



Association of
Washington School Principals
Outdoor Learning Centers

Outdoor Recreation Health & Fitness Camp

Cispus Session: June 20 - 24, 2016

Chewelah Session: Date to be Announced

Earn a Semester PE Credit Learning Lifetime Fitness Skills

Two sessions of Outdoor Recreation Health & Fitness Camp are planned for 2016. Both sessions cover hiking and backpacking. The session at Cispus Learning Center is scheduled for June 20-24. The dates for the session at Chewelah Peak Learning Center are still to be determined. The intensive curriculum (up to 15 hours each day) is designed for students interested in exploring the vast opportunities the outdoors has to offer. Students will learn how to skillfully and safely approach these adventures. Land based (only) activities in outdoor sport skill building, leave no trace, wilderness first aid and environmental etiquette are included. Each session is 5 days and 4 nights. The cost is \$320 per session. The program is facilitated and supervised by staff of the Association of Washington School Principals.

Students from Washington state entering grades 9-12 will be eligible to attend. Participants will gain confidence and skills in pursuit of outdoor adventure. They will respectfully and safely learn how to experience the outdoors with minimal impact on the environment through experiential learning. This class aligns with the power standards for Physical Education and meets state requirements for Classroom Based Assessments. Participants can earn one full semester credit with successful completion of the camp and a follow-up assignment.

There is a limit of 18 participants for each session.

Who should attend the Health and Fitness Camp?

Camp is designed for students who want to earn high school Fitness and Health (PE) credit, and to learn about lifetime outdoor recreation and sport. A student may only take the course one time at each location.

What is the sponsor's role?

In order to attend the camp a student will need a sponsor. A sponsor is an adult who will vouch for their work ethic, sense of responsibility and ability to successfully complete the rigorous academic and physical requirements of the camp. **This person could be a teacher, counselor or school administrator.**

Where is camp?

One session is held at the Cispus Learning Center, 12 miles southeast of Randle, Washington in the Gifford Pinchot National Forest. The other session is held at the Chewelah Peak Learning Center, approximately one hour north of Spokane near the 49 Degrees North ski resort. The Association of Washington School Principals operates both facilities.

How do students get there?

Students can be transported to camp by their school, sponsor or parent. **Student drivers are NOT allowed.**

What equipment is needed?

Participants will need to bring backpacking gear for an overnight trip. Packing lists will be mailed with registration confirmation.

An additional reason to attend

With the increasing requirements for credits to graduate from high school, many students find very little time for in-depth study in areas of their special interest. The credit earned by completing this course of study may open opportunities during the school year for additional class-work in many interest areas.

Registration reminders

Only students who can commit to the entire camp session should register! Camp starts at 1:00 pm on day one and concludes at noon on the final day. Participants must be entering grades 9-12.

Questions? Contact Martin Fortin, fortin@awsp.org
Additional information at www.awsp.org/learningcenters



Select One: Cispus Learning Center, June 20-24, 2016
 Chewelah Peak Learning Center, summer date to be announced

First Name _____ Last Name _____
School _____
Home Address or PO Box _____ City/State _____ Zip _____
Student Email _____ Student Cell Phone _____
Age _____ Year you graduate 20____ Gender: Female Male Birth Date ____ ____ ____
Sponsor Name _____ Title _____
Sponsor Phone _____ Sponsor Email _____
Parent/Guardian Name _____
Parent Evening Phone _____ Parent Day Phone _____
Name & Phone of Alternate Emergency Contact _____
Medical Insurance Company _____ Policy Number _____

Medical information below is to be completed by parent or guardian. Attach details if needed.

Health/dietary concerns including allergies to foods/medications: _____	Vegetarian meals? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Allergy to peanuts? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of last tetanus shot: _____	Airborne peanut allergy? <input type="checkbox"/> Yes <input type="checkbox"/> No
Current medications/taken for: _____	Dosage & time of day: _____
Can health care professional provide "over the counter" medication? <input type="checkbox"/> Yes <input type="checkbox"/> No	Restrictions: _____
Should participant be restricted from any type of activity? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Does participant need special accommodations due to physical challenges? _____	_____

Student Agreement: If accepted as a participant, I agree to abide by all regulations established by the officials of the Association of Washington School Principals and will strive to be a worthy representative of my community by contributing my best efforts toward the success of the program. I have read and understand the cancellation policy and I understand that **student drivers are not allowed**.

Signature of Student

Date

Parent or Guardian Permission: As the parent or guardian, I give my permission for my child to attend Outdoor Recreation Health & Fitness at Cispus Learning Center in Randle, WA or Chewelah Peak Learning Center in Chewelah, WA and I understand that this program is fully supervised by staff of the Association of Washington School Principals (AWSP). I have read and understand the cancellation policy and I understand that student drivers are not allowed. By signing this form I give permission for photographs, slides or videos of my child to be used for information, publication, presentation or other educational purposes. I authorize AWSP to obtain medical care for my child in the event such care is necessary. In the event of an emergency I understand that every effort will be made to contact the parent(s) or guardian of the participant. Permission is hereby granted to the health care professional or accredited hospital and their associates to perform necessary medical and/or surgical procedures that are deemed essential to the treatment of the above named individual. I also agree to be responsible for the payment of such care.

Signature of Parent or Guardian

Date

Sponsor's Recommendation (a sponsor is a teacher, counselor or administrator): I recommend this student for acceptance as a participant in Outdoor Fitness & Health based on his/her work ethic, sense of responsibility and ability to successfully complete the rigor and academic requirements of the program.

Signature of Sponsor

Date

REGISTRATION FEE = \$320

Mail registration material to:

AWSP-Outdoor Rec Health & Fitness
2142 Cispus Road
Randle, WA 98377

PAYMENT Full payment of \$320 must accompany this Participant Registration Form. Check or credit card payment will be accepted. You may send your registration in the following ways:

Check: Mail check with this registration to: AWSP, 2142 Cispus Rd, Randle, WA 98377

Credit Card: Call (360) 497-5323 to pay with a credit card (fax or email (karenj@awsp.org) this registration before calling)

CANCELLATION POLICY

All cancellations received after May 20nd will result in a non-refundable processing fee of \$100. If a cancellation is made less than ten working days prior to camp, the full charge will apply.

Participants will be charged the full amount if they leave early or do not show up. All cancellations must be received in writing from a parent/guardian by the specified date.

QUESTIONS? For **registration** information, contact Karen Johnson (karenj@awsp.org)
For **program** information, contact Martin Fortin at fortin@awsp.org
Phone: 360.497.5323 FAX: 360.497.5324