





































# CURRICULUM SELECTION FORM

Camp Widjiwagan-Environmental Education

**Please complete this form and return it at least two weeks prior to your arrival at Widjiwagan**

Mail to: Program Director-Widjiwagan

3788 North Arm Road

Ely, MN 55731

Email: Karen.pick@ymcamn.org

School/Organization \_\_\_\_\_ Date \_\_\_\_\_

Contact Person's Name \_\_\_\_\_ Phone \_\_\_\_\_

Contact Person's Email \_\_\_\_\_

Number of Students: Male \_\_\_\_\_ Female \_\_\_\_\_ Grade(s) \_\_\_\_\_

Number of Adults: Male \_\_\_\_\_ Female \_\_\_\_\_

Plans for Arrival: Date \_\_\_\_\_ Time (2pm) \_\_\_\_\_

Plans for Departure: Date \_\_\_\_\_ Time (9am) \_\_\_\_\_

## PROGRAM PREPARATION

1. How were students prepared for their Widji experience?

\_\_\_ Slideshow                      Comments:

\_\_\_ Parent Gathering

\_\_\_ Clothing discussed in class

\_\_\_ Class Projects (please explain)

2. What is the overall theme for the experience that you would like our staff to emphasize?

\_\_\_ Interdependence                      \_\_\_ Wilderness Immersion

\_\_\_ Adaptations                          \_\_\_ Lifestyles & Stewardship

\_\_\_ History of Northern Minnesota    \_\_\_ Other: \_\_\_\_\_

3. Are there any students or adults with special dietary needs? \_\_\_ No \_\_\_ Yes

Details:

4. Are there any students or adults who have a disability requiring accommodation (mobility impaired, hearing impaired, etc.)?

5. Will you need Widji to provide bag lunches for your trip home? \_\_\_ Yes \_\_\_ No  
(There is an additional fee for this).

Additional Comments or Information?

### CURRICULUM SELECTION:

As you make your curriculum selection, please help us make your schedule as balanced and as focused as possible. This can be accompanied by:

1. Select presentations and activities from each of the different categories below. Small group activities are our hallmark, large group activities and presentations help round out each day.
2. Make selections which center around your program theme. Having activities that focus upon this theme is essential.

The number of activities your group will do varies depending on the length of your stay and the classes you choose (some are longer than others.) Please prioritize your selections beginning with #1 as the most important. The number of activities you may select is:

4 night stay- 10      3 night stay- 7      2 night stay- 4

#### **Large Group Classes**

- |  |  |
|--|--|
| <input type="checkbox"/> The Night Sky                                 | <input type="checkbox"/> Glacial Geology   |
| <input type="checkbox"/> Wolves of the North                           | <input type="checkbox"/> Global Issues     |
| <input type="checkbox"/> Snow Crystal Study (Winter)                   | <input type="checkbox"/> Predator & Prey   |
| <input type="checkbox"/> Boreal Black Bears                            | <input type="checkbox"/> North Woods Birds |
| <input type="checkbox"/> Native Cultures of Minnesota                  | <input type="checkbox"/> Quiz Bowl         |
| <input type="checkbox"/> Environmental Simulation                      |  |
| <input type="checkbox"/> Sustainable Living; Big ideas and small steps |  |

#### **Small Group Classes**

- |  |   |
|--|---|
| <input type="checkbox"/> Animal Studies                  | <input type="checkbox"/> Teambuilding                       |
| <input type="checkbox"/> Forest Studies                  | <input type="checkbox"/> Map & Compass                      |
| <input type="checkbox"/> Canoeing Skills (Fall & Spring) | <input type="checkbox"/> Freshwater Studies (Fall & Spring) |
| <input type="checkbox"/> Wilderness Survival             | <input type="checkbox"/> Options                            |
| <input type="checkbox"/> Voyageurs & the North Canoe     | <input type="checkbox"/> Cross Country Skiing (Winter)      |

In addition to the choices you select, each group will also have the following activities:

- Orientation
- Night Hike
- Eco-Hike (Hike, paddle or snowshoe option)
- Sauna or Folk Dancing
- Closing Campfire
- Teacher Supervision (approximately 1 hour each day)

## CHAPERONE RESPONSIBILITIES

(Please distribute a copy of this information to all chaperones prior to departing for Widji)

