



55 Duck Pond Road • PO Box 210
 Litchfield, CT 06759
 860-567-2062 • www.ripleyconservancy.org

Child's Name: _____

Ripley 2021 Summer Duck Camp Registration Form

Please fill out a separate registration form for each child

Child's Name: _____ Child's DOB ____/____/____
 Address: _____ City: _____ State: ____ Zip Code _____
 Parent/Guardian Name: _____
 Phone Number (Home): _____ Cell: _____ Work: _____
 Email Address: _____ School Name: _____
 Teacher's Name: _____ Grade Level in September 2020: _____

Program Times: 9:00am – 12:00pm Monday-Friday (morning session)
1:00 pm – 4:00 pm Monday-Friday (afternoon session)

Please select the programs that your child will be attending (Check all that apply):

Camp Sessions for Students in Grades 3-6

Program Date	Grades	Program	Session (AM/PM)
July 5 th -9 th	3-6	Bird Nerd	_____
July 12 th -16 th	3-6	Scientific Discovery	_____

Camp Session for Students in Grades 6-8

Program Date	Grades	Program	Session (AM/PM)
July 19 th -23 rd	6-8	Bird Nerd	_____
July 26 th -30 th	6-8	Nature Unleashed	_____



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Ripley Summer Duck Camp Parent Information Sheet

Please read through the information below! Contact Michelle Ocampo:
mocampo@ripleyconservancy.org with any questions.

Arrival

Ripley staff will be present to greet campers beginning at 8:45 am (Morning Session) or 12:45 pm (afternoon session) on active days. In order to ensure proper supervision, please do not drop off your child until you have made contact with a Ripley staff member.

Ripley's Summer Duck Camp policy is prompt arrival for all participants. Late arrivals, please report to the Ripley Office and staff members will assist to reunite your child with the class. If possible, please let us know ahead of time if you and your child will be arriving late. Please call 860-567-2062 to let us know the time of your arrival.

Departure

Please pick up your child at 12:00 pm (Morning Session) or 4:00 pm (Afternoon Session). Children will only be released to the persons listed on the pick-up authorization form. (Any unrecognized individual who is picking up a child will be required to show identification (driver's license) when picking up your child.) Thank you in advance for your cooperation in keeping all of our kids safe.

To help our program run smoothly, we ask that you please drop off and pick up your child on time. If there is an emergency in which you are unable to pick up your child, please contact us as soon as possible and we will take appropriate action. You may be subject to a fee if you are chronically late in picking up your child or, in egregious cases, we will ask you to remove your child from the program.

Program Attire

Plan for outdoor activities! Please dress your child in clothes that you don't mind getting dirty.

For their safety, we recommend children wear long pants such as jeans or cargo pants and closed-toed comfortable shoes. Please be aware that outdoor conditions have the potential to involve the presence of bees, ticks, biting insects, snakes, poison ivy, and other hazards.



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What to Bring

Each day, please have your child bring a backpack containing the following items to the program:

A water bottle filled with water.

A snack (these will be stored in a fridge until campers break for snack).

A hat (to protect from sun and insects).

Sweatshirt, lightweight jacket and/or rain gear (outerwear appropriate for the weather)

Sunscreen (SPF 15 or higher