



High School Fitness (PE) 0.5 Credit

Study Areas: Hiking-Backpacking at Cispus

Outdoor Recreation Health & Fitness Camp is scheduled for Sunday, June 25 through Thursday, June 29, 2017. The camp will cover hiking and backpacking and is based out of Cispus Learning Center, Randle, Washington. The intensive curriculum (up to 14 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. Camp is 5 days and 4 nights. The cost is \$330. This 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. The 0.5 credit is received from the NWAC Accredited Principals' Student Learning Centers.

There is a limit of 18 participants for this program.

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.

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?

Outdoor Recreation Health and Fitness Camp is held at the Cispus Learning Center, 12 miles southeast of Randle, Washington in the Gifford Pinchot National Forest. The Association of Washington School Principals operates this facility.

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

For more information go to www.awsplearningcenters.org/pe-credit-classes/



Association of
Washington School Principals
Outdoor Learning Centers

Outdoor Recreation Health & Fitness Camp SUMMER 2017

PARTICIPANT REGISTRATION/MEDICAL FORM

Cispus Learning Center, Sunday June 25 – Thursday June 29, 2017

Legal First & Last Name _____ Preferred Badge Name _____
 School _____
 Home Mailing or PO Box _____ City/State _____ Zip _____
 Student Email _____ Student Cell Phone _____
 Age _____ Graduation Year 20____ Gender: Female Male Birth Date _____
 Sponsor Name _____ Title _____
 Sponsor Phone _____ Sponsor Email _____
 Parent/Guardian Name(s) _____
 Parent Evening Phone _____ Parent Day Phone _____
 Alternate Emergency Contact _____ Alternate's Phone _____
 Medical Insurance Company _____ Policy Number _____

Medical information below is to be completed by parent or guardian. ATTACH DETAILS IF NECESSARY.

Dietary needs:	<input type="checkbox"/> Vegetarian	Peanut allergy?	<input type="checkbox"/> No	Other dietary, health concerns or allergies:
	<input type="checkbox"/> Vegan		<input type="checkbox"/> Yes, ingested	_____
	<input type="checkbox"/> Gluten Free		<input type="checkbox"/> Yes, airborne	_____
Date of last tetanus shot:	_____			
Current medications/taken for:	_____		Dosage & time of day:	_____
Can a health care professional provide over the counter medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Restrictions:	_____
Should the delegate be restricted from any type of activity?	_____			
Does your child 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

☐☐☐☐☐ (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 = \$330

Mail registration material to:

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

PAYMENT Full payment of \$330 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 June 16th will result in a non-refundable processing fee of \$100. If a cancellation is made less than five 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