1. Supervision of students during unassigned times. This includes before and after meals, in the transition times between activities, scheduled teacher supervision times, and in the cabins. Please help the students manage their time and clothing so they arrive at the classes and meals on time and well prepared. Additionally, we want to keep the students safe while they are here. Balls are kept on the athletic field for students to use however please keep the students from becoming too rough with each other. We do not allow any tackling during games.
2. Please attend the large group activities: Your presence is very helpful in group management. We invite you to participate in the “study group” activities but your attendance isn’t required at those classes.
3. In order not to overwhelm the students, please limit chaperones to no more than 2 per study group for small group activities. We encourage you to join your student for some activities but urge you to join other groups as well.
4. Support the program: Living in the north woods may be quite different than being at home. Please help us by modeling the behaviors that we ask the students to show. This includes being on time for meals and activities, refraining from using electronic devices, etc. **If you need to use your cell phone while you are at Widji, please make sure it is turned off when you are with students.**
5. Meals: Please disperse yourselves among the tables at meals so there is at least one adult per table. We rely on your help to encourage the students to eat well, show appropriate manners, coordinate clean up and keep the noise level at a reasonable level.
6. Management of student cabins: You are responsible for night time safety, and helping the students keep the cabins clean and organized. Students may not leave the cabins at night without the chaperone’s knowledge. Students who leave the cabin at night without permission from the cabin chaperone may be sent home.
7. Dispensing student medication is the responsibility of school representatives.

\*If you need assistance from Widji staff during the night, you can find them in the staff cabins which include the upper level of Anuktuvik Pass (to enter, go up the hill to the upper entrance on the back side of the cabin) or use the phones to call staff cabins. Phones are located in Kirby Dining Hall and the Sigurd Olson Center offices.

We appreciate your help in making your group’s visit a fun and successful one!

# YMCA CAMP WIDIWAGAN



# **FALL & SPRING SEASON CLOTHING LIST**

## **YMCA Camp Widjiwagan**

This is a list designed to help you understand what clothing is needed to be comfortable in the fall/spring weather of northern Minnesota. While staying at Widji, you'll spend the majority of the time outside. We want to keep you comfortable and happy.

When preparing for the outdoors there is no substitute for good clothing. The goal is simple: keep the body at its normal temperature, neither too cool nor too warm. The importance of keeping the body warm is obvious, but the danger of being too warm (and thus perspiring) is a concern often overlooked.

In order to maintain normal body temperature through a wide range of activity levels, there are three key principles:

1. Wear several **LAYERS OF CLOTHING** rather than one thick layer. With layers you can adjust to temperature changes by putting on or taking off one layer at time.
2. Wear **GOOD RAINGEAR** that will keep your entire body dry (from head to toe) when the weather is damp. Wet clothing makes it more difficult for your body to stay warm.
3. Wear clothing that is **WARM EVEN WHEN IT'S WET**. Wool or synthetics are bet since they pull the moisture away from the skin. **AVOID** cotton if possible since it loses its insulating value once it gets wet.

Please keep the following ideas in mind as you get organized:

\*It is not necessary to purchase new clothing or equipment since the north woods are a great place to use older, durable items which can get a bit dirty.

\*Label all clothing and equipment just in case you misplace anything. If it is labeled, we can track you down and return it!

**Please Note:**

Widjiwagan's trading post has shirts, sweatshirts, hats and water bottles for sale. Prices range from \$10-\$45.

### Personal Items

Water bottle, towel, camera, **BACKPACK**, notebook or journal, pencil and pen, chapstick, underwear, skin lotion, toothbrush and paste, other toiletries, flashlight, books and sunglasses.

### Head & Hands

**Wool or Fleece Hat**- which covers the ears and forehead

**Brimmed Hat**- to keep the sun and rain off your face

**Mittens**- two pairs since they may get wet

### Upper Body

**Long-underwear top**- wool or synthetic

**Sweater**- two which can be worn together, if possible

**Rain Jacket**- should fit over all layers, rain jackets work better than ponchos

**Warm Jacket**- which fits over everything

**T-shirts**- for indoor use

**Sweatshirt**- for indoor use

### Lower Body

**Long-underwear**- wool or synthetic

**Rain pants**- should fit over layers, keeps your insulating layers dry

**Swimsuit**- for taking to the sauna

**Wool or synthetic pants**- to layer over long-underwear

**Jeans or sweat pants**- for indoor use

### Feet

**WOOL Socks**- 4 pairs at least 50% wool

**Hiking/Rubberized boots**- should be large enough to allow two pairs of socks, will get wet when hiking

**Tennis Shoes**- for indoor use

### Sleeping

**Sleeping Bag**- for use in heated cabins

**Pillow**- to keep yourself comfortable

### **PLEASE LEAVE THE FOLLOWING AT HOME:**

We want you to enjoy the north woods without the distractions of portable electronics such as Ipods, DVD players, etc. Please leave them at home! In addition, we'd like to keep north woods critters such as mice and chipmunks out of the cabins so please leave all snack foods and gum at home, too. Thanks!

# **WINTER SEASON CLOTHING LIST**

## **YMCA Camp Widjiwagan**

This is a list designed to help you understand what clothing is needed to be comfortable in the winter weather of northern Minnesota. While staying at Widji, you'll spend the majority of the time outside. We want to keep you comfortable and happy.

