

FALL LOPEZ

 Forms DUE Friday,
September 28th

October 12th-14th

NAME: _____

 Subscribe to the POST newsletter?

Phone #: _____

Email: _____

Grade: _____

Parent Email: _____

Fall Lopez is a weekend camping and biking trip run by POST, a nonprofit student run outdoor education program. On this trip, campers get to hang out with friends, make new ones, and enjoy the beautiful island.

We leave Garfield Friday morning around 8:00am and take the ferry from Anacortes to Lopez Island, where we bike to the Odlin Park Campground right on the beach. We spend the rest of the day setting up camp, playing games in the field, relaxing, and hanging out by the campfire. On Saturday, campers have the chance to leave the campground and explore the island's parks, beaches, and town via approved and monitored bike routes. On Saturday evening we all return to camp for dinner and another campfire. We will return on Sunday around 4:30 P.M., depending on traffic and ferry times. Campers sleep in same- gender identity tent groups of their choice. If you have questions about tent groups or need help finding one, contact Lily. Meals are provided, besides lunch on the first and second days. Campers should bring a lunch for Friday and either bring a lunch for Saturday or money to buy lunch in town.

If you need to arrive late or leave early, please let Lily as early as possible, and at least one week before the trip. Refunds for dropouts will only be awarded until one week out.

There will be a mandatory pre-trip meeting the in early October at the Boy Scouts Clubhouse (3120 Rainier Ave S).

If this is your first POST trip this calendar year, please fill out the BSA form and attach a separate check for \$15.

I have reviewed all of the trip information. I am aware of the list of expected activities and I am aware of any special dangers and risks inherent in participating in this activity. I hereby give my permission for my daughter/son to participate in this activity. I approve the transportation plan as outlined. My signature reflects my knowledge of the details of the trip and its itinerary.

 Parent Signature: _____ Date: _____
 Emergency Contact: _____ # _____

PARENTS: Would you like to chaperone? Contact Lily Laesch if you're interested or if you know someone who might be. It's a fun weekend and a great way to get involved with the POST community!

Please circle your preferred pay option below (\$105 is the standard trip cost)

 \$105 +
Donation

\$105

\$95

\$85

Other

(must state)

One of POST's top priorities is to make our trips accessible to all students, no matter what. Therefore, we operate on a **pay what you can** policy. Please feel free to pay whatever amount best suits your family. Checks should be made out to Post 0084.

 Paid with cash/check
 Paid online at post84.org

Would you like to buy a Lopez t-shirt for an additional \$10?

Yes _____ No _____

If yes, SHIRT SIZE:

S: ___ M: ___ L: ___ XL: ___

Questions? Contact

Lily Laesch at:

206-310-0178

lilylaesch@gmail.com

Trip Information

October 12th -14th

Students explore the island by bicycle or by foot. There is tons of free time for playing games on the big grassy field and the beach. There will also be the opportunity to participate in a park maintenance community service project at the campground.

Bikes and bags will be loaded onto trucks, so don't pack things in your bag that you'll want with you for the bus ride. Please bring a sack lunch for the first day, and lunch money for the second day. All other meals are provided.

When we arrive on the island, we will bike to Odlin Campground, where we will spend the next two nights.

We will be meeting at Garfield at 8:00 A.M. on Friday, October 12th. Please don't be late! We will take the ferry back from Lopez Island on Sunday, October 14th, and arrive at the Garfield bus bay around 4:30PM, depending on traffic. Please don't park in the bus bay, there will be trucks and buses parked there.

All POST trips are led by student staff members that have Wilderness First Aid and CPR training and have spent countless hours working with students in the outdoors. At all times around five staff members are riding around the island in pairs, on patrol for injuries or flat tires. The riding route is also limited to roads between the town and the campground, and we will have parent chaperones monitoring those routes as well. Lily can be contacted throughout the trip via her cell phone.

BIKING RULES

Ride with a buddy, wear a helmet, be considerate (single file, right side of road, and wave!), and follow explicit check out and check in times.

ISLANDERS

Lopez Islanders are very friendly people and will often wave to bikers on the island. We have a good reputation with the Island folk; please help us maintain these relations!

ABSOLUTELY NO weapons, drugs, alcohol, or anything else that would not be allowed at school. POST is a substance free program and violation of these rules will result in you being sent home from Lopez and prohibited from attending all future POST trips.

