



HELPING KIDS DREAM
WITH THEIR EYES OPEN

Boundary Waters Canoe Trip Application Packet

Wednesday, June 13 – Tuesday, June 19, 2012 or
Friday, June 22 – Thursday, June 28, 2012

MINNEAPOLIS

Project SUCCESS is looking forward to another great adventure into the Boundary Waters Canoe Area! We will be taking 49 students from June 13 - 19, 2012 and 49 students from June 22-28, 2012. Students can choose which trip they would like to attend.

We are so pleased to be working once again with a camp called Wilderness Canoe Base. This will be our 12th summer using Wilderness Canoe Base as our outfitter and wilderness guide. Their generous “camperships” have allowed Project SUCCESS to introduce many more students to the Boundary Waters Wilderness than we ever thought possible! Their guides are well trained and experienced and, above all, they are committed to safety. As always, we would love to hear from you with any concerns or questions that you may have.

The way it works: If you are interested in going, please carefully read over all the information in this packet. You will need to complete and return the following by **FRIDAY, MAY 11, 2012:**

- Registration Form**
- Health Form**
- Consent Form & Photographic Release Form**
- Waiver Form**
- Payment and/or Scholarship Form**

Please keep this page and the Packing List for your own information.

This is a very popular trip so complete and return your forms as soon as possible. Spots on the trip are filled in the order that *completed* forms are received. We will accept applications until the trip is full and after the deadline on a space available basis. After all spots are filled we will accept applications for a stand-by list. *It is very important that if you decide to cancel your spot, that you tell us so we can let someone from the stand-by list on the trip.* All students who turn in applications will receive a confirmation call to let them know if they have a spot on the trip or if they are on stand-by. There is no reimbursement of payment after the May 11th deadline.

Cost: We ask for \$400 per student as the total cost of the trip. **Need-based scholarships are available for \$50 - \$350 of the trip cost.** In the past few years we have received an increasing number of students who are in need of scholarships. We ask that if you do have the funds to cover your trip, that you pay the full amount. However, Project SUCCESS wants to ensure that we include all students who really want to go, regardless of cost. If you are not able to pay the full \$400, we appreciate the partial contribution you can make toward your trip cost. Your contribution will help us to continue bringing young people to the BWCA each year and to serve an ever-broadening community of students. If you would like to donate a spot for another student, we would greatly appreciate it!

Please mail your completed BWCA forms with your payment made out to Project SUCCESS to:

Project SUCCESS
BWCA Trip
One Groveland Terrace, Suite 300
Minneapolis, MN 55403

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Informational Meeting:

There will be an informational meeting in May for all parents and/or guardians and students who have applied and have a confirmed spot on the trip. A postcard will be sent to your house to inform you of the date, time and location of the meeting. But please feel free to call us at (612) 874-7710 at any time if you have questions.

Groups:

Groups will be randomly chosen and we will not be taking any personal requests to be with a friend. Part of the magic of a canoe trip is getting to know people who you may not necessarily know beforehand. After years of experiencing these trips, we know how much more successful a trip is when students are not burdened by roles and expectations that friends put on other friends.

Each group consists of seven students and two adults. Most groups will be co-ed with separate sleeping tents for girls and boys. "All girl" and "all boy" groups are an option and you can choose that option on the registration form.

Logistics:

We will be using coach buses for transportation to and from the BWCA which is about eight hours north of Minneapolis on the Gunflint Trail out of Grand Marais, MN. The bus will leave early in the morning from the Project SUCCESS office in Minneapolis. An itinerary with exact departure times will be sent to your home closer to the trip date.

When we arrive at Wilderness Canoe Base we go through various orientations on paddling, portaging, packing, and safety. The next morning, we will slip into our canoes and paddle away for a week of camping in the pristine wilderness. The day we return to the base camp we will clean up our gear and ourselves and go right home. We should arrive back in the Twin Cities at about 10:00pm. There will be a cell phone on the bus for students to call home with the estimated arrival time. During the BWCA week, Haily Gostas will be in the office at (612) 874-7710 if you have questions.

Common Questions:

Who is in charge of the trip?

We will be splitting up into groups of seven students with one Project SUCCESS staff member and one guide provided by Wilderness Canoe Base.

What does "On Trail" mean?

"On trail" is when you are out in a canoe during the day and sleeping in a tent at night.

What do we bring?

There is a list enclosed about what to bring, and we will talk about this at the meeting in May. Call Project SUCCESS with any questions. We have extras of everything.

