Westminster Woods, in terms of the **overall program**?

4. What are your expectations for your students at Westminster Woods, in terms of **curriculum**?

Print participant name: _____ School name : _____

WESTMINSTER WOODS - Environmental Education Program

MEDICAL INFORMATION FORM

So that we may properly care for you, please provide the medical information requested in Section 1.

SECTION 1: ADDITIONAL MEDICAL INFORMATION

For each of the following, circle YES and **EXPLAIN BELOW** if you have any previous injuries, pre-existing conditions, special conditions or pertinent medical information (e.g., recent surgery). Otherwise, circle NO. This information will remain confidential.

Age _____ Male _____ Female _____ Height _____ Weight _____

Do you have any limiting physical disabilities (temporary or permanent)? **Yes No**

Are you currently taking medication? **Yes No**

Do you have any allergies, reactions to medications, any other medical limitations? **Yes No**

Do you have any serious food allergies? **Yes No**

History of dizziness or fainting? **Yes No**

History of Heart disease or heart attack? **Yes No**

Eyes	YES	NO	Lungs	YES	NO	Internal Organs	YES	NO	Thighs	YES	NO
Ears	Y	N	Asthma	Y	N	Epilepsy/Seizures	Y	N	Lower Legs	Y	N
Head	Y	N	Heart	Y	N	Illness	Y	N	Ankles	Y	N
Neck	Y	N	Diabetes	Y	N	High Blood Pressure	Y	N	Feet	Y	N
Arms	Y	N	Lower Back	Y	N	Have You Smoked?	Y	N	Knees	Y	N
Wrists	Y	N	Upper Back	Y	N	Wear Contact Lenses?	Y	N	Pelvis	Y	N
Hands	Y	N	Shoulders	Y	N	Dislocations Where?	Y	N	Groin	Y	N

EXPLAIN ANY 'YES' ANSWERS HERE:

Participant Phone (home) : _____ Phone (work) : _____ Other: _____

Address _____ City _____ Zip _____

Emergency Contact: Name _____ **Relationship:** _____

Phone (home) : _____ **Phone (work) :** _____ **Other:** _____

Medical Insurance Carrier: _____ Policy # _____

Your Doctor's Name: _____ Phone: _____

SECTION 2 : PARTICIPANT RELEASE OF LIABILITY

I RECOGNIZE that there is a significant element of risk in any sport or activity associated with the outdoors, including ropes courses and adventure programs. I ACKNOWLEDGE that Westminster Woods and its employees and agents take all reasonable safety precautions in the operation of this adventure program.

I AM AWARE that certain portions of the program are physically demanding, and that I may be asked to walk, run, stretch, climb, push, pull and perform other rigorous and potentially risky or dangerous physical activities.

I VOLUNTARILY AGREE to participate in the Program to be conducted on the above dates by Westminster Woods and its employees and agents. I FURTHER AGREE to obtain a qualified medical opinion if I am over 50 years old or if I doubt by ability to participate. I AGREE to participate only to the extent that my medical, physical, emotional or other conditions create no undue risk to myself, other participants or Program Staff.

/ AGREE to assume full responsibility for my actions and their consequences, and for any inconvenience resulting from any circumstance or injury to my person and/or property. I AGREE that my personal insurance and any provided or maintained by the above Organization, or by any other person or entity, on my behalf shall supersede and be used before any of the insurance coverage that may be provided by Westminster Woods.

I HEREBY RELEASE, and agree to INDEMNIFY AND HOLD HARMLESS Westminster Woods and the officers, directors, shareholders, employees, associates, guides and agents of this organization, from any and all liability, claims or demands (except those arising from negligence of the aforementioned parties) that I, my heirs, executors, administrators, assignees, distributees, personal or legal representatives, and all members of my family, may now have or in the future make for *any* injury, loss, death or damage of any kind resulting from my participation in this Program.

I AGREE that any dispute concerning this Agreement shall be submitted to arbitration in Sonoma County, in accordance with the Rules of the American Arbitration Association then in effect, as a condition precedent to any legal action that may be taken by me or on my behalf to resolve said dispute.

