



# Audubon Center of the North Woods

*Experience Your Environment*

Dear Summer Youth Camp Participant,

Happy summer! Thank you for registering for an Audubon Center of the North Woods summer camp program. We're looking forward to meeting you and providing a week of fun and adventure for you this summer. These pages contain information intended to assist you with your planning and packing. Each day will be filled with new activities, both on and off-site. If you have any further questions after reviewing this information, please do not hesitate to email or call us at email or number listed below.

**LOCATION:** The Audubon Center of the North Woods is a 780-acre residential environmental learning center located on the shores of beautiful Grindstone Lake near Sandstone, MN. We're approximately 90 miles north of the Twin Cities and 70 miles south of Duluth, just minutes west of Interstate 35. Driving directions are included in this packet.

**STAFF:** Our staff naturalists are qualified educators and serious instigators of fun who will provide a safe, nurturing and adventurous environment for our summer campers. All staff have basic first aid and CPR training and we have two staff members who are certified Wilderness First Responders. Staff naturalists are here because they have a passion for the outdoors, and love to share that passion with youth. They embrace our mission to **instill a connection and commitment to the environment in people of all communities through experiential learning.**

We're looking forward to seeing you!

Emily Porter  
Education Manager

*Questions?* Call or email Emily at 320-245-2648, ext. 110 or [porter@audubon-center.org](mailto:porter@audubon-center.org)

**REQUIRED FORMS:** The following forms provide us with essential information and are REQUIRED for you to participate. **They should be completed and returned as soon as possible.**

- Participant information sheet
- Health/medical form
- Audubon Center liability release
- Camper Conduct Contract

**Send completed forms to:**

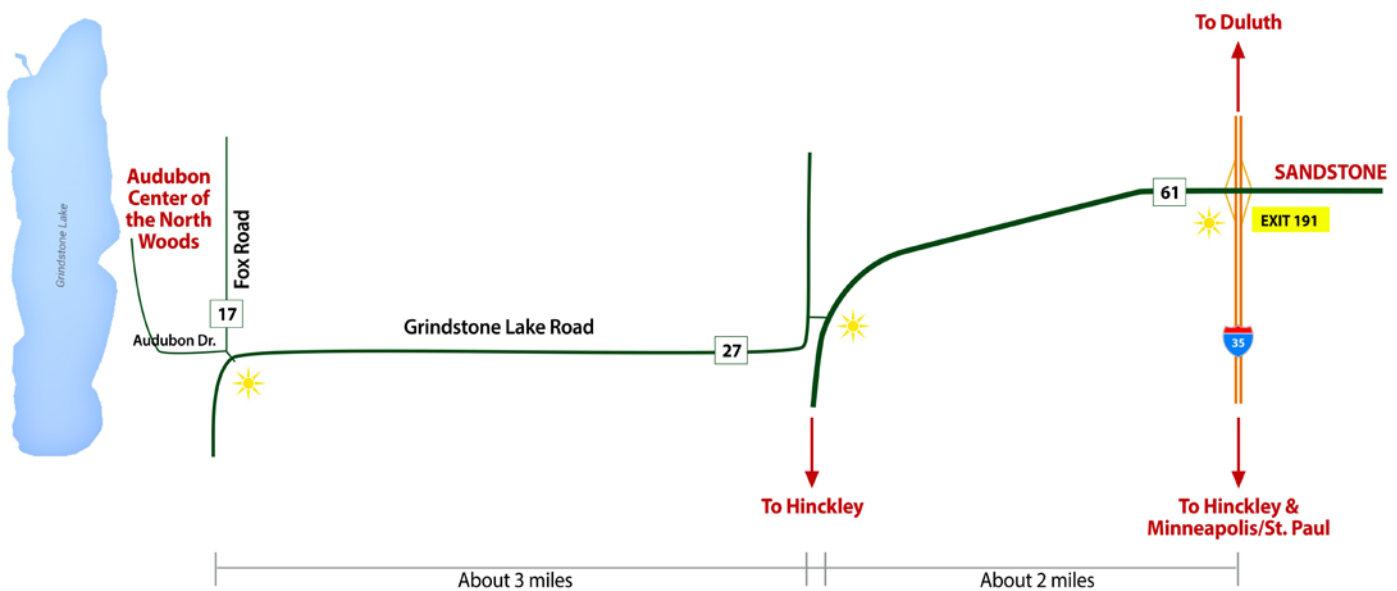
Email: [audubon1@audubon-center.org](mailto:audubon1@audubon-center.org), fax: 320-245-5272, mail: ACNW, PO Box 530, Sandstone, MN 55072:

## TRAVEL INFORMATION:

**Arrival:** Please plan to drop off your camper(s) at the Center between 3:00-4:00 pm on the first day of camp. If you are planning to stay nearby overnight, local accommodations include: Eagle's Inn (320-384-6112), Days Inn (320-384-7751), Grand Northern Inn (320-384-4702), and Americas Best Value Inn (320-245-5284), which are all within 15 miles of ACNW.

**Departure:** Camp ends at 1:00 pm on the last day of camp. Please plan to join us for lunch and a special presentation at noon. *You must present your photo ID to check out your student from camp.*

### AUDUBON CENTER DRIVING DIRECTIONS



**Audubon Center of the North Woods**  
54165 Audubon Dr., Sandstone, MN 55072 ☎ 320-245-2648

**Audubon Center GPS coordinates**  
(46.117186384284004, -92.99793720245361)

1. From Interstate 35, exit on the Sandstone **Exit 191** (then watch for signs the whole way).
2. Go west/southwest on Hwy 61 just over two miles.
3. Take a right on County Road 27, cross the Munger bike trail, turn left at the 'T' (Grindstone Lake Road) and go just over three miles.
4. Take a right on County Road 17 (Fox Road) and turn left almost immediately between the stone pillars (Audubon Road – our driveway).
5. Follow our driveway (one mile) all the way, until it ends at the parking lot and the office.



## SUMMER CAMP PACKING LIST

Check off each item as it is packed so you don't forget anything. Save the list for repacking at the end of the session at the Audubon Center. **We may even have some limited equipment, i.e., sleeping bag, to lend out – PLEASE CONTACT US!** On any particular day, we will probably wear shorts and a T-shirt. Evenings may be chilly.

### Required

- Large daypack (a large school book bag will work with shoulder straps is fine)
- Sleeping bag with a stuff sack
- Pillow
- 2 towels (One beach towel and one bath towel)
- 1 washcloth
- Water bottle (1 quart or larger)
- Rain gear (jacket and pants)
- 5-7 pairs socks
- Sufficient underwear (1 pair/day)
- 3-6 Short sleeved t-shirts
- Long sleeved shirt
- 1 sweater, jacket, fleece or sweatshirt
- Shorts (2-3 pairs)
- Long pants (at least 2 pairs)
- Swimsuit
- Insect repellent
- Sunscreen
- Toiletries: toothbrush, toothpaste, shampoo, soap, etc.
- 1 pair of sneakers that can get dirty. It should not be necessary to purchase new hiking boots for camp. Tennis shoes will work just as well and won't have to be broken in.
- 1 pair of durable outdoor sandals (no flip flops)
- 1 hat or cap for sun protection

### Optional

- Postage stamps, paper, envelopes, notebook
- Journal
- Sunglasses
- Bandana
- Binoculars
- Mosquito after-bite
- Feminine napkins and/or tampons if needed
- Camp store spending money (we will hold this aside at registration for your camper to use in the Nature Store only)
- Mosquito head net



***NO  
PHONE  
ZONE!***

Please **DO NOT** pack electronic devices such as cell phone. If you'd like a camera, please bring one that is not part of your phone.



**Audubon Center  
of the North Woods**  
*Experience Your Environment*

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## Participant Information Sheet

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### Audubon Center Summer Camp Sessions

- Outdoor Explorations, June 23-28, 2019
- Wild About Animals, July 7-12, 2019
- Rocks, Ropes & Rafts, July 21-26, 2019

**SAVE this document to your computer PRIOR to filling out forms**

**Please email, fax or mail back to us two weeks prior to the first day of camp!**

(Email: [audubon1@audubon-center.org](mailto:audubon1@audubon-center.org), Fax: 320-245-5272,  
Address: ACNW, PO Box 530, Sandstone, MN 55072)

Camper Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

Last grade completed: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

**TO BE FILLED OUT BY PARTICIPANT: (Write on extra sheet of paper, if more space is needed)**

1. Why do you want to attend summer camp at the Audubon Center?
  
  
  