Wilderness Canoe Base is a Christian based camp. Will this influence the canoe trip?

There will be no type of religious study or service on this trip. We do encourage people to do some deep thinking about themselves and the environment. "First Word" and "Last Word" are given at the beginning and end of each day. This could be stories and thoughts about the beauty of the wilderness, or a reflection about how the day has gone for each camper.

Please call Project SUCCESS with any questions or concerns.

(612) 874-7710



KEEP THIS PAGE FOR YOUR INFORMATION

Complete and return
to Project SUCCESS

2012 Camp Registration

ID# _____
(office use)

Female

Male

Please Print:

Camper Name _____
Last First

School _____ Grade Completed (June 2012) _____

Please indicate which week you wish to attend: **June 13-19, 2012** **June 22-28, 2012**

If you can attend either week, please indicate your first choice and second choice by writing "1" or "2" in the boxes.

Check here if you **would** like to request an "all girl" or "all boy" group for your student.

Address _____ Apartment # _____

City _____ State _____ Zip _____

Parent/Guardian(s) _____

Home Phone # _____ Work# _____ Cell # _____

Parent E-Mail _____ Camper E-Mail _____

Birth Date ____ / ____ / ____

I voluntarily waive any claim against the sponsoring institution and camp personnel for any mishap or lost articles, or any and all causes which may arise in connection with activities of the above organization.

Camper Signature X _____ Parent/Guardian Signature X _____

.....
Registrar Use Only (please do not write below this line)

- Camp Registration
- Health Form
- Insurance Card
- PS Consent Form / Photographic Release
- PS Waiver
- Payment and/or PS Scholarship Form

WILDERNESS CANOE BASE

12477 Gunflint Trail • Grand Marais, MN • 55604

CAMPER HEALTH HISTORY

PERSONAL INFORMATION

Name: _____ M/F: _____ Age: _____
Last First
 Home Address: _____ Birth Date: ____/____/____
 City: _____ State: _____ ZIP: _____

EMERGENCY CONTACT INFORMATION

Custodial Parent(s)/Guardian(s) (Please include both mother and father or guardian names)

Name(s): _____ ***Please star preferred contact*

Phone (Mother) H: (____) _____ W: (____) _____ C: (____) _____

Phone (Father) H: (____) _____ W: (____) _____ C: (____) _____

Emergency Contact (if parent/guardian cannot be reached)

Name: _____ Relationship to camper: _____

Phone H: (____) _____ W: (____) _____ C: (____) _____

Doctor: _____ Phone: (____) _____ Dentist: _____ Phone: (____) _____

INSURANCE

Custodial parent(s) or guardian(s) of camper is financially responsible for healthcare provided by out-of-camp providers. Rx needed while at camp will be sent to camper insurance with co-pay billed to custodial parent(s) or guardian(s).

Carrier Name: _____ Group Policy #: _____

****IT IS ESSENTIAL TO SEND A COPY (FRONT AND BACK) OF CAMPER INSURANCE CARD WITH THIS DOCUMENT****

PARENTAL/PERSONAL AUTHORIZATION

My child has permission to engage in all camp activities, except as noted: _____

I authorize the camp to provide routine healthcare, administer prescribed medications and over the counter medications per camp standing orders. In the event that I/my child is injured and I cannot be reached in an emergency, I give permission to transport me/my child by camp vehicle or local ambulance and for the physician selected by the camp to secure proper treatment for, to hospitalize, and to order injection, anesthesia or surgery for me/my child as named on this form. I also authorize the release of health information paperwork for me/my child as needed in an emergency. I authorize this form to be copied for out-of-camp trips. It is the policy of this camp to contact custodial parent or guardian in the event of serious injury, severe illness or other incident involving your child. The authority for this decision is with the Healthcare staff, Site Director or Executive Director.

I hereby certify that the information contained within this Health History document is, as of this date, accurate and complete.

Consent Authorization Signature

Custodial Parent or Guardian: X _____ Date: _____

Registrations without this signature cannot be accepted

PARENT/GUARDIAN SIGNATURE REQUIRED

MEDICATIONS

****Please do not bring First Aid supplies or general over the counter (OTC) medications.****

CAMPER PRESCRIPTION MEDICATIONS – Must be in original container with doctor’s directions.

SPECIFIC NECESSARY OTC MEDICATIONS – Enter Information in this space also (ex. Zyrtec, chewable medications)

Medication Name	Dosage	Time Taken	Reason for Med

NOTE: Prescription medications will be returned to camper on the last day of camp session. Contact camp if this is not acceptable.