When preparing for the outdoors there is no substitute for good clothing. The goal is simple: keep the body at its normal temperature, neither too cool nor too warm. The importance of keeping the body warm is obvious, but the danger of being too warm (and thus perspiring) is a concern often overlooked.

In order to maintain normal body temperature through a wide range of activity levels, there are three key principles:

1. Wear several **LAYERS OF CLOTHING** rather than one thick layer. With layers you can adjust to temperature changes by putting on or taking off one layer at time.
2. Wear a **WATER-RESISTANT OUTER LAYER** that will keep the snow off your insulating layers. If clothing gets wet from melting snow it makes it more difficult for your body to stay warm.
3. Wear clothing that is **WARM EVEN WHEN IT'S WET**. Wool or synthetics are best since they pull the moisture away from the skin. **AVOID** cotton if possible since it loses its insulating value once it gets wet.

Keep the following ideas in mind as you get organized:

\*It is not necessary to purchase new clothing or equipment since the north woods are a great place to use older, durable items which can get a bit dirty.

\*Label all clothing and equipment just in case you misplace anything. If it is labeled, we can track you down and return it!

**Please Note:**

Widjiwagan's trading post has t-shirts, sweatshirts, hats and water bottles for sale. Prices range from \$10-\$45.

## Winter Season Clothing List

### Personal Items

Water bottle, towel, **BACKPACK**, notebook or journal, pencil or pen, chapstick, underwear, skin lotion, camera, flashlight, sunglasses, toothbrush and paste, and other toiletries.

### Head & Hands

**Wool or Fleece Hat**- which covers the ears and forehead

**Scarf**- to keep the cheeks and neck warm

**Mittens**- 2 pairs since they may get wet, wool liners with leather “choppers” work well

### Upper Body

**Long-Underwear top**- wool or synthetic (2)

**Sweater**- two which can be worn together if possible

**Nylon Jacket**- should fit over all layers, nylon helps to keep the snow off your layers

**T-shirts**- for indoor use

**Sweatshirt**- for indoor use

### Lower Body

**Long-underwear**- wool or synthetic (2 pairs)

**Snow pants**- should fit over all layers, nylon helps to keep the snow off your layers

**Swimsuit**- for taking a sauna

**Jeans or sweatpants** – for INDOOR use

### Feet

**WOOL socks**- 4 pairs, at least 50% wool

**Winter Boots**- best if liners are removable

**Tennis Shoes**- for indoor use

### Sleeping

**Sleeping Bag** –for use in heated cabins

**Pillow**- to keep yourself comfortable

### **PLEASE LEAVE THE FOLLOWING AT HOME:**

We want you to enjoy the north woods without the distraction of portable electronics such as iPods, DVD players, etc. Please leave these at home! In addition, we'd like to keep north woods critters such as mice and chipmunks out of the cabins so please leave all gum and snack foods at home, too. Thanks!!



**YMCA CAMP WIDJIWAGAN  
HEALTH HISTORY FORM  
FOR YOUTH**

Dear Parent/Guardian,

The information requested on this form will be used to provide your child with the best possible experience during his/her visit to YMCA Camp Widjiwagan. By program policy, all of the information is confidential and will only be made available to the staff members working with your child.

Thank you for taking the time to complete this form. Please, return it as soon as possible to the lead staff person coordinating the trip. For your child's safety in the event of an emergency, it is crucial that complete information is provided. As necessary, please feel free to attach additional information.

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Birth Date \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy# \_\_\_\_\_

**Parent/Guardian Name(s)** \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Emergency Contact (if parent/guardian unavailable)** \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Does camper take any medications? Please describe. \_\_\_\_\_

Has camper ever experienced any serious injuries or operations? Please describe. \_\_\_\_\_

Has your child recently been exposed to any contagious disease? Please describe. \_\_\_\_\_

Date of your child's last tetanus booster (required within the last 10 years) \_\_\_\_\_

Does your child have any of the following health concerns? **Please provide details on the back of this sheet if any of the following items are checked.**

Health History:

- Diabetes
- Asthma
- Seizures
- Attention Deficit
- Anorexia/Bulimia

Allergies:

- Insect stings
- Foods
- Penicillin
- Other Drugs
- Hay Fever

Other:

- Sleep walking
- Fainting
- Bed Wetting
- Dietary Concerns

**This section must be signed before participation will be allowed:**

I hereby give permission:

- For Widjiwagan to use for promotional purposes any photos or videos taken of my family while participating in Camp activities.
- To the medical personnel selected by Widjiwagan to hospitalize, secure proper treatment for, and to order anesthesia or surgery for the person named above in case of surgical emergency.
- For my son our daughter to participate in the Widjiwagan program

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**YMCA CAMP WIDJIWAGAN  
HEALTH HISTORY FORM  
FOR ADULT**

Dear Adult Participant,

The information requested on this form will be used to provide you with the best possible experience during your visit to YMCA Camp Widjiwagan. By program policy, all of the information is confidential and will only be made available to the staff members working with you.