  
  
  
  
  
  
  
2. What do you do with your free time?
  
  
  
  
  
  
  
  
  
  
3. Have you had other camp experiences? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, where? \_\_\_\_\_

**TO BE FILLED OUT BY PARENT:**

1. How did you learn about summer youth camp at the Audubon Center?
  
  
  
  
  
  
  
  
  
  
2. What do you hope your child will learn from this experience?
  
  
  
  
  
  
  
  
  
  
3. What general or specific comments/suggestions do you have for your child's instructor/counselor that will help make this a comfortable and rewarding experience?



# Audubon Center of the North Woods

Experience Your Environment

## Camper Health Form

Please send completed and signed form to:  
Audubon Center of the North Woods  
PO Box 530, Sandstone, MN 55072  
Phone: 320-245-2648; Fax: 320-245-5272  
Email: audubon1@audubon-center.org

This form is essential for your child's safety and enjoyment of the session. Please take the time to fill it out completely and accurately. Your thoroughness in answering these questions will enable us to respond to any problem or emergency which may arise during your child's stay with us. **This form must be received by the start of camp in order for your child to attend camp.**

### General Information

Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ (M/D/Y)

For rooming purposes, camper requires: Female room \_\_\_\_\_ Male room \_\_\_\_\_ Non-binary room \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

In an emergency, if unable to reach parent, contact: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy#: \_\_\_\_\_

### Immunization History

Measles, Mumps, Rubella series dates \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

DTP series \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ booster \_\_\_\_\_

Polio series \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

*If the participant has not been immunized, a statement of conscientious objection (or medical reasons) signed by a parent or physician is required.*

**Tetanus shot:** Please indicate the date of your child's last tetanus shot or booster shot below. If it has been more than 5 years, we suggest that a booster shot be administered before your child arrives at camp.

Date of last tetanus shot: \_\_\_\_\_

**Allergies**

- insects - be specific \_\_\_\_\_
- penicillin
- aspirin
- other medication - please explain
- food (additional info required below in the dietary information section)

- fabric - be specific \_\_\_\_\_
- iodine
- cold
- heat

If you have checked any of the above, please describe the severity and signs of the allergic reaction:

Does your child carry epinephrine for this allergy?      Yes \_\_\_ No \_\_\_

Does your child use any type of corrective brace or device?      Yes \_\_\_ No \_\_\_

If yes, explain:

Is your child taking medication at the present time?      Yes \_\_\_ No \_\_\_

If yes, explain:

**Special Information** (Check if yes)

- contact lenses
- recent exposure to contagious disease
- sleepwalking
- bedwetting
- Raynaud's Syndrome
- Crohn's Disease
- chronic diarrhea
- rheumatic fever
- hypothermia
- poor circulation
- abnormal blood pressure
- seizures
- dizziness
- eyestrain or light sensitivity
- depression

- heart trouble
- diabetes
- controlled by injection* \_\_\_\_\_ *diet* \_\_\_\_\_
- mononucleosis
- back problems - please explain:
- knee or other joint problems - explain
- stomach or intestinal problems
- asthma
- bronchitis
- arthritis
- toothaches
- fainting
- hypertension
- ADHD
- ADD
- OTHER: \_\_\_\_\_

If you have checked any of the above, has your child been treated or is now under treatment for the condition? Explain:

Are any activities to be restricted? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, explain:

I AM SENDING THE FOLLOWING MEDICATION ALONG WITH MY CHILD:

CHILD'S NAME: \_\_\_\_\_

NAME OF MEDICATIONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TO TAKE FOR: \_\_\_\_\_

DOSAGE (be specific): \_\_\_\_\_

\_\_\_\_\_

I HEREBY GIVE PERMISSION FOR NON-PRESCRIPTION MEDICATION (FOR EXAMPLE, TYLENOL) TO BE GIVEN TO MY CHILD IF DEEMED ADVISABLE BY THE ACNW STAFF.