CONTINUED ON NEXT PAGE

CAMP SUPPLIED OTC MEDICATIONS: Physician-approved Standing Orders allow stocking of OTC meds in Camp First Aid, these may be administered by Camp First Aid Staff as needed. Those listed below may be included in Camp Stock, please review and check those that you DO NOT want given to your child.

Acetaminophen ____ Antacid Tablets ____ Antihistamine ____ Cough Drops ____ Ibuprofen ____
Suphedrine ____ Expectorant CF ____ Do not give medications to my child ____

CAMPER HEALTH HISTORY – CONCERNS – CONDITIONS

(Use an additional page if additional response space is required)

ALLERGIES/INTOLERANCE OR DIETARY CONCERNS:

Please describe allergy, intolerance or dietary concern, along with reaction and recommended intervention.

Food or Drug Allergies: _____

Other Allergies: _____

Does Allergy lead to Anaphylactic reaction? Yes ____ No ____

If yes, detail reaction and recommended response. _____

Dietary Concerns (vegetarian, vegan, lactose intolerant, diabetic, other): _____

No special considerations required ____

CAMPER HEALTH HISTORY

Describe: all injuries – operations – illnesses, requiring medical attention, during current and previous calendar years.

CAMPER CURRENT HEALTH

1): Describe any current conditions (injury, surgery, illness, other) that require special attention, restrictions or considerations while at camp. _____

2): Have you or are you currently receiving professional treatment to address mental/emotional health concerns? Y ____
N ____

3): Have you been exposed to a communicable disease in the past 6 months? Y ____ N ____

If yes, describe: _____

If you have entered information in #1, or given a “yes” response in #2 or #3 of “Campers Current Health” you must have the following section completed by your attending health professional

PHYSICIAN’S RECOMMENDATIONS ****Must be completed & signed by medical personnel****

The camper named on this Health History is/has been under my care for the following: _____

Is this camper able to participate in an active camp program? Yes ____ No ____ Detail (no) response, listing restrictions: _____

Detail treatments to be continued while at camp: _____

If camper has been exposed to contagious disease, is period of contagion over? Yes ____ No ____

Signature of Licensed Medical Personnel _____ Date _____

IMMUNIZATION HISTORY

Are you/is your child current on the following immunizations:

Hepatitis B, DTP, MMR: Mumps, Measles, Rubella? Yes ____ No ____ Date of last Tetanus: _____

List exceptions: _____

CONFIDENTIALITY STATEMENT

Information within this Health History document is considered CONFIDENTIAL; the information will only be shared on a “need to know” basis.



CONSENT FORM - PROJECT SUCCESS BWCA TRIP

Wednesday, June 13 – Tuesday, June 19, 2012

Friday, June 22 – Thursday, June 28, 2012

X _____ has our consent to take a trip with Project SUCCESS
(Name of Student)

to the Boundary Waters Canoe Area. We understand the arrangements, and believe the necessary precautions and plans for the care and supervision of our student during the trip will be taken. Beyond this we will not hold Project SUCCESS, Minneapolis or St. Paul Public Schools, Wilderness Canoe Base, or those supervising the trip responsible.

X _____
(Parent or Guardian please **print** name)

X _____
(Parent or Guardian please **sign** here)

X _____
(Date)

X _____
(Phone Number)



VISUAL PHOTOGRAPHIC RELEASE FORM

I consent for myself _____ and/or I consent for my
(Parent/Legal Guardian)

minor child X _____ to have images taken in still
(Child's Name)

or moving photography or any other medium to be used for promotional materials for Project SUCCESS or Wilderness Canoe Base camp publications.

I waive all claims for compensation for such use or for damages.

Such photographs are classified as private under the Minnesota Data Privacy Act and will only be used as specified above or by special request of Project SUCCESS.

I also understand that signing this release is purely voluntary and that application for services or my relationship with Project SUCCESS will not be affected in any manner whatsoever by virtue of signing or refusing to sign this release.

