Dear Parents:

Again this year we are giving our sixth graders the opportunity to take part in a very unique experience, going to an Outdoor Education Camp for three days during mid-September. We have a large variety of activities and classes for the kids to participate in and have highly structured and organized the time at camp for maximum involvement and supervision. Outdoor Education Camp is a JMMS tradition with 6th grade students learning, laughing and living together for three days and two nights. It is an experience your child will enjoy and remember for years to come.

The camp will be held at "Camp Muskingum" on Leesville Lake. This is a very beautiful camp with four heated dormitories and shower facilities. The food is excellent and the students can have as much to eat as they want. All meals are family style with 14-15 students and an adult assigned to each table. We will have a ratio of one adult per fifteen students at the camp 24 hours a day with students having a very regimented schedule.

The cost of the camp will be $180.00 per student. All outstanding fees from grades 1-5 must be paid in full for your child to attend camp.

Community 6A will attend camp September 13-15, Community 6C will attend September 18-20, and Community 6B will attend September 20-22. **We will not be able to honor requests for students to attend camp on specific dates. Students must attend camp with their assigned community.**

Please complete and return the Camp Muskingum Registration and the Nature’s Classroom Student Health and Registration Form to your child’s homeroom teacher by Thursday, August 31 so that the planning process can begin ASAP. All necessary details pertaining to camp should be included in this packet. **SEND NO MONEY** at this time. You will be invoiced after camp is over.

Oh yes, one more thing. You, the parents can go too!! That's right! We are inviting you to go along with 150 sixth graders. Sounds like fun, huh? The cost for you is only $180.00. Please call if you are interested.

If you have any questions or concerns, please call Dan Michel at (330) 830-8034 ext 3506.
NATURE’S CLASSROOM

GUIDELINES FOR STUDENTS

1. You must always stay with the group or class to which you have been assigned.
   Your field group is your family while at Nature’s Classroom – you will do many exciting things and have fun together! You will get to know each other very well.
   
   A. You will eat all meals with your field group. Meal time is not just for eating – it is a time for sharing, listening, even being silly – but always polite. “Please” and “thank you” is always appropriate.
   B. Listening is very important. You will be encouraged to speak and be listened to, sing, even yell and scream – please try to know when it is time to talk and when it is time to listen, or you may miss out!
   C. We need to stick together during hikes and other activities. Do not move ahead of the group or lag behind.
   D. Don’t ever be afraid to ask questions.

2. All activities will be under the supervision of an adult.

   A. Group engaged in activities must have an adult in charge.
   B. All adults at camp are persons in authority. Their requests should be respected even though they may not be your field group leader or from your school. The adults are there FOR YOU – they will respect you, please respect them.

3. Let’s make it seem like we were never here!
   FFA Camp Muskingum is very good to us and makes this Nature’s Classroom program here possible. Let’s take good care of the camp and all the stuff that comes with it!

   A. The dorms should be cleaned each morning.
NATURE’S CLASSROOM

CAMP STORE INFORMATION

Each student who wished to buy camp store materials must turn in his/her money to their homeroom teacher at school prior to coming to Nature’s Classroom. The teacher keeps a list of who turned in money and how much they turned in. This total sum of collected money, along with the list is turned into the Nature’s Classroom director upon arrival to camp. *Students are not to have any money with them while they are at Nature’s Classroom.*

During their free time students will have the opportunity to go to the camp store and purchase materials. A running tab will be kept for each individual on how much they spent and how much “remains in their account”.

When it is near departure time, all remaining monies and a comprehensive list of transactions (including who gets money back and how much) will be given to a school representative (classroom teacher).

Our store has many quality T-shirts, sweatshirts/long sleeve T-shirts, hats, pencils, pens and various other Natures’ Classroom and FFA Camp Muskingum souvenirs.
NATURE'S CLASSROOM

Jackson Memorial Middle School

FIRST DAY
10:30 Arrive/Restrooms/Luggage Brigade
11:15 Move In & Adult Meeting
12:30 Lunch
2:00 Field Group
3:30 Restroom
3:45 Classes
5:15 Restroom/Hoppers
5:30 Dinner
6:30 Recreation Break
7:30 Classes
9:00 Snack (No Siren)
9:30 Showers & Bedtime

SECOND DAY
7:15 Wake Up
7:45 Hoppers
8:00 Breakfast
9:00 Clean Up
9:30 New Games
10:15 Field Group (No Siren)
11:45 Restroom/Hoppers
12:00 Lunch
1:00 Recreation Break
2:00 Underground Railroad
5:15 Restroom/Hoppers
5:30 Dinner
6:30 Recreation Break
7:30 Campfire & Night Hike
9:30 Snack (No Siren)
9:45 Showers & Bedtime

THIRD DAY
7:00 Wake Up/Move Out
8:00 Field Group Clean Up
8:30 Brunch
9:30 Restrooms
9:40 Field Group
11:10 Final Closing
11:30 Restrooms
11:45 Departure
**Outdoor Education Camp – Pick up and Drop Off Directions**

**On the day we leave – Drop off directions**

1. Parents may drop students off with camping gear between 8:00-8:30 a.m. Please use entrance #5. Students will place their gear in the assigned area in the Gold Gym.
2. Students that have medication should take it to the Guidance Office.
3. All students should report to homeroom.
4. Camp Store money should be given to homeroom teachers.

