Boundary Waters Canoe Trip - Application

Trip 1: Wednesday, June 10 - Tuesday, June 16, 2020
Trip 2: Thursday, June 11 – Wednesday, June 17, 2020
Trip 3: Friday, June 19 – Thursday, June 25, 2020

Project Success invites 6th, 7th and 8th grade students from Andersen, Anwatin, Anne Sullivan, Field, Folwell, Franklin, Jefferson, Marcy, Northeast, Olson, Sanford and Seward Middle Schools to join us on our annual BWCA Canoe Adventure!

We partner with Wilderness Canoe Base, a camp that will outfit us and provide our wilderness guides. 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, experienced and committed to safety.

★ How do I sign up?
Read over all the information in this packet. You will need to complete and return the following by FRIDAY, MAY 1, 2020:

- Camper Registration / Health History Form
- Waiver Form/ Photographic Release
- Payment and/or Scholarship Form

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

NOTE: This is a very popular trip and may fill up before the May 1st deadline. Complete and return your forms right away!

Spots on the trip are filled in the order that completed forms are received. However, if you are waiting for a doctor’s signature in order to complete the health form, please mail in the rest of the paperwork first and follow up with the health form as soon as possible and before May 1st. We accept applications until the trip is full and will continue to accept them after the deadline if space is still available or for a standby list. 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 standby.

It is very important that if you decide to cancel your spot, that you tell us immediately so we can let someone from the standby list on the trip. There is no reimbursement of payment after May 31st.

★ The Cost
The cost of the trip is $500 per student. Need-based scholarships are available for $50 - $450 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 $500, 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!

★ 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

**DO NOT return your completed forms to the school. Forms and payment must be mailed to or dropped off at the Project Success office.**

QUESTIONS? CALL PROJECT SUCCESS AT 612-874-7710.

CONTINUED ON NEXT PAGE
Trip Details & FAQs

**Coach buses** will transport us 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 at 7am from the Project Success office in Minneapolis. A detailed itinerary 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 and travel back to Minneapolis on a coach bus. We should return at about 9:00pm. There will be a cell phone on the bus for students to call home with the estimated arrival time. Students will need to be picked up from the Project Success office.

**During the BWCA week,** Project Success staff will be in the office to answer questions.

**Trips and Groups:**

Only 9 people can travel together in the BWCA at any time. Each trip will be broken into several groups consisting of seven students and two adults.

**The two adults with each group are a Project Success staff leader and a trained Wilderness Guide provided by Wilderness Canoe Base.**

**Groups will be randomly chosen and we will not take 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.

**Tents:** Most groups will be co-ed with separate sleeping tents for each gender. “All-girl” and “all-boy” groups are an option and you can choose that option on the registration form. If you have any questions regarding tent/sleeping arrangements, please call Jenny at (612) 874-1277.

**What does “On Trail” mean?**

“On trail” is when you have left base camp with your group and are out in a canoe during the day and sleeping in tents at night. We do not return to Wilderness Canoe Base until the last day of the trip.

**What do we bring?**

There is a list enclosed about what to bring, and we will talk about this at the meetings in May. Call Project Success with any questions. We have extras of many things!

**Wilderness Canoe Base is a Lutheran camp. Will this influence the canoe trip?**

There will be no type of religious programming on this trip. We do encourage people to do some deep thinking about themselves and the environment. Discussions are led 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.

QUESTIONS? CALL PROJECT SUCCESS AT 612-874-7710.
Wilderness Canoe Base Camper Registration / Health History Form – 2020

TRIP DATES
Check which trip dates you wish to attend. If you can attend any trip, please indicate your first, second and third choice by writing “1”, “2” or “3” in the boxes.

☐ Trip 1: June 10-16, 2020 ☐ Trip 2: June 11-17, 2020 ☐ Trip 3: June 19-25, 2020

Check here if you would like to request an “all-girl” or “all-boy” group for your student. ☐

Camper Information

Camper Name: ________________________________
First         Last

Student ID #: ___________________ School: ___________________ Grade Completed (June 2020): ______ Birthdate: ___/___/____

Tents are assigned by gender. Please specify gender to help us assign sleeping arrangements.
_____ Male        _____Female        _____Gender Expansive - Please specify: _________________________________________________
(ex. Non-Binary, Transgender, Agender)

If you have questions regarding sleeping arrangements, please call Jenny at Project Success at (612) 874-1277.