Packing List:

Bike (must bring)
Helmet (must bring)
Sleeping bag
Sleeping pad
Tent*
Clothing for rainy, cold, and warm weather
Water bottle(s)
Mess kit (Bowl, cup, utensils)
Flashlight
Toiletries
Bug spray
Sack lunch for Friday
Money** or sack lunch for Saturday
Comfortable, closed toes shoes for biking

Optional

Books/games
Instruments
Sports equipment
Towel
Camera
Pillow
Water shoes
Small day pack
Sunglasses

**Tent groups are required, so if you don't have one, see a friend. If you need to find a tent group, contact Lily.*

***I need POST to provide money for my student's lunch on Saturday. □*

If you need to borrow ANY gear from POST, including a bike, please contact Jacob Orser at (206) 747-2303

Fall Lopez 2018

Consent Form and Liability Waiver

Participant's Full Name: _____

As parent or legal guardian of the above-named participant, or for myself if I am over 18, I give permission for my child to attend and participate in the activities sponsored by POST. (If signing for myself as a legal adult, "child" in this document refers to me.) I acknowledge that this activity entails known and unanticipated risks that could result in physical or emotional injury, paralysis or death to my child, as well as damage to property, or to third parties. I understand that such risks cannot be eliminated without jeopardizing the essential qualities of the activity. I assume the risk and financial responsibility for any injury, illness or liability resulting from my child's participation. I waive any claims against, and agree to hold harmless and not sue, POST, POST staff, POST Executive Committee and POST chaperones, related parties, or other organizations associated with sponsoring the activity from any and all claims or liability arising out of my child's participation.

(Parent/Guardian/Adult Participant Initial) _____

I have been made aware of the trip itinerary and give permission for my child or ward to ride in any vehicle designated by the staff of POST while attending or participating in activities sponsored by POST. I consent to the use of any video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of my child while participating in activities sponsored by POST, to be used, distributed, or shown as POST sees fit.

(Parent/Guardian/Adult Participant Initial) _____

I certify that my child has no medical or physical conditions that could interfere with his/her safety in this activity, 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.

(Parent/Guardian/Adult Participant Initial) _____

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I authorize a qualified physician/surgeon selected by the adult leader in charge to examine and in the event of injury or serious illness administer emergency care to the above named-participant which may include hospitalization, anesthesia, surgery or injections of medication for my child. I understand every reasonable effort will be made to contact me to explain the nature of the incident prior to any involved treatment. In the event it becomes necessary for POST chaperones, EC or staff to obtain emergency care for my student, I agree that neither POST nor any of its personnel assumes financial liability for expenses incurred because of the accident, injury, or illness.

Signature of Participant * Date Phone

*If the participant is under age 18, his or her parent or guardian must also sign below:

Signature of parent or guardian * Date Home phone

Print name of parent or guardian: _____

Family physician: _____ Phone: _____

POST FIELD TRIP BEHAVIOR CONTRACT 2018

DISCIPLINARY PROCEDURES

Depending on the severity of the action, the following steps may be taken:

1. The student will receive a warning from POST staff or chaperone(s).
2. The student will be removed from the situation and asked to remain with a Chaperone while parents are notified.
3. The student and/or guardian is responsible for damages and repair incurred by the student.
4. A parent/guardian may be called to come remove the student from the field trip. POST will not be responsible for the cost of transportation.
5. Lead Organizer(s) and Chaperone(s) maintain the right to prevent a student from participating in an activity in the interest of safety.

Please read and review these policies and address your questions, comments or concerns to the Lead Organizer before the field trip. By signing this contract, you are affirming that you and your student are aware of, and accept, the student behavior expectations and disciplinary procedures that are in place for your student while participating on this field trip.

I have read the rules and expectations listed above and agree to abide by them. I understand that I may be disciplined and/or sent home early if I fail to adhere to these rules and expectations.

Student's Name (Print): _____

Student's Name (Signature): _____ Date: _____

Parent/Guardian's Name (Print): _____

Parent/Guardian's Name (Signature): _____ Date: _____

Parent Guardian Email (Required): _____

IMPORTANT MEDICAL INFORMATION

Student Name: _____ Date of Birth: _____

Parent/Guardian #1 Name: _____

Cell Phone: _____ Work Phone: _____

Parent/Guardian #2 (If Applicable) Name: _____

Cell Phone: _____ Work Phone: _____

Emergency Contact #1 (Other than Parent/Guardian):

Name: _____ Relationship to Student: _____

Phone Number: _____ Other Contact Info: _____

Primary Care Physician's Name and Phone Number:

Health Insurance Provider's Name, Policy # and Contact Info:

Insurance Provider's Claim Instructions/Procedures:

IMPORTANT MEDICAL INFORMATION (cont.)

Please list any health issues POST should be aware of (physical or mental):

Allergies/Food Restrictions:

Please any medications and/or prescriptions POST should be aware of:

List Requirements/Directions for administration of this medication:

Specify symptoms or medication when medication is taken:

Are there any circumstances in which your student should limit his or her physical activity, (e.g. Asthma, recent injury etc.) If yes, please specify:

Additional medical information POST needs to know in regards to your student's health (physical or mental):

I authorize the release of the information above to POST trip leaders, Chaperones, and staff in order to maintain the safest environment for your student.

Student Signature (if over 18 years old): _____ Date _____

Parent Signature (if under 18 years old): _____ Date _____