I give permission for the use of the following by Westminster Woods for promotional purposes: a. pictures taken while at camp; b. quotations from evaluations/letters relating to program experiences.

I HAVE READ, UNDERSTAND AND ACCEPT THE TERMS and conditions stated herein and acknowledge that this Agreement shall be effective and binding upon me hereafter.

PARTICIPANT SIGNATURE: _____	DATE: _____
PARENT/GUARDIAN SIGNATURE (If participant under 18): _____	DATE: _____

SECTION 3 : AUTHORIZATION TO TREAT A MINOR (under 18)

I (we) the undersigned parent, parents or legal guardians of _____, a minor, do hereby authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis rendered under the general or specific supervision of any member of the medical staff or emergency room staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the Dental Practice Act and the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given to provide authority and power to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that effort will be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment shall not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions to section 25.8 of the Civil Code of California. This consent shall remain effective through the seventh day following the program date shown on the top of this agreement.

Signed (parent or guardian of above-named minor): _____ **Date:** _____

WESTMINSTER WOODS - Programa de Educación al Aire Libre

Imprima el nombre del participante: _____ Nombre del Grupo y Fecha _____

FORMA DE LA INFORMACIÓN MEDICA

Para que nosotros podamos proporcionarle el mejor servicio médico, por favor llene la información de la sección I

SECCIÓN I: INFORMACION ADICIONAL MEDICA

Circule un SI y EXPLIQUE ABAJO si ha tenido daños o lesiones, condiciones preexistentes, condiciones especiales o información pertinente médica (por ejemplo: una cirugía reciente). De otra manera, circule el NO. Esta información se mantendrá confidencial.

Edad _____ Hombre _____ Mujer _____ Estatura _____ Peso _____

Tiene alguna incapacidad física limitada (¿temporal o permanente?) **Si No**

¿Está tomando actualmente algún medicamento? **Si No**

¿Tiene algunas alergias, reacciones al medicamento, alguna otra limitación médica? **Si No**

Historia de sentirse mareado o de desmayarse? **Si No**

Historia de problemas con el corazón o ataques al corazón? **Si No**

Ojos	Si	No	Pulmones	Si	No	Órganos internos	Si	No	Muslos	Si	No
Oídos	Si	No	Asma	Si	No	Epilepsia/Ataques	S	No	Piernas		
Cabeza	Si	No	Corazón	Si	No	Enfermedades	S	No	de abajo	Si	No
Cuello	Si	No	Diabetes	Si	No	Presión alta sangre	S	No	Pies	Si	No
Brazos	Si	No	Espalda baja	Si	No	¿Ha fumado?	S	No	Rodillas	Si	No
Muñecas	Si	No	Espalda arriba	Si	No	¿Usa lentes contacto?	S	No	Pelvis	Si	No
Manos	Si	No	Hombros	Si	No	¿Dislocaduras-dónde?	S	No	Ingle	Si	No

EXPLIQUE EN INGLES (si le es posible) CUALQUIER PREGUNTA QUE CONTESTO (SI)

Teléfono del participante (casa) _____ Tel. (trabajo) _____ Otro: _____

Domicilio _____ Ciudad _____ C.P. _____

Contacto de emergencia: Nombre _____ Relación: _____

Teléfono (casa): _____ Tel. (trabajo) _____ Otro: _____

Nombre de su Aseguranza: _____ # de Póliza: _____

Nombre de su doctor: _____ Teléfono: _____

SECCIÓN 2: EL PARTICIPANTE LIBERA DE CUALQUIER RESPONSABILIDAD

Yo reconozco que existe un alto nivel de riesgo en cualquier deporte o actividad al aire libre, incluyendo cursos de reatas y programas de aventura. Yo admito que Westminster Woods, sus empleados y agentes toman todas las precauciones razonables de seguridad en el transcurso de este programa de aventura.

Estoy al tanto de que ciertas partes del programa demandan de mi participación física, y que se me pedirá caminar, correr, estirar, trepar, empujar, jalar y realizar otras actividades físicas riesgosas y peligrosas.