Address: ________________________________ Apartment #

City: __________________________ State: ___________ Zip: __________________

Camper Email address: ________________________________

Parent/Guardian Information

Preferred P/G Contact Name: ________________________________ Relationship to Camper: ________________________________
First         Last

Email Address: ________________________________ Phone #1: ________________________________ Phone #2: ________________________________

Second P/G Contact Name: ________________________________ Relationship to Camper: ________________________________
First         Last

Email Address: ________________________________ Phone #1: ________________________________ Phone #2: ________________________________

Emergency contact if Parent/Guardian cannot be reached.

Emergency Contact Name: ________________________________ Relationship to Camper: ________________________________
First         Last

Phone #1: ________________________________ Phone #2: ________________________________

Health Care Provider Information

Doctor: ________________________________ Phone: ________________________________

Dentist: ________________________________ Phone: ________________________________

Insurance

Insurance Provider Name & Address: ________________________________

Policy Holder Name: ________________________________ Policy Holder Id#: ________________________________

Policy Holder Birthdate: ________________________________ Group Policy #: ________________________________

FORM CONTINUED ON BACK
All medications must be listed on this form. Medications must be in original packaging; bring only as many as needed for time at camp.

<table>
<thead>
<tr>
<th>Medication Name</th>
<th>Dosage Amount</th>
<th>Time Taken (Breakfast, Lunch, Dinner, Bedtime)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
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<td>2.</td>
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<td>3.</td>
<td></td>
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<tr>
<td>4.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Camp stocks the following medications and can administer as needed, mark the ones that you **DO NOT** want given to your camper:

- Acetaminophen:
- Ibuprofen:
- Benadryl:
- Calamine Lotion:
- Bisacodyl:
- Cough Drops:
- Antacid Tablets:
- Triple Antibiotic Ointment:
- Chigrard:
- Epsom Salt:
- Glucose:
- Hydrocortisone:
- Eye drops:
- Tinactin:

**ALLERGIES / INTOLERANCE or DIETARY CONCERNS:**

- No special considerations required ___ Drug Allergies ___ Food Allergies/Intolerance ___ Other Allergies or Dietary Concerns

Describe Allergy/Intolerance or Dietary concern along with reaction and recommended intervention:

__________________________________________________________________________________________________

Does Allergy lead to Anaphylactic reaction? ___ Yes ___ No

If yes, detail reaction and recommended response:

_____________________________________________________________________________________________________________________________________

**DOES THE CAMPER HAVE A HISTORY OF:**

- bed wetting
- sleep walking
- not eating
- mental, emotional, social or cognitive difficulties (anxiety, behavioral, depression, difficulty learning new things or staying on task)

Please explain:

_____________________________________________________________________________________________________________________________________

**DOES THE CAMPER** have any other medical conditions or illnesses that camp should be aware of:

_____________________________________________________________________________________________________________________________________

**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/behavioral health concerns? ___ Yes ___ No

Describe

_____________________________________________________________________________________________________________________________________

3. Have you been exposed to a communicable disease in the past 6 months? ___ Yes ___ No

**IMPORTANT:** You only have to get the following section completed by your attending health professional IF you have entered information in answer #1, or given a “yes” response in #2 or #3 above.

**PHYSICIAN’S RECOMMENDATIONS:** ***Must be completed and signed by a Medical Professional if information is given in #1, 2 & 3 above***

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

_____________________________________________________________________________________________________________________________________

Is the 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 a contagious disease, is period of contagion over? ___ yes ___ no

Signature of Licensed Medical Personnel ___________________________ Date ______________________
Immunization History

Is the camper current on all immunization needed for school?  Yes:_____  No:_____  Exceptions:

Date of Last Tetanus:__________________________

Confidentiality Statement

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

Authorization & Camp Traditions – Wilderness Canoe Base

My attendee has permission to engage in all camp activities except as noted:

By signing this form you are the parent/legal guardian of all minors named in this registration and that you recognize that this is your legal and binding signature and that any fraud or inaccuracy will void this registration including loss of deposit.