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**On the day we come home – Pick up directions**

1. Parents will pick up at **Jackson North Park at 1:00 p.m.** The **North Park** is located across from the high school.
Dear Camper:

We are giving you the opportunity to pick your bunk-mate. Please check with the other student to make sure you both fill out this form the same way. Your bunk-mate must be in your community. If you have no one in particular to bunk with, please check "NO PREFERENCE". We can put you in the same dorm with someone if you have no bunkmate.

YOUR NAME

BUNK MATE'S NAME

NO PREFERENCE

Community

I, ______________________ have read and understand the Guidelines for Students and agree to abide by it.

__________________________  ______________________
Signature of Student        Date

__________________________  ______________________
Signature of Parent         Date

Food Restrictions
- Gluten Free
- Dairy Free
- Vegetarian
- Egg Allergy
- Tree Nut Allergy
- Peanut Allergy

PARENTS

Do you want to go to camp too? The cost for you is $180.00. If so, please fill out below:

__________ Yes, I want to go to camp with my child!

(Please complete the following portion only if you plan to attend camp with your child.)

Your Child's Name

Your Name

Phone No. Phone No.  (home)  (work)

Mailing Address

If we can answer any questions for you, please feel free to contact Dan Michel, Camp Coordinator, at (330)-830-8034.
General Information

Name ________________________________

Age _____ Sex ______ Weight _______ Height _______ Date of Birth ______/_____/______

Address ____________________________________________ (City) __________________ (State) ______ Zip ____________

Mother’s Name or Legal Guardian ___________________________ Home # _________________ Work # ______________________

Father’s Name or Legal Guardian ___________________________ Home # _________________ Work # ______________________

Family Doctor ___________________________________________ Doctor’s # ________________

If parents are not available in case of an emergency, notify: ________________________________ Phone Number _____________________

Insurance Information

Is this person covered by family health insurance plan? Yes [ ] No [ ]

What are the Last Four Digits of the Student’s Social Security Number ________

If covered, what is the insurance company? ____________________________________________

Name of person who is the prime insured holder: _______________________________________ 

Please write the insurance ID number (It is on your Insurance Card) ______________________

I give permission for (student’s name) ___________________________ to attend Nature’s Classroom for the period of (dates of program) ____________ as part of the outdoor education of (school) ____________ and to be subject to the authority of the program director. I give permission for the above to participate in any planned activities under the supervision of the director or assigned staff member. I also understand that the director or school leaders may dismiss my child from the encampment if, in their opinion, his/her conduct or influence is not in the best interest of the entire group. I will not hold Nature’s Classroom, FFA Camp Muskingum, or the aforementioned school responsible or liable for accidents which may occur to the camper while on the camp premises, or for loss of personal articles brought to the Nature’s Classroom Program. I also give permission of the use of any photo of the above named to be used for program public relations.

I understand that my child’s participation in a program offered by Nature’s Classroom, including the adventure activities and living history reenactments, are based on a “Challenge by Choice” philosophy. I recognize that the program is designed to use experiential, hands-on teaching techniques, and that my child’s participation is purely voluntary.

I hereby give permission for emergency treatment of my child in case of accident or illness, and for normal treatment during the program. I realize that Nature’s Classroom will make every effort to contact first the legal guardians, followed by the person to notify in case of emergency. If neither can be reached, I hereby give permission to the medical personnel selected by the program director and/or assigned staff member to order routine tests, x-rays treatment, to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation. I also give permission to the physician selected by the program director and/or assigned staff member to secure and administer treatment, including hospitalization, for the person named above.

Non-Prescription Medication: Should my child become ill, get a headache, catch a cold, or have other minor medical or dental problems, I give permission for the administration of non-prescription medication in accordance with the camp’s medical treatment procedures? (PLEASE MARK) Yes [ ] No [ ]

If needed, Tylenol will be administered, unless otherwise specified: Other (specify) __________________________________________

I understand that by signing below I have read and understand the above statements.

_________________________________________ Signature ____________________________ Relationship ___________ Date __________