



## Mountain Workshop - Grade 6 - 2017

Dear Sixth Grade Parents and Guardians:

We are very pleased to announce that Roger Ludlowe Middle School sixth-grade students will have the opportunity to participate in a special outdoor educational program in called the **Mountain Workshop**. This full-day program will focus on team-building, collaboration and science-centered learning.

**This exciting experience will take place on Tuesday, October 3, 2017. The cost of this full day trip, which includes lunch, is \$60. Students will travel via buses leaving from RLMS by 8:30 a.m. We will be returning to RLMS approximately 4:00 that afternoon. Therefore, parents/guardians should make arrangements to be at the school at 4:00 p.m. in order to pick up their child.**

There are many foreseeable benefits to this program:

- Opportunities for students to develop a true sense of teamwork and community by working with both crew and non-crew classmates,
- Develop practical problem-solving skills,
- Engage in challenging physical and mental outdoor activities,
- Boost self-confidence and appreciation for the natural world.

Activities include:

- PVC Go-Kart Build and Race
- Olympic Team Challenge
- Raft Building
- Teambuilding Games

**\*\* Please note that we will be *engaging in a shallow water activity as part of this program, and students will be provided all necessary safety equipment.*\*\***

The **Mountain Workshop** provides a nature-centered day and a wonderful opportunity for students to make new friends through team-building activities, in order to foster a greater sense of community and respect for others.

**Please fill out and sign the attached permission slips (for both the Fairfield Public Schools and Mountain Workshop) and return to RLMS; along with \$60 cash or check payable to RLMS by Friday, September 22<sup>nd</sup>. Students should return forms and money to their homeroom teacher.**

Lunch will be provided by Stew Leonards. Please communicate any food allergies or concerns to us. A list of suggested items to wear or bring that day will be made available as the trip nears.

If you have any questions about our trip to Mountain Workshop, please feel free to contact us at (203) 255-8345. We'd be happy to speak with you about this beneficial and memorable experience! ☺

Meg Tiley  
Principal

Steve DeAngelo  
Dean of Students

Jeanine Baldwin  
6<sup>th</sup> Grade Teacher

PLEASE RETURN THIS FORM TO YOUR SCHOOL OR ORGANIZATION PRIOR TO THE TRIP

**MOUNTAIN WORKSHOP**  
A division of Hawke Mountain Ventures, LLC  
School Outdoor Programs

**FOR ALL ATTENDING STUDENTS**  
Please complete both sides, including  
signatures of parent or guardian

## PARENTAL PERMISSION AND RELEASE

**Ref: Roger Ludlowe MS Gr6**  
**F17 2651**

This form is required for participation in a Mountain Workshop program.

Organization Roger Ludlowe Middle School Start Date: 10/03/17 End Date: 10/03/17

Program Location: Calf Pasture Beach, Norwalk, CT

Participant's Name \_\_\_\_\_ Grade 6 Age \_\_\_\_\_

Parents or Guardian \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Home) \_\_\_\_\_ Phone (Cell) \_\_\_\_\_ Phone (Work) \_\_\_\_\_

Email Address \_\_\_\_\_

If not available in an emergency notify: \_\_\_\_\_

Phone (Home) \_\_\_\_\_ Phone (Cell) \_\_\_\_\_ Phone (Work) \_\_\_\_\_

Your Medical carrier \_\_\_\_\_ Policy # \_\_\_\_\_ Date Med. Exam \_\_\_\_\_

We believe young people seek adventure. Mountain Workshop provides opportunities for exploring new activities in a structured manner. Risk management is an essential element of the activities we offer, and we observe standard precautions. We conduct our programs according to practices and procedures recommended by professional organizations in the field of Outdoor Education. Our risk management program includes specific criteria for staff selection, training, written policies and procedures, and supervision and review of practices. While we anticipate our professional supervision will ensure the well being of each camper, we are also aware it is neither possible to foresee every contingency nor to eliminate all risk.

### PARENT/GUARDIAN RELEASE

I understand that Mountain Workshop activities occur in diverse terrain and weather conditions. I authorize my son/daughter to participate fully in all Mountain Workshop activities. These activities may include, but are not limited to backpacking, hiking, canoeing, kayaking, caving, rock climbing, rappelling, swimming, rafting, running, jumping, and tubing. All of these are physical activities that involve risk of personal injury.

I understand that The Mountain Workshop cannot safeguard against all such injuries, and I expressly agree to assume such risk and waive and release The Mountain Workshop, its officers, agents, employees, third parties and any federal, state or local agencies which have jurisdiction over lands or properties upon which The Mountain Workshop programs operate, from any claim of liability, including negligence, except gross neglect, of The Mountain Workshop for any loss, damage, or injury incurred during the program(s) for which my son/daughter is applying and I attest that my son/daughter is enthusiastic about participating. TMW may use photo and video footage for promotional material from your program, and retains all rights for use of material.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**Mountain Workshop**  
35 Miry Brook Road  
Danbury, CT 06810  
203-797-1435

In case of Medical Emergency, I understand that every reasonable effort will be made to contact the parent or guardian of this child. In the event I cannot be reached, or if the attending physician or health care provider believes that immediate medical care without delay is required or appropriate, I hereby give permission to the physician or health care provider selected by Mountain Workshop trip leader to secure medical treatment, hospitalization, secure anesthesia, and/or to order or consent to injection, surgery or medication for my child named above. I understand that The Mountain Workshop and any such health care provider will be relying on my completing and signing this form.