*Parent/Guardian or Participating Adult Signature* \_\_\_\_\_

THE FOLLOWING NON-PRESCRIPTION MEDICATION SHOULD NOT BE GIVEN TO MY CHILD:

**Swimming Ability** (all campers will wear PFDs in and on the water)

\_\_\_ Non-Swimmer    \_\_\_ Beginner    \_\_\_ Average    \_\_\_ Above Average    \_\_\_ Very Good

**Diet Requirements/Preferences:**

Does your child REQUIRE a special diet (INCLUDE GLUTEN, LACTOSE, NUT AND OTHER ALLERGIES/SENSITIVITIES)?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain in detail:

If yes, does your child carry epinephrine for the allergy? Yes \_\_\_\_\_ No \_\_\_\_\_

Is your child a VEGETARIAN or VEGAN? Yes \_\_\_\_\_ No \_\_\_\_\_

**Medical Authorization:**

I have answered the questions on the Health History form accurately and completely, and I believe that my child is in good physical condition and that he/she may participate fully in the trip activities. I realize the demands and expectations of this session and understand that I cannot hold the Audubon Center of the North Woods liable for any physical or medical problems that may result from my child's participation due to a previous condition not indicated on this form.

In the event I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by ACNW Staff to hospitalize, secure treatment for, and to order injections, anesthesia or surgery for my child as named below:

Child's Name: \_\_\_\_\_

Parent/Guardian Signature (required): \_\_\_\_\_

Please Print Parent/Guardian Name: \_\_\_\_\_

**Camper Conduct Contract (REQUIRED)**

The Audubon Center of the North Woods is dedicated to the development of confident, happy, and respectful youth. Each young person that participates in a ACNW program is asked to dedicate him/herself to the fulfillment of this expectation. Minor violations may include having privileges taken away and natural consequences assigned. Violations of the following behaviors will result in a call home with the expectation of dismissal from camp; no refunds will be issued:

- o Drug and alcohol use
- o Deliberate/malicious damage to Audubon property
- o Blatantly disrespectful behavior/use of profanity toward other campers or staff. This includes any hurtful comments targeting one’s race, religious, ethnicity, gender orientation, or physical, mental or emotional abilities.
- o Harm or threat to other campers, staff or animals

I, the legal guardian, \_\_\_\_\_, have read and agree to the camper conduct policy as stated above. (To be signed by legal guardian)

I, the participating camper, \_\_\_\_\_, have read and agree to the camper conduct policy as stated above. (To be signed by camper)





**Audubon Center  
of the North Woods**  
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# Liability Release Form

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Please send completed and signed form to:  
Audubon Center of the North Woods  
PO Box 530, Sandstone, MN 55072  
Phone: 320-245-2648; Fax: 320-245-5272  
Email: audubon1@audubon-center.org

***Form MUST be signed by parent/guardian before child can participate***

## Assumption of Risk and Liability Release

Participant Name \_\_\_\_\_

I will be participating /  I authorize the above-named participant to participate in the program at the Audubon Center of the North Woods. I acknowledge and am aware that this program involves certain inherent risks which I expressly accept and assume. These risks may include (but are not limited to) physical injury, emotional injury, paralysis, permanent disability, illness, death or property damage due to inclement weather; walking on uneven trails; canoeing; cross country skiing; snowshoeing; rock climbing and belaying on an indoor climbing wall; a high ropes course activity; field trips to non-Audubon Center sites; and other peoples' actions. Following appropriate medical consultation, I have determined that my child's/my health is adequate to participate safely in this program (except as indicated on the Student or Adult Health Form). In the event of an emergency, I authorize treatment by emergency medical personnel.

Accordingly, I hereby voluntarily release and forever discharge the Audubon Center of the North Woods, including all of their personnel, agents, affiliates, staff and directors, from any and all liabilities to me with respect to injury, sickness, disease, loss or damage. This release applies to any and all liabilities to me or my estate of any description, whether arising from ordinary negligence or otherwise, and whether involving fees and expenses of any kind. In the event that some other person or entity seeks compensation for these released liabilities, I or my estate will indemnify and hold harmless the Audubon Center of the North Woods for all sums reasonably incurred in response to that claim. This release is to be interpreted and enforced under Minnesota law.

By signing this document, I understand and agree that if I am hurt or if my property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being release on the basis of any claim for negligence. I have had enough time to read this agreement and consult with legal counsel if I so chose to do so. I understand that this activity may not be made available to me if I were to choose not to sign this release. I have read and understood this document and I agree to be bound by its terms.