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 cannot be reached in an emergency, I give permission to transport 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 my attendee as named on this form. I also authorize the release of health information paperwork for my attendee 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(s) or Guardian in the event of a serious injury, severe illness or other incident involving your attendee. The authority for this decision is with the Healthcare staff, Director or Executive Director.

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

Consent Authorization Signature
Custodial Parent or Legal Guardian:__________________________ Date:__________________________

Forms without signature cannot be accepted

CAMPER HEALTH SCREENING

(camp use only – do not write below this line)

1. Medications:  ____None required  ____Received same as recorded  ____Received with changes
2. Health History Review:  ____OK as is  ____Changes:__________________________
3. Observable Health:  (Illness, Injury, Other)  ____Good  ____Concerns:__________________________
4. Exposed to Communicable Disease since Health History sent to camp?  ____Yes  ____No (If yes, allowed to stay?  ____Yes  ____No)
Screened by__________________________ Date__________________________
Project Success/Minneapolis Public Schools

WAIVER AND RELEASE OF LIABILITY FOR MINORS

Please read, sign and mail to: Project Success: BWCA Trip, One Groveland Terrace, Suite 300, 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, 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 Apartment #
City: X State: X Zip: X

Phone Number(s) of Parent/Guardian: X

VISUAL PHOTOGRAPHIC RELEASE FORM

I consent for my 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 ____________________ X ____________________
(Parent/Guardian Signature) (Date)
Student Name: X _________________________________________________

1. Please indicate the amount of scholarship money you need (up to $450 of the $500 cost). The partial contribution that you can make toward your trip will be greatly appreciated.

   Scholarship amount requested: X _________________________________

   I have included the following amount with this application: X _________________

   I will make the following payment by May 1, 2020: 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.)
Bring what you don’t mind losing or destroying.

Don’t buy all new gear. Improvise on the list, or call us to see if we have what you are missing.

Think Light. You carry everything you bring on your back in a Duluth Pack that 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, bring your clothes and gear in a duffel bag, backpack or some sort of small soft-sided suitcase. At camp, you will transfer your gear into the Duluth Pack that you will share with another person. Be sure to mark your belongings with your name. Pack delicate items such as medications or cameras in waterproof containers or ziploc 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 sandals, flip flops or aquasox. You will be hiking over rough terrain in your wet shoes. Old tennis shoes work great.
- Sleeping Bag
- Rain Gear: Waterproof jacket and pants.
- 5-7 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: One will get wet and one to stay dry. Nylon or polyester track pants work well because they dry fast, but any long pants will work.
- 1 Pair of Shorts: Again, nylon/polyester is great.
- 2 Short Sleeve Shirts: One that can get wet and one that stays dry.
- 2 Long Sleeve Shirts: These are for warmth - a fleece or an old wool sweater is perfect! Cotton hoodies will not keep you warm when they get wet, so we recommend that at least one of your warm shirts is NOT a cotton hoodie. If you are someone who gets cold easily, bring a third long sleeved shirt that can be worn as a layer under other shirts.
- Swimsuit
- Water Bottle
- Sun Block / Lip balm – SPF 30+
- Bug Repellant - OPTIONAL (Must be 25% DEET OR LESS)
- Small Towel
- Flashlight
- Toothpaste and Toothbrush
- Hat with a brim to keep the sun off your face
- Sunglasses - OPTIONAL
- Gloves and/or stocking cap – OPTIONAL - Lightweight wool or synthetic gloves/hat if you 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: OPTIONAL, 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.
- 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 on the last day, they will feel and smell so good!

Basically, you will need 3 sets of clothes:
- One that you will wear during the day that will get wet. We call these your “wet clothes.”
- One that you will put on at night. These are your “dry clothes.”
- One set that stays clean back at camp for the ride home.

CALL PROJECT SUCCESS AT (612) 874-7710 WITH ANY QUESTIONS!!!!