**PARTICIPANT'S NAME (please print)** \_\_\_\_\_

Yes \_\_\_ No \_\_\_ **Will your child be using or carrying any prescription drugs?** If yes, please explain.

Yes \_\_\_ No \_\_\_ **Does your child have any allergies (medications, food, bees, etc.)?** If yes, please explain.

**Does your child have any condition now requiring medical attention or regular medication?** If yes, please explain.

**Does your child have any condition restricting his/her activity?** If yes, please explain.

**Is there anything else we should know about your child to better serve him/her and the entire group?**

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name** \_\_\_\_\_

<b>Other Mountain Workshop Program Information?</b>		
Do you want to receive our summer youth program brochure?	_____ Yes	_____ No
Do you want to be added to our E-MAILING LIST?	_____ Yes	_____ No
I would also like information regarding	_____ Corporate Programs	_____ School Programs

**MOUNTAIN WORKSHOP**  
35 Miry Brook Road  
Danbury, CT 06810  
Phone 203-797-1435  
www.mountainworkshop.com

**\*\*PLEASE RETURN THIS COMPLETED FORM TO YOUR SCHOOL PRIOR TO THE TRIP DATE\*\***

RETURN TO MR  
TEACHER

ACTIVITY/FIELD TRIP

Mountain Workshop

**FIELD TRIP/ACTIVITY EMERGENCY INFORMATION**

To be completed by parent or guardian

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ HR: \_\_\_\_\_ GR: 6

Parent's/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's Business Phone: \_\_\_\_\_ Father's Business Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_

Emergency Phone # (Friend/Relative) \_\_\_\_\_

**EXCESS MEDICAL DECLARATION**

Is the student covered under any health/accident insurance prepayable plan? Yes/No \_\_\_\_\_

Name and Address of Insurance Company: \_\_\_\_\_

**PARENTAL PERMISSION**

I give permission for my child to participate. This permission extends to all activities whether conducted on school premises or not. The undersigned hereby agrees to indemnify and hold harmless the Town of Fairfield and the Board of Education of the Town of Fairfield and any of the employees from any claims made by or on behalf of my child or ward for any injuries sustained by him or her arising out of such activity.

Date Signed

Parent/Guardian Signature

(Please return to activity)

**NOTE:**

This form must be filled out for any field trip or activity or portion of, involving transportation, which takes place beyond the school day, 8:10 a.m. – 2:50 p.m.

The supervisor in charge of the activity or field trip must keep a copy of this emergency information, for each child, with them during the trip.

FAIRFIELD PUBLIC SCHOOLS  
Fairfield, Connecticut

Permission Form - Field Trips

To Parents:

Field trips are an essential although voluntary part of our educational program. During a field trip the student is a responsibility of the school and remains subject to its general control. It is hoped that this field trip will be an enriching experience for your son or daughter.

ROGER LUDLOWE MIDDLE SCHOOL

DATE OF FIELD TRIP: Tuesday, October 3 (raindate - Oct 9)  
DESTINATION: Mountain Workshop - Calf Pasture Beach, Norwalk, CT  
PURPOSE OF TRIP: Team building & science based learning  
PERSON(S) IN CHARGE OF TRIP: Steve DeAngelo & Jeanine Baldwin  
PERSON(S) IN CHARGE OF MEDICATIONS: Steve DeAngelo + Jeanine Baldwin  
MEANS OF TRANSPORTATION: School bus  
TIME OF DEPARTURE: 8:30 am WHERE: RLMS  
APPROXIMATE RETURN TIME: 4:00 pm WHERE: RLMS  
MEALS - ARRANGEMENTS: lunch will be provided by Stew Leonards  
COST OF TRIP: \$ 60.00 OTHER ITEMS: N/A

ALL STUDENTS WHO SELF-ADMINISTER MEDICATION MUST HAVE THAT MEDICATION WITH THEM ON THE DAY OF THE TRIP OR THEY WILL NOT BE ALLOWED TO PARTICIPATE.

----- CUT HERE. -----

RETAIN TOP FORM FOR REFERENCE

RETURN BOTTOM FORM TO THE TEACHER.

**RETURN TO  
HR TEACHER**

DESTINATION: Calf Pasture Beach DATE: 10/3/7

Having read the above, I give permission for my son/daughter to participate in this field trip.

\_\_\_\_\_  
**Parent's Signature**

If necessary, I may be reached by phone at: \_\_\_\_\_