Any photos taken of my child may be used in future publicity materials.

I do not authorize the Audubon Center to use any photos taken during the visit in publicity materials

Parent/Guardian or Participating Adult Signature (required) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date \_\_\_\_\_

Hard Water Sports RELEASE OF LIABILITY/LIABILITY WAIVER FORM

FULL LEGAL NAME of PARTICIPANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Name and Relationship of Emergency Contact: \_\_\_\_\_

Phone(s) of Contact Person: \_\_\_\_\_

**Acknowledgement of Activity Participation**

By signing this waiver, I certify that I am in good health and physical condition and do not suffer from any disability which would prevent my participation in the Adventure Activity. I acknowledge that I am not under the influence of alcohol, nor am I under the influence of any drugs. I fully understand that I may injure myself as a result of my participation in the Adventure Activity and that certain injuries may result in death or permanent physical disability.

**Acknowledgement of Risk, Indemnity and Release**

I hereby assume all risks, known and unknown, associated with participation in the Adventure Activity including, but not limited to, any injuries resulting from falls, contact with other participants, the conditions of Adventure Activity sites, bodily injuries and death.

To the fullest extent permitted by law, I hereby agree to indemnify, hold harmless and defend Hard Water Sports LLC and Road Scholar from and against any and all claims, damages, expenses and other liabilities (including, but not limited to, court costs.)

I for myself and anyone entitled to act on my behalf, including, but not limited to my heirs and successors, hereby RELEASE, WAIVE AND FOREVER DISCHARGE the Indemnified Parties from any and all claims, losses, damages, expenses and other liabilities of any kind arising out of my participation in the Adventure Activity even if such claims, losses, damages, expenses and other liabilities arise out of negligence or carelessness on the part of any or all of the of the Indemnified Parties.

**Media Release**

I hereby grant and convey to Hard Water Sports all rights, and interests I may have in any and all photographs and video recordings made during activity. Hard Water Sports and parties shall have the right to use images and recordings for promotional purposes or for any other reason.

**Medical Emergencies**

I hereby give permission to Hard Water Sports to contact emergency services for help and give permission to a licensed medical provider to provide proper treatment, including but not limited to hospitalization, and/or surgery.

I hereby RELEASE, WAIVE AND FOREVER DISCHARGE Hard Water Sports, Road Scholar and Parties from any and all claims, liabilities, judgments, executions, liens and costs whatsoever in law or equity, including, without limitation, liability for death or bodily injuries to any person or damage to any property resulting from any (i) claims made against medical providers of emergency services under this authorization, or (ii) against Hard Water Sports for obtaining emergency medical services for me pursuant to this authorization and waiver.

\_\_\_\_\_ Date \_\_\_\_\_ Your Signature

If you are under the age of 18, your parent or guardian must execute this form on your behalf.

\_\_\_\_\_ Date \_\_\_\_\_ Parent or guardian

# Swiftwater Adventures

## Release of Liability and Assumption of Risk Agreement

This is a release. Read it carefully before signing. This release essentially states that I am participating in an adventure trip via hiking, skiing, snowshoeing, or paddling in a wilderness/outdoor environment—not a controlled amusement park ride or an environmentally controlled setting. As a result there are coherent risks in these activities I know that I may die, get hurt, or damage my personal property. If any of these occur, I understand that I cannot make a claim, sue, or expect North Woods Eco-ventures LLC, DBA Swiftwater Adventures (known as ‘Swiftwater Adventures’), its owners, officers, guides, employees, associates, or the State of Minnesota to be legally responsible or pay for any damages.

**ACKNOWLEDGEMENT AND ACCEPTANCE OF RISKS:** I, the undersigned, hereby acknowledge that I have voluntarily chosen to go on this adventure trip with Swiftwater Adventures LLC. Certain risks are inherent in any recreational activity and cannot be eliminated, altered, or controlled, and these risks that contribute to the unique character of the activity can also be the cause of injury, illness, death, and damages. I know and fully understand that a wilderness adventure trip, whether on a raft, kayak, or canoe, or on skis or snowshoes is an outdoor adventure activity in a wilderness environment with inherent risks and hazards where serious accidents can occur, participants can die, sustain injuries and property damage. Also I understand that, in the case of whitewater paddling, class I-III rapids can be difficult and dangerous levels of whitewater and recognize that the risks associated with running whitewater rapids are greatly increased.

