



# ***AOM Youth & Teen Programs***

Vermont Wilderness School  
PO Box 2585  
Brattleboro, VT 05303

(802) 257-8570  
[www.VermontWildernessSchool.org](http://www.VermontWildernessSchool.org)  
[office@VermontWildernessSchool.org](mailto:office@VermontWildernessSchool.org)

## **REGISTRATION QUESTIONS**

**Dates:** \_\_\_\_/\_\_\_\_/\_\_\_\_  I am applying for financial aid

Youth/Teen Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Nickname \_\_\_\_\_ Gender  Male  Female Age on first day of program \_\_\_\_\_

Address \_\_\_\_\_

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

Home phone ( ) \_\_\_\_\_ e mail \_\_\_\_\_

Billing Address (if different) \_\_\_\_\_

Present School \_\_\_\_\_ Grade \_\_\_\_\_

Siblings' names and ages \_\_\_\_\_

Student lives with  Mother  Father  Both  Other \_\_\_\_\_

Program attending (mark one):  Chipmunks (3-6)  Red Squirrels (7-11)  Teen Rendezvous (12-16)

Previous Vermont Wilderness School or affiliate schools/programs/camps attended:

**Legal Guardian 1** Name \_\_\_\_\_  Mother  Father  Other \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

e-mail \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

**Legal Guardian 2** Name \_\_\_\_\_  Mother  Father  Other \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

e-mail \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

**Other Caregiver (if applicable)** Name \_\_\_\_\_ Relationship \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

e-mail \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

**(Teens only)** How did you learn about the Teen Rendezvous?  Friend  Newsletter  Web  Other

Please Give Details: \_\_\_\_\_



## REQUIRED SIGNATURES

### VERY IMPORTANT! PLEASE READ THIS PAGE CAREFULLY.

At Vermont Wilderness School Youth Programs, the safety of each child is our highest priority. We take all reasonable precautions to ensure your child's physical and emotional safety and to provide a quality experience that focuses on fun, safety and character development. However, as in any other experience, we cannot eliminate all risk from our programs. By signing the following statements you acknowledge that you understand the risks of attending this program, assume liability for your child's participation and certify that your application is complete and truthful.

### **Acknowledgement of Risk**

I understand that the program takes place in rocky, mountainous and forested terrain and that water activities are a part of the experience. The following potentially hazardous activities, as well as others not mentioned, may be undertaken: camping, building and sleeping in natural shelters, hiking, wading, cooking, fire building, use of tools, use of knives, and riding in motor vehicles. These activities can cause personal injury, property damage, illness or death.

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  
Parent/Guardian signature Date

### **Assumption of Liability**

In recognition of the potential hazards, I, or my children, my heirs and assigned, do hereby release Vermont Wilderness School, their employees, agents, volunteers, program participants and anyone else acting in any capacity on their behalf (hereinafter, collectively referred to as "Vermont Wilderness School") from any and all liability, actions, causes of action, debts, claims and demands of every kind and nature whatsoever, and specifically including any claim for negligence or negligent acts, arising from my child's participation in a Vermont Wilderness School program. I further agree to hold harmless and indemnify Vermont Wilderness School and its agents for all defense costs, including my attorney's fees and any other costs resulting in connection with my child's participation.

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  
Parent/Guardian signature Date

### **Statement of Completeness**

All of the information on these Student Application, Medical, and Questionnaire forms is confidential and will only be shared with the appropriate Vermont Wilderness School staff. Students with a variety of medical/psychological/physical conditions or problems have successfully participated in our programs but WE MUST BE AWARE OF THESE CONDITIONS. Other students, staff, and the applicant are all put at risk when this information is withheld.

I understand that if my child arrives at camp with a pre-existing condition, injury or other health problem not indicated on this application which Vermont Wilderness School staff discovers because of its negative impact on my child's experience, fellow campers, staff, or the camp program, my child may be asked to leave the program s/he is attending and I will receive no refund of tuition. I hereby certify that I have answered all of the questions on this application and the parent questionnaire truthfully and completely. If circumstances change between today and the first day of the program so that this application is no longer truthful or complete I certify that I will fully inform Vermont Wilderness School of the new circumstances.