Yo voluntariamente estoy de acuerdo en participar en el programa que se llevara a cabo por Westminster Woods, sus empleados, y agentes en las fechas anteriormente descritas. Además yo estoy de acuerdo en obtener una opinión médica de buena calidad si sobrepaso los 50 años de edad o si dudo de mi capacidad para participar. Yo estoy de acuerdo en participar únicamente hasta donde mis condiciones física, médica, emocional y otras me lo permitan, sin poner en riesgo mi persona, ni a otros participantes, ni miembros del programa.

Yo estoy de acuerdo en asumir completa responsabilidad de mis actos y consecuencias, y de cualquier inconveniencia o daño de cualquier tipo que resulte a mi persona y/o propiedad. Yo estoy de acuerdo en que mi seguro médico (personal) y cualquier otro seguro sostenido por la organización arriba mencionada, o por cualquier persona o entidad, para mi beneficio deberá reemplazar y ser usada antes que cualquier protección del seguro médico que pudiera ser utilizado por Westminster Woods.

Yo por medio de la presente me hago responsable y estoy de acuerdo en indemnizar y sostengo sin culpa alguna a Westminster Woods y a los oficiales, directores, accionistas, empleados, asociados, guías y agentes de esta organización, de cualquier y toda obligación, reclamo o demandas (excepto aquellas que por negligencia ocurran por parte de los miembros envueltos en este convenio) que yo, mis herederos, ejecutores, administradores, asignados, distribuidores, representantes personales o legales, y todos los miembros de mi familia pudieran ahora tener o en el futuro hacer a causa de cualquier perjuicio, pérdida, muerte o daño de cualquier clase a causa de mi participación en este programa.

Yo estoy de acuerdo en que cualquier disputa concerniente a este convenio deberá ser sometida a arbitraje en el Condado de Sonoma de acuerdo a las reglas de la Asociación de Arbitraje Americano que se encuentre en efecto como una condición precedente a cualquier acción legal que pueda ser tomada por mí o en mi beneficio para resolver dicha disputa.

Yo he leído, entiendo y acepto los términos y condiciones mencionadas por la presente y admito que este convenio tomara efecto y atadura sobre mí en lo sucesivo.

Firma del participante: _____ Fecha: _____

Firma del padre/tutor (si el participante es menor de 18): _____

SECCIÓN 3: AUTORIZACIÓN PARA TRATAR MEDICAMENTE A UN MENOR (menor de 18 años)

Yo (nosotros) el padre que firma abajo, padres o tutor legal de _____, un menor de edad, por medio de la presente autorizo y doy consentimiento para que se le atienda con cualquier tipo de atención médica como rayos X, exámenes, anestésicos, diagnóstico médico o de cirugía ejecutada bajo la supervisión general o específica de cualquier miembro del personal médico o persona autorizada en el cuarto de emergencias bajo las estipulaciones del Acta de Medicina Práctica o un dentista autorizado bajo el Acta Práctica del Dentista y el personal de cualquier hospital general perspicaz que posee una licencia actualizada para operar un hospital del Departamento de Salud Pública del Estado de California. Se entiende que esta autorización está dada para proveer autoridad y poder para rendir el cuidado que el médico anteriormente mencionado en el ejercicio de su mejor entendimiento pudiera considerar aconsejable. Se entiende que se hará el esfuerzo de ponerse en contacto con la persona(s) que abajo firma (firman) antes de proveer tratamiento a el paciente, pero que cualquier tratamiento arriba descrito no será negado si la persona(s) que abajo firma (firman) no puede(n) ser localizada. Esta autorización está dada de acuerdo con las estipulaciones de la sección 25.8 de el Código Civil de California. Este consentimiento permanecerá en efecto hasta el séptimo día siguiente a la fecha del programa que se muestra en la parte superior de este convenio.

Firma (padre/tutor del menor mencionado anteriormente): _____ fecha: _____

Westminster Woods Group Roster Form

Name of Group _____ Contract # _____
 Contact Person _____

List all persons regardless of length of stay.

	Name	age		Name	age
1.			19.		
2.			20.		
3.			21.		
4.			22.		
5.			23.		
6.			24.		
7.			25.		
8.			26.		
9.			27.		
10.			28.		
11.			29.		
12.			30.		
13.			31.		
14.			32.		
15.			33.		
16.			34.		
17.			35.		
18.			36.		