**I acknowledge and willingly assume all risks and hazards involved with whitewater rafting, canoeing, and kayaking, including lessons, as well as hiking, cross-country skiing, and snowshoeing. This acknowledgement is from the trip check in until the conclusion of the trip, including but not limited to: (1) loss of control of raft, canoe or kayak, falls in, out, or about the raft, canoe, or kayak, collision with other participants, equipment, other rafts, rocks, trees, and any portion of the interior of the raft, canoe, or kayak, and any other man-made or natural obstacles, whether obvious or not; (2) judgment, decision-making and conduct of the guides; (3) submersion in water, drowning; (4) encounters with animals, wildlife and insects; (5) exposure to wilderness environment, extreme temperatures, and inclement weather, remote areas, wilderness terrain, including travel by foot or vehicle in any way related to this activity, whether at staged break area or elsewhere; (6) assistance in lifting and/or carrying any paddling, skiing, or hiking equipment; (7) falling or collisions while hiking, snowshoeing, or skiing and injuries sustained from fall or impact with objects (8)rescue-related injuries; and (9) unavailability of immediate and appropriate medical attention in case of injury.**

I understand and acknowledge that the above list is not complete or exhaustive, and that other risks, known or unknown, anticipated or unanticipated, may also exist and result in injury, illness, disease, death or damage. **My participation in this activity is purely voluntary and I elect to do so at my own risk.**

**Release:** In consideration for Swiftwater Adventures allowing me to participate on this trip, I voluntarily agree to release, discharge, and hold harmless Swiftwater Adventures and for any and all claims of liability arising out of their negligence, fault, recklessness, or any other act or omission which causes the undersigned illness, injury, disease, death, and damages of any nature in any way connected with my participation in this rafting activity. I also expressly agree to release and discharge Swiftwater Adventures from any act of omission of negligence in rendering or failing to render any type of rescue or medical services. **In signing this document, I fully recognize and understand that if I (or any minor of whose behalf I am signing this release) am hurt, die, or my property is damaged, I am giving up my right to make a claim or file a lawsuit against Swiftwater Adventures, even if they negligently or by some other act of omission cause the injury or damage.**

I further agree, to hold harmless, defend, and indemnify, Swiftwater Adventures from all defense costs, including attorney’s fees incurred in connection with claims for bodily injury, wrongful death, or property damage, sustained by any minor under 18 years of age on whose behalf I am signing, or which I may have caused to spectators or other third parties, whether negligent or not, in the course or my participation in this activity.

I further acknowledge that I, or the minor I am signing for, am in good health, I understand that physical exertion may be required, and I, or the minor I am signing for, have no known physical disabilities or health problems that will present any risk to my participation on/in the trip. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participating and bring such to the attention of the trip leader immediately. I permit the use of any photos or video of me, or the minor I am signing for, taken during the day’s activities for publicity, advertising, or other commercial purpose.

As a parent or legal guardian of a participant under 18 years of age, I have read and voluntarily agree that said minor may participate in this adventure trip, and I sign this release on their behalf and on the behalf of the minor’s parents and/or legal guardians. In addition, I give permission to treat said minor in cause of illness, injury, emergency, or accident. Should emergency medical services become necessary, for the undersigned participant or minor, the expenses are the sole responsibility of the participant and not that of Swiftwater Adventures. Personal medical insurance is strongly advised for all participants. Swiftwater Adventures has made no effort to determine, and accepts no responsibility for, medical, physical or other qualifications or the suitability of participant, or other participants, for the activities. Client, and the parent or guardian of a minor participant, accepts full responsibility for determining participant’s medical, physical or other qualifications or suitability for participating in any adventure trip activities.

Swiftwater Adventures reserves the right to accept or deny service to any person. I hereby agree to follow all rules, regulations, and the instructions of Swiftwater Adventures. The venue of any dispute that may arise out of this agreement or otherwise between the parties to which Swiftwater Adventures or its agents is a party shall be either in St. Louis or Carlton County Court or Minnesota State Supreme Court.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Please Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENTS OF GUARDIAN’S ADDITIONAL INDEMNIFICATION (MUST BE COMPLETED FOR PARTICIPANTS UNDER THE AGE OF 18)**  
*In consideration of \_\_\_\_\_ (print minor’s name) (“Minor”) being permitted by SA to participate in its activities, I further agree to indemnify and hold harmless SA from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.*

Signature of Parent or Guardian: \_\_\_\_\_ Print Name: \_\_\_\_\_  
Date: \_\_\_\_\_



## Audubon Center of the North Woods

*Experience Your Environment*

Adventure and fun for your child is just around the corner! We have compiled this guide based on the most commonly asked questions concerning summer camp at the Audubon Center of the North Woods.

**Please read and save this guide. It contains essential information that will help you to best prepare your child for their week at the Audubon Center of the North Woods.**

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### Directions to the Audubon Center of the North Woods

#### Driving Directions & Map



#### Directions to the Audubon Center From the Twin Cities and Duluth:

- ❖ From Interstate 35, exit on the Sandstone Exit 191
- ❖ Go southwest on County road 61 just over two miles
- ❖ Take a right on County Road 27, cross the Munger bike trail, turn left (Grindstone Lake Road)
- ❖ Go just over three miles and take a right on County Road 17 (Fox Road)
- ❖ Turn left between the stone pillars (Audubon Road)
- ❖ Follow this road to the office - one mile (There will be signs the whole way)

Our center is located only six miles from Interstate 35, 90 miles north of the Twin Cities (about 1 1/2 hours) and 60 miles south of Duluth (about 1 hour). ACNW is on Grindstone Lake and is near Banning State Park, the Hinckley Fire Museum, the Northwest Fur Post and the Kettle River.

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## Summer Camp 2019 Parent's Guide

- Recheck scheduled arrival time and pick-up
- Ensure health history form is complete
- Sign Liability Release Forms
- Sign Camper Conduct Contract
- Bring along any medication needed for camp

### Sunday Check-in Time

- Camp starts at 4:00 pm the first day of camp, unless otherwise noted. Check-in at the Main Office/Dining Hall.
- Please make arrangements far enough in advance that will allow you or another adult to bring your camper to the Audubon Center on the first day between 2:00pm and 4:00pm. You are welcome to come early and stroll the grounds, but staff will not be available to supervise campers or begin check-in until 2:00.
- If your child is traveling to Minnesota by plane, please contact us - timing is crucial.

### Friday Check-out Time

- Parents - please arrive at the Audubon Center by noon and join us for lunch!
- You will be directed to your child's luggage and then to the front desk to check out your child.
- **REMEMBER! You must bring your ID to check out your child or provide written permission at the time of check-in if you intend to have someone else pick up your child.**
- The gift shop will also be open during check-out.

### **The Camp Telephone**

The number at the Audubon Center is 320-245-2648. We discourage phone calls to campers because they so often tend to initiate or nurture homesickness. However, if you have an emergency or a concern, please call the number listed above. A staff member will be happy to talk with you. We will allow campers to call home if necessary but we try to discourage this as much as possible.

### **Emailing**

Emailing your son or daughter is a fantastic way to say hello while they are at the Audubon Center. Please email: [audubon1@audubon-center.org](mailto:audubon1@audubon-center.org).

### **What to Bring**

Please read the packing list attached to this guide, carefully. *Please put your camper's name on every piece of clothing and equipment.*

### **What Not to Bring**

There are some basic items not appropriate for camp and must be left at home. These items include: skateboards, radios, iPods, walkie-talkies, laptops, expensive jewelry, portable TV's, cellular phones, and other electronics. **Please DO NOT SEND snacks and candy with your campers.** Snacks are not permitted in the dorm. We will provide healthy snacks to the campers throughout the week. Furthermore, fireworks, knives, hatchets and items that could be used as a weapon are strictly prohibited. Please support the ACNW staff with your assistance in this area. The Audubon Center is not responsible for lost, stolen, or broken items.

### **Spending Money**

Each camper will receive the opportunity to visit the Audubon store during the week. You may deposit spending money in the "Camp Bank" at check-in. This system eliminates the possibility of loss or theft.

### **Laundry**

Your child should come to camp with enough clean clothes to last the entire week. We have included a suggested list of clothes necessary for the week.