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  
Parent/Guardian signature Date

***Vermont Wilderness School***  
**Confidential Medical Record & Release for Minors**

Complete both sides and return to Vermont Wilderness School, PO Box 2585, Brattleboro, VT 05303. (802) 257-8570

Your child's place in the VWS Youth Program is confirmed when we receive all forms, completely filled out and signed, and his/her medical form has been approved. This medical form is an important way to ensure a safe and enjoyable experience for your child. Please fill out all relevant parts carefully and truthfully. If we have any question about your child's ability to complete the program, we will call and discuss the matter with you. If we think your child should not participate in the program, we will refund all tuition payments made to Vermont Wilderness School. We cannot refund costs of medical examinations or other expenses you incur preparing for a program.

**PART 1    General Information**

Name \_\_\_\_\_ Program Starting Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Male  Female Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Insurance: Each participant is responsible for medical expenses.

Sickness and accident insurance is recommended but not required.

Yes  No Applicant is covered by a hospitalization care policy

Insurance company name \_\_\_\_\_ Policy Number \_\_\_\_\_

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

Yes  No Insurance company requires pre-authorization. If "Yes", phone (    ) \_\_\_\_\_

**PART 2    Medical Information**

It is possible for children with a variety of medical and/or psychological conditions to participate in our camps, but **we must be aware of these conditions for our planning and your child's safety**. Failure to disclose such information could result in serious harm to your child, other campers and staff.

Yes  No Does your child have allergies? Please list any allergies below including foods, insects, plants and medications. Describe your child's reactions and any medication he/she may require.

\_\_\_\_\_  
\_\_\_\_\_

Yes  No Does your child have any special dietary requirements? If so, please describe. We can provide for vegetarian and vegan diets as well as a limited number of food allergies. If your child has more unusual dietary requirements please call us well in advance to make special arrangements.

\_\_\_\_\_  
\_\_\_\_\_

Yes  No Does your child require medications? Please list the medicines your child is currently taking. Please include the dosage, condition it is for and any side effects your child is experiencing.

\_\_\_\_\_  
\_\_\_\_\_

Describe your child's current physical exercise activity. Please include frequency, duration and intensity.

\_\_\_\_\_  
\_\_\_\_\_

Date of your child's last tetanus booster: \_\_\_/\_\_\_/\_\_\_\_\_ Who gave the booster? \_\_\_\_\_  
Their phone number: \_\_\_\_\_ *Note: Tetanus boosters are generally recommended first at age 5, and then every 10 years thereafter. It is recommended that children who get deep, dirty wounds or puncture wounds more than 5 years after their last booster receive another booster promptly.*

Please answer "Yes" or "No" below:

- Yes  No a. Seizure within past year
- Yes  No b. Family history of heart attack
- Yes  No c. Hospitalization within past 2 years
- Yes  No d. Emergency Department visit within past year
- Yes  No e. Neck, back, shoulder, knee, ankle pain or injury
- Yes  No f. Medical equipment needed
- Yes  No g. Been stung by a yellowjacket, bee, or wasp
- Yes  No h. Smoke, drink alcohol, illicit drug user, or other addictive habits (please note which & how often per week below).
- Yes  No i. Other medical issues, illnesses or symptoms

Please give details on any question checked "Yes". Please include symptoms, restrictions and treatments.

---

---

If you check "Yes" to any of the following questions, we strongly suggest that you consult with a health care professional to determine whether your child's health status is sufficient for him/her to participate in the program:

- Yes  No a. High blood pressures (or currently being treated)
- Yes  No b. Heart murmur
- Yes  No c. Heart issues (current or prior heart disease, irregular heart beat, history of heart attack)
- Yes  No d. Chronic, on-going disease such as diabetes, seizure disorder, bleeding disorder \_
- Yes  No e. Chest pain/pressure, heart palpitations, frequent unexplained or heart-related dizziness or fainting, sweats or weak spells
- Yes  No f. Excessive weight

Describe in detail any of the above for which you checked "Yes" (include additional pages if necessary):

---

---

### **PART 3 Signature required**

I hereby give consent for emergency hospitalization for \_\_\_\_\_ (print participants name) if it becomes necessary as a result of his/her participation in a Vermont Wilderness School program. I understand that the program is a physically and mentally strenuous activity and may be in a remote wilderness area far from the facilities of civilization.