X _____
(Signature)

(Date)

Project SUCCESS/Minneapolis & St. Paul Public Schools WAIVER AND RELEASE OF LIABILITY FOR MINORS

Please read, sign and mail to:
Project SUCCESS: BWCA Trip
One Groveland Terrace
Minneapolis, MN 55403

I/We, _____ am/are the parent(s) or guardian(s) of _____ and:

1. Are familiar with the Project SUCCESS BWCA Canoe Adventure, and
2. Agree that I/we will instruct the minor participant prior to participation that he or she should inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he or she should immediately advise his or her supervisor of such condition(s) and refuse to participate, and
3. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inaction, or negligence, but also the actions, inaction, or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time, and
4. In the event of any of the above events occurring, the undersigned assume all the foregoing risks and accept personal responsibility for damages, and
5. Release, waive, discharge and covenant not to sue Project SUCCESS, Minneapolis Public Schools, St. Paul Public Schools, its affiliated clubs, their respective administrators, directors, agents, coaches, and other employees or volunteers of the organization, other participants sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "releases", from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.

Signature of Participant: X Date: X

Printed Name of Participant: X DOB: X

Signature of Parent or Guardian: X Relationship: X

Printed Name of Parent or Guardian: X

Address of Participant: X

City: X State: X Zip: X

Phone Number of Participant: X

If you are requesting a scholarship, complete and return to Project SUCCESS.

Project SUCCESS 2012 BWCA Trip SCHOLARSHIP FORM

Student Name: X _____

1. Please indicate the amount of scholarship money you need (up to \$350). The partial contribution that you can make toward your trip will be greatly appreciated.

Scholarship amount requested: X _____

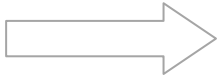
Payment included with this application: X _____

Payment that will be made by May 11, 2012: X _____

2. Please write 2 paragraphs on why you want to go on the BWCA trip. (This is to be filled out by the student.)

Send this form back with the rest of your BWCA Trip paperwork to:

Project SUCCESS One Groveland Terrace, Suite 300
Minneapolis, MN 55403



BWCA PACKING LIST

KEEP THIS LIST FOR YOUR INFORMATION!

Bring what you don't mind losing or destroying.

Don't buy all new gear. Feel free to improvise on the list, or call us to see if we have what you are missing.

Think Light- everything you bring will be carried on your back in a big Duluth pack which you will share with one other person.

Be greasy- don't bring soap, perfume, deodorant or shampoo on trail- they will just attract bears and mosquitoes.

Layer your clothes. Layering is the key to controlling body temperature and staying comfortable in all weather conditions and activities.

Packing: On the trip up, you should bring your clothes and gear in a duffel bag, back pack or some sort of small soft sided suitcase. At the campground, you will transfer your gear into a waterproof bag which you will share with one other person. Be sure to mark your belongings with your name. Delicate items such as medications or cameras should be packed in waterproof containers or zip lock bags.

- 2 Pairs of Shoes:** One that will be worn IN THE LAKES and will be wet every day, and one that will be your dry shoes for the evenings. **Shoes must have closed toes and closed heels - no Tevas, sandals or aquasox.** Old tennis shoes work great.
- 1 Sleeping Bag**
- Rain Gear:** Waterproof jacket and pants.
- 5 pairs of Socks:** Most of them will become wet. Wool or synthetic socks will keep your feet warmer & drier than cotton.
- Underwear**
- 2 pair of Pants:** Bring two pairs in case one gets wet. Nylon works well because it dries fast, but any long pants will work fine.
- 1 Pair of Shorts:** Again, nylon is great.
- 2 Short Sleeve Shirts:** One that can get wet and one that stays dry.
- 2 Long Sleeve Shirts:** These are for warmth, so a fleece, a flannel, or even a wool sweater is perfect.
- Swimsuit**
- Sun Block/Lipbalm – SPF 30+**
- Bug Repellant (Must be 25% DEET OR LESS)**
- Small Towel**
- Flashlight**
- Toothpaste and Toothbrush**
- Hat with a brim to keep the sun off your face**
- Sunglasses**
- Water Bottle**
- Gloves – OPTIONAL -** Lightweight wool or synthetic gloves if your hands get cold easily.
- Disposable Camera – OPTIONAL**
- Deck of Cards:** OPTIONAL, but sometimes handy for the bus trip or in the tent on rainy days
- Journal and pen:** if you'd like to write down memories of the trip.
- Money:** The evening we come home from camp, we will be stopping for dinner. Project SUCCESS recommends about \$10.00.

IMPORTANT: Bring a clean set of clothes for the ride home that will stay in your duffel bag back at camp during the week. After we clean up at camp the last day they will feel and smell so good!

CALL Project SUCCESS at (612) 874-7710 WITH ANY QUESTIONS!!!!