Thank you for taking the time to complete this form. Please, return it as soon as possible to the lead staff person coordinating the trip. For your safety in the event of an emergency, it is crucial that complete information is provided. As necessary, please feel free to attach additional information.

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Birth Date \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy# \_\_\_\_\_

**Emergency Contact #1- Name** \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Emergency Contact # 2- Name** \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Do you take any medications? Please describe. \_\_\_\_\_

Have you ever experienced any serious injuries or operations? Please describe. \_\_\_\_\_

Have you recently been exposed to any contagious disease? Please describe. \_\_\_\_\_

Date of your last tetanus booster (required within the last 10 years) \_\_\_\_\_

Do you have any of the following health concerns? **Please provide details on the back of this sheet if any of the following items are checked.**

Health History:

- Diabetes
- Asthma
- Seizures
- Heart Condition
- Other

Allergies:

- Insect stings
- Foods
- Penicillin
- Other Drugs
- Hay Fever

Other:

- Sleep walking
- Fainting
- Bed Wetting
- Dietary Concerns

**This section must be signed before participation will be allowed:**

I hereby give permission:

- For Widjiwagan to use for promotional purposes any photos or videos taken of me
- To the medical personnel selected by Widjiwagan to hospitalize, secure proper treatment for, and to order anesthesia or surgery for me in case of surgical emergency.
- To participate in the Widjiwagan program

Signature of participant \_\_\_\_\_ Date \_\_\_\_\_

# RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

In consideration of participating in YMCA activities, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence the YMCA of the Greater Twin Cities (hereinafter referred to as YMCA) and its owners, directors, officers, employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

1. I acknowledge that participating in YMCA activities involves known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to, broken bones, torn ligaments or other injuries as a result of falls or contact with other participants; death as a result of drowning or brain damage caused by near drowning in pools or other bodies of water; medical conditions resulting from physical activity; and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
2. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees. My/My child's participation in these activities is purely voluntary and we elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I or my child are unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my/my child's participation in these activities, or our use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct. Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I represent that I have adequate insurance to cover any injury or damage I or my child may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I/my child have no medical or physical conditions which could interfere with our safety in these activities, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.
5. In the event that I file a lawsuit, I agree to do so in the state where Releasees' facility is located, and I further agree that the substantive law of that state shall apply.
6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

## Parent/Guardian Authorization Section Transportation/Medical

1. In the event that I/my child need immediate medical attention for injuries received while participating in a YMCA program, I authorize the YMCA staff to give me or my child reasonable first aid, and to arrange transport of myself or my child to a health care facility for emergency services as needed.
2. I give permission for myself and/or my child to be transported by the YMCA as needed for field trips, inclement weather, or late pick up. I also give my permission to participate in walking field trips.
3. I also give permission for myself or my child to enter Canada with the YMCA. I also understand that I/my child will need to bring our passport to camp if the trip involves such travel to Canada.
4. I hereby acknowledge that the YMCA will assume that either parent of the child may pick up the child at any time during the program unless there is pertinent court documentation on file at the YMCA that indicates otherwise.
5. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. The YMCA receives medical information on campers/participants that may need to be shared with medical providers.
6. If I or my child requires use and administration of an epi-pen, prescription or over the counter medication, it is my responsibility to ensure that the epi-pen and/or medication are on me or my child or within our personal belongings every day of the program. If YMCA staff is required to administer and use the epi-pen and/or medication, I agree to forever release and discharge the YMCA and its directors, officers, and employees from any and all liability arising out of or resulting from use or administration of the epi-pen and/or medication.

## General

1. I hereby release all pictures of myself or my child taken by the YMCA for promotional purposes and programming materials including the YMCA website.
2. I give my permission for the YMCA to administer sunscreen as needed and to change my child's diaper while my child is in their care.
3. I acknowledge that certain sections of this waiver may not apply to me and/or my child and the programs or activities that we have chosen but agree to be bound by any applicable language.

By signing this document, I agree that if I or my child is hurt or our property is damaged during participation in these activities, then I or my child may be found by a court of law to have waived our right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if the YMCA did not utilize waivers as a method to lower insurance and administrative costs. I have read and understood this document and I agree to be bound by its terms.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone (\_\_\_\_\_) \_\_\_\_\_ Date \_\_\_\_\_

## PARENT OR GUARDIAN ADDITIONAL AGREEMENT (Must be completed for participants under the age of 18)

In consideration of \_\_\_\_\_ (PRINT minor's names) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent or Guardian \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_