### **Care Packages**

A package from home can be a welcome surprise. However, we encourage you to think creatively and send **only non-food items**. Parent's support in this area helps us tremendously. Your child will receive occasional snacks as part of camp.

### **Homesickness**

Homesickness is normal! It can often be lessened or prevented by the following suggestions:

- Utilize the camp brochure or website as a starting point for a discussion of what to expect at camp.
- Have your camper call us and ask us questions that they might have.
- Emphasize to your child how fun camp will be! They will make new friends, enjoy the outdoors, and have adventures.
- Share your own summer camp memories.
- Please do not promise your child that you will pick them up if they are homesick, as it will set them up for failure.
- Missing one another is a normal, healthy experience. So too is the experience of being away and adapting to new people and surroundings. Once the camper is at the Audubon Center, please do not linger. Make your good-bye short and sweet.
- When writing letters or emails from home, keep the news light and happy.
- Avoid making telephone calls to your child.
- The Audubon staff will do their best to help campers overcome homesickness.

### **Camper Conduct (see conduct contract above)**

The Audubon Center of the North Woods is dedicated to the development of confident, happy, and respectful youth. Each young person that participates in a ACNW program is asked to dedicate him/herself to the fulfillment of this expectation. Minor violations may include having privileges taken away and natural consequences assigned. Violations of the following behaviors are an immediate ticket home and no refund will be issued:

- Drug and alcohol use
- Deliberate/malicious damage to Audubon property
- Blatantly disrespectful behavior/use of profanity toward other campers or staff. This includes any hurtful comments targeted one's race, religious, ethnicity, gender orientation, or physical, mental or emotional abilities.
- Harm or threat to other campers, staff or animals

### **Dining Service**

Our menu is well balanced and campers receive plenty to eat. Accommodations are made for special dietary needs, if we are notified in advance on the health form. Please feel free to contact us, with your special concerns.

### **Final Payment to Camp**

Please pay your balance by the due date mentioned elsewhere in these documents. We are unable to guarantee a place for your child if the balance is not paid when due.

### **Refund Policy**

There are no refunds for cancellations less than 30 days prior to the first day of camp (see above dates for each camp). There are no refunds for campers sent home early due to behavior policy violations.

### **Health and Liability Forms**

These forms are required and are included in this packet. **Please make sure you fill the forms out carefully! If we don't have a health and liability form, your child will be unable to participate in camp activities.** It is critical that you initial and sign in designated areas. Please elaborate on any medical conditions that your child might have.

### **Mosquitoes and Ticks**

Both of these pests are part of life when living in Minnesota. Mosquitoes are attracted to certain darker colors, but find yellows and tans to be the least attractive. Ticks are easiest to see on light-colored clothing. Clothing that covers the skin is the most effective way to keep them off of you. Repellants do deter them quite successfully. Opt for ones with natural ingredients if possible. We will discuss mosquitoes and ticks in more detail during orientation on the first day of camp.

### **Medicine**

All prescription/over-the-counter medicines should be in their original containers. If your child will be bringing any form of medication, either prescription or non-prescription, the **ACNW staff should be notified in advance on the health form.** Please instruct ACNW staff about how to dispense the medicine, upon check-in at the Center. This information should be added in writing to the student's health form. No medication is to be left with any camper; this includes over-the-counter drugs like Tylenol or Benadryl.

### **Cabin Mate Request**

We will attempt to provide as diverse a cabin group experience as possible by limiting the number of campers in each cabin from any known social circle or specific town.

If your camper did not request a bunkmate, you may do so **up until one week before his or her session**

**begins** by submitting it in an email to the Audubon Center: [audubon1@audubon-center.org](mailto:audubon1@audubon-center.org)

Similarly, if your camper would like to change an existing bunkmate request, you may do so **up until one week before the session begins** in the same manner.

Our main concern is to remove the potential for cliques so that other campers who are coming without a friend will not feel alienated. We are very aware of the anxieties that some campers feel toward this experience. Our policies are part of the design that allows us to guide young people to be open-minded, flexible, respectful, and kind.

Dear parents,

Your children are going to have an amazing experience as a participant at Audubon Center of the North Woods summer camps. They are in good hands. Our staff is looking forward to meeting the campers! Please let us know if you have any questions or concerns.

Warm regards,  
ACNW Education Staff