



Hello Senior Families!

We are a little over 2 weeks away from the Senior Retreat on September 22-23. We are expecting all seniors to participate in this important leadership event, and are excited about the events that we have put together for the class of 2018.

The Senior class will be traveling to Camp Chingachgook in Kattskill Bay, NY for an overnight retreat. This will include a mixture of teambuilding, high and low ropes experiences, hiking, watersports, and the climbing wall.

The cost for this trip is \$105 per student - you can pay this by cash or check to the school - please return your payment and the waiver (below) to Claire Sherwood as soon as possible.

Also below is a packing list for the trip. We will keep you updated on departure and arrival times as we get closer to the trip.

Thank you, and please let me know if you have any questions!

Best,

Jenna Barbary-Glovsky

Assistant Head of School, Science Faculty

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Camp Chingachgook

PACKING LIST

At Camp Chingachgook we spend the majority of our time outdoors. Proper clothing and gear are essential to a positive educational experience. This is a basic packing list for an overnight trip. You will need to gauge how much you bring based on your length of stay.

Essential Gear for all Seasons

- Long Pants
- T-Shirts
- Long Sleeved Shirts Socks (Extra Pairs)
- Sneakers
- Hiking or work boots or
- An extra pair of sneakers
- Wool sweater or Fleece
- Windbreaker
- Raincoat
- Long Underwear
- Hat
- Day Pack
- Water bottles
- Sleeping Bag/bedding
- Pillow
- Flashlight
- Toiletries
- Towel
- Pajamas

Optional

- Camera
- Books
- Journal
- Musical Instrument
- Sports Gear

PLEASE NOTE: If you are planning on hiking Buck Mountain or Pilot Knob you MUST bring 2 water bottles and a daypack.

Seasonal

Spring and Fall weather can be inconsistent. Overnight temperatures have dropped into the mid 30's. Come prepared with warm clothes, warm bedding and an extra blanket.

Summer

- Shorts
- Swimsuit
- Towel
- Sunscreen
- Bug Repellent
- Hat

Winter

- Snow Boots
- Wool/Warm Socks
- Winter Coat
- Warm Hat
- Gloves/Mits (2pair)
- Extra Blanket

To ensure the safety and well-being of all participants

DO NOT BRING THE FOLLOWING ITEMS

- Food/Candy/Gum
- Electronics games and devices
- Lighters/Matches
- Hairdryers
- Knives/Weapons
- Cell Phones



YMCA Camp Chingachgook on Lake George

Group _____

Dates at Camp _____

Acknowledgement of Risks and Release of Liability

Camp Chingachgook programs incorporate activities that vary from games and initiatives, to strenuous challenges involving hiking, high ropes, and rock climbing. Participants may choose the level at which they wish to participate. They must understand that although safety is one of the highest priorities at Camp Chingachgook, there are both physical and emotional risks involved. Certain risks cannot be eliminated without damaging the uniqueness of the activities. This form must be completed and signed prior to participation.

I acknowledge that the following describes some, but not all of the risks involved in my participation on Camp Chingachgook Hikes, High Ropes, Initiative Course, Rock Climbing, Climbing Tower, Canoeing, Sailing, and other program activities: 1) Accidental slips; falls; cuts; bruises; injuries from animal or insect bites; injuries resulting from unforeseen forces of nature such as falling tree limbs, rock, or lightening; illness, or in extreme cases loss of limbs, paralysis, permanent trauma or death; 2) Risks associated with crossing, climbing, or down climbing routes or elements; 3) Misuse or failure of equipment, 4) The presence, actions, or falls of other participants in the climbing environment; 5) Circumstances that may affect pre-existing medical conditions such as heart problems or pregnancy.

I understand that this list is not complete and that other unknown or unanticipated risks may result in injury, illness, or death.

I hereby authorize any medical treatment deemed necessary in the event of an emergency while under the supervision of Camp Chingachgook staff. I either have appropriate insurance or, in its absence, agree to pay all costs of medical services incurred on my behalf.

In consideration of services provided for myself and/or any minors for which I am a parent, legal guardian, or otherwise responsible do hereby release Camp Chingachgook, its directors, staff, and owner, from all liability and waive any claim for damage arising from any cause.

I have read and understand the above acknowledgement of risks, release for medical treatment, and release of liability.

Photo Release

I give my consent for the use of any photographs, slides or videotapes which may include myself or my child to be used in Capital District YMCA promotional materials.

Participant's Name: _____

Sex: Male ☐ Female ☐

Date of Birth _____/_____/_____

Participant Signature

(Parent/Guardian Signature required if under 18 yrs old)

_____/_____/_____
Date



YMCA Camp Chingachgook on Lake George

Health History & Emergency Treatment Authorization

Participant's Name _____ DOB _____ / _____ / _____

Home address _____ City _____ State _____ Zip _____

Home Phone Number _____ Business Number _____

Emergency Contact Name _____ Relationship to Contact _____

Emergency Contact Phone Number Day: _____ Eve: _____

Medical Insurance policy # _____ Insurance Company _____

Name of insured _____ Employer _____

Please indicate if you have a history of or are prone to:

Asthma? Yes No Comments: _____

Allergies? Yes No Comments: _____

Recent operations, serious injuries or illness? Yes No Comments: _____

If yes to prior question, has participant fully recovered? Yes No

Dietary Restrictions (e.g., peanuts, dairy) _____

Do you have a history of any heart disease?	Yes	No	Do you take any cardiac medications?	Yes	No
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Have you ever had a heart attack or a stroke?	Yes	No	Have you ever had a stroke?	Yes	No
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Have you ever had open-heart surgery?	Yes	No	Do you have diabetes?	Yes	No
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Do you have hypertension?	Yes	No	Do you smoke?	Yes	No
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Do you have a family history of heart disease?	Yes	No
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How often do you exercise vigorously? (times/week)	0-1	2-3	4-5
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Have you consulted a physician about participation in this Camp Chingachgook program?	Yes	No
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If you answered "yes" to prior question, did your physician advise you to participate in this program?	Yes	No
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Medication: Adult participants should carry any medications they need with them during their stay at Camp Chingachgook

Medications you are currently taking and reason _____

I hereby grant permission for YMCA Camp Chingachgook and its agents full authority to take whatever action they deem necessary regarding my health and safety in the event I cannot care for myself and where time is of the essence and I fully release the Capital District YMCA from any liability in connection with those decisions. I grant permission for emergency treatment by a rescue squad, private physician and/or hospital health care facility staff, if needed. Any such action will be taken in my best interest.

Participant Signature

Date

Form Updated 5/10/17