The information provided above is a complete and accurate statement of the physical and psychological factors which may affect my child's participation in a Vermont Wilderness School program. I realize that failure to disclose such information could result in serious harm to my child and fellow students and agree to indemnify and hold Vermont Wilderness School harmless if all relevant information is not disclosed. I also agree to notify Vermont Wilderness School should there be any change in my child's health status prior to the start of his/her program.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_\_\_



## *AOM Youth & Teen Programs*

Vermont Wilderness School  
PO Box 2585

Brattleboro, VT 05303

(802) 257-8570

[www.VermontWildernessSchool.org](http://www.VermontWildernessSchool.org)

office@VermontWildernessSchool.org

### **Parent Questionnaire**

Dear parents,

Welcome to the Art of Mentoring! We are looking forward to providing a high quality learning experience for your child. Parents of past students have reported transformational results for their children on many levels. Our staff is highly skilled and experienced at working with children in the outdoors. However, we have no mental health workers or special education specialists on staff. Therefore, our program may not be appropriate for some children. The questions are designed solely to help us decide whether or not we have the resources to give your child the quality experience he or she deserves. This will help us to prevent the unfortunate event of discovering that we are unable to serve your child after the program begins. Only Youth Program staff and Art of Mentoring program directors will see this questionnaire. Please answer these questions completely and to the best of your ability. Please use additional sheets if necessary. Thank you!

What is your child's name?

How much time does your child spend outdoors?  very little  some  a lot

What passions/interests will your child bring to the Youth Program? What do you particularly want your child to gain from the Youth Program?

Please describe your child's experience with wilderness and naturalist skills including day or overnight programs attended and/or experience with mentors. How does your child feel about coming to AoM? (excited, anxious, worried, etc.)

How does your child interact with other children one-on-one and in a group? At home? At school?

How does your child interact with adults? Please address listening skills and ability to follow directions.

Yes  No Has your child undergone any major changes such as a move, new sibling, divorce, illness or death of someone close? If so, how is s/he adapting?

---

---

Yes  No Has your child seen a mental health professional in the past two years?

If so, when and for how long? \_\_\_\_\_

Recommended treatment: \_\_\_\_\_

Reason for treatment: \_\_\_\_\_

Name of most recent counselor \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Address \_\_\_\_\_

Yes  No Will you arrange for you child's counselor to release information about his/her diagnosis and course of treatment if it is requested by the staff?

Yes  No Does your child have any medical, physical, intellectual or emotional conditions that may effect his/her ability to participate in the Youth and Kid's Programs? If so, please describe.

---

---

What creates stress in your child? How does s/he cope with stress and conflict?

---

---

What have you or your child's teachers found to be successful strategies for working with your child to manage stress and resolve conflicts?

---

---

Yes  No Has your child physically hurt anyone in the past two years? If so, please describe.

---

---

Yes  No Do you understand that in order to administer prescription drugs to your child, Vermont Wilderness School requires the original labeled bottle or written directions from a doctor?

---

---

Yes  No Does your child take any kind of medication? If so, what is the medication? When was it first administered and has it been used continuously?

---

---



# ***AOM Youth & Teen Programs***

Vermont Wilderness School  
PO Box 2585

Brattleboro, VT 05303

(802) 257-8570

[www.VermontWildernessSchool.org](http://www.VermontWildernessSchool.org)

office@VermontWildernessSchool.org

## **Student Questionnaire (For Chipmunks and Red Squirrels, ages 3-11)**

**Dear Student,**

Welcome to the Art of Mentoring! Below are some questions to help us get to know you better and make sure that we can give you the best experience possible. Please answer them either with or without the help of your parents – your choice.

What is your name? \_\_\_\_\_

What do you like to be called? \_\_\_\_\_

Yes  No Have you ever been to an Art of Mentoring youth program before?

If yes, how many times? \_\_\_\_\_

What are you excited about doing or learning at the Art of Mentoring?

\_\_\_\_\_  
\_\_\_\_\_

What are 3 things that you love to do outdoors?

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

What are 3 things that you do well and that are easy for you?

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

What are 3 things that are the hardest or most challenging things for you to do?

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

What more would you like us to know about you?

---

---

---

---

---

Thank you! We look forward to seeing you at the Art of Mentoring soon!