Dear Cabin Leader,

Thank you for choosing to share your time with the students during this environmental education program at Westminster Woods. The following information is crucial to the success of this event for the students and you. Please read it carefully and address any questions to your child's teacher. Enclosed are the Medical Release Form, equipment list and a map to Westminster Woods. All students and chaperones need to fill out the Medical Release Form and return it to the teacher.

Sample Daily Schedule

7:00 Wake up	5:15 KP
8:15 KP	5:30 Dinner
8:30 Breakfast	6:30 Class meeting time (Chaperone free time)
9:30 - 4:00 EE Program in Teaching groups/lunch	7:30 Evening program
4 - 5 free time	9:00 Cabin time (prep for bed)
	9:45 Lights out (depending on age group)

Responsibility and Oversight

An adult must supervise students at all times. If you ever have to leave your students, please make sure another chaperone or teacher watches your group. All incidents and accidents must be reported to the teacher and the EE office immediately.

Meals and KP (Kitchen preparation)

Seating in the dining room is 9 persons per table, 8 students and one chaperone. The dining room is a shared facility; groups of many kinds may be present at meal times. We appreciate your support in keeping a calm and comfortable atmosphere in the dining hall. Chaperones oversee each table. You are responsible for your table of students to be well mannered and behaved. Please try to keep the noise level down at the table. Allow only one person up from the table at a time. Kitchen Preparation (KP) is 15 minutes before each meal. Please make sure your cabin group washes their hands before coming to the dining hall.

Free Time

Student free time - Chaperones and teachers supervise student free time. The areas include: the meadow, basketball court, cargo net, pool (if in use), and cabin areas.

Chaperones free time – During class time after dinner and can also rotate during student free time. During longer programs, chaperones may rotate their off time if there are enough chaperones. Please arrange this with your teacher naturalist.

Teaching Groups

Cabin groups consist of approximately 7 students and one adult. Ideal Teaching Groups will be made of 2 cabin groups (one boy and one girl cabin), i.e. 14 students and 2 adults.

Cabin Groups

Cabin groups consist of approximately 7 students and 1 adult. Find time to meet with your cabin group to set the tone on the first day. During the week, check in with each of the students individually and the group as a whole. Make sure each student showers during the week. Be aware of bed-wetting and handle the situation in a discrete way (we have a washer/dryer available for use). No food is allowed in the cabins, absolutely no cabin raids, and no graffiti. Please remember this is a school not a family camping trip so please model appropriate behavior. Students will be expected to pay for graffiti removal and any damage to cabins. Students will sweep cabins at checkout and the school will do a cabin check for cleanliness and damage.

Technology Access

Emergency # (707) 874-2426 Ext. 616 or 624 and the EE Director's Pager is 973-1481.

Phone Use – Payphones are available to chaperones for emergencies and important needs.

Students may only use phones with their teacher's permission. Cellular phones do not work well in this area, but will work at some of our off site programs and en route from your home district.

Lost and Found Policy

Please check you camper's luggage to be sure nothing is left behind. If something still appears to be missing, fill out a *Lost and Found* form at the Office. We do not take responsibility for lost items but we will do our best to get your lost things back to you. Please report missing things right away! We donate unclaimed items after two weeks.

Discipline

Group management is key to a successful week. Also being aware of individual and group needs makes a big difference in preventing problems. We have zero tolerance for abusive or violent behavior. Physical disciplinary methods are not allowed at anytime.

Our general discipline procedures are as follows:

1. A verbal warning, without humiliating the student.
2. A time out, always supervised by an adult.
3. A conference with the teacher and EE director.
4. A call home to the parents with the teacher and EE director present.
5. The student is sent home. Parents must come to pick up their student.

Many exceptions apply to the above framework. Certain behaviors go immediately to a 3, 4, or 5. Please ask for help from other chaperones, teachers, and the EE staff. Please do not use a discipline system different from the one outlined here. Setting a positive tone and establishing a spirit of cooperation make a difference in helping the students have a wonderful and successful week.

Being a role model

You are an important role for all the students. They will be watching everything you do and say. Please be respectful of the environment, the teacher/naturalists, teachers and all students and chaperones. Doing things such as picking up trash sets a positive tone for the students to do the same. Participate in the activities as much as possible. When appropriate, encourage the students to be problem solvers and figure things out for themselves. So many attributes go into being a good chaperone and counselor we can't cover all of them here, but hopefully this information will help. Keep in mind the quote, "Ultimate respect verses immediate popularity" when setting the tone and establishing a relationship with the students.

Sharing Talents

Please feel free to bring any appropriate special talents you have such as instruments, stories, songs, a telescope, and binoculars, as are all welcome. Check in with the teacher/naturalists about finding a time to share your talents.

Thank you for your commitment to the student's education. We have a short written evaluation form for you to fill out at the end of the week, and encourage your feedback to help us continue to improve in making this a quality experience for all.

Sincerely,

David Berman, Environmental Education Director

(707) 874-2426 ext. 616

davidb@westminsterwoods.org

Westminster Woods Environmental Education

Dear Parent(s) and Students,

We are excited about our upcoming environmental education field trip. Our program provides a hands-on outdoor learning experience. Be prepared to explore, discover, get dirty, and have adventures in a healthy and safe environment with an experienced staff of teacher naturalists. Westminster Woods is located in the coastal hills of Sonoma County (1½ hours north of San Francisco). Our site of 200 acres is nestled in a redwood forest canyon along Dutch Bill Creek in the Russian River Watershed. We are 8 miles "as the crow flies" from the ocean. Our elevation varies from 200 ft. to 1,000 ft. above sea level. The weather along the coast varies. Mornings can be cold and foggy and storms are unpredictable, so be prepared. If you have any questions please contact your child's teacher.

Enclosed is an:

- Equipment list, and a
- Medical and liability and release form, to be **returned to school by** _____.

What to bring:

- | | | |
|---|-----------------------------------|--------------------------------------|
| <input type="radio"/> Sleeping bag | <input type="radio"/> Jacket | <input type="radio"/> Flashlight |
| <input type="radio"/> Towel & washcloth | <input type="radio"/> Soap | <input type="radio"/> Shampoo |
| <input type="radio"/> Toothbrush | <input type="radio"/> Toothpaste | <input type="radio"/> Water bottle |
| <input type="radio"/> Day pack | <input type="radio"/> Rain gear | <input type="radio"/> Clothes |
| <input type="radio"/> Hiking shoes | <input type="radio"/> Extra shoes | <input type="radio"/> Pencil and pen |
| <input type="radio"/> Hat | <input type="radio"/> Sunscreen | <input type="radio"/> Pillow |
| <input type="radio"/> Swim suit | | |

Optional items:

- | | | |
|-------------------------------------|-----------------------------------|----------------------------------|
| <input type="radio"/> Camera & film | <input type="radio"/> Alarm clock | <input type="radio"/> Umbrella |
| <input type="radio"/> Reading book | <input type="radio"/> Binoculars | <input type="radio"/> Telescopes |

Please DO NOT bring:

- | | |
|------------------|--|
| - Radios | - Walkman-type equipment or electronic games |
| - Alcohol/Drugs | - Beepers (only for emergencies) |
| - Knives/weapons | - Fishing gear |
| - Platform shoes | |

About Westminster Woods Environmental Education Program.....

We are a private non-profit organization accredited by the American Camping Association. Please visit our web site at: www.westminsterwoods.org. The **goal of our program** is for students to appreciate, understand and care for the earth.

Sincerely,

David Berman, Environmental Education Director

707-874-2426 ext. 616

davidb@westminsterwoods.org

Trail Group & Cabin Group roster – ideally a girls & boys cabin make a trail group of 15 students max.

Trail Group #: _____

Trail Grp Name: _____

Naturalist: _____

Boys Cabin: _____

1. _____

(Chaperone)

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

*9. _____

*10. _____

Girls Cabin: _____

1. _____

(Chaperone)

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

*9. _____

*10. _____

Trail Group #: _____

Trail Grp Name: _____

Naturalist: _____

Boys Cabin: _____

1. _____

(Chaperone)

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

*9. _____

*10. _____

Girls Cabin: _____

1. _____

(Chaperone)

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

*9. _____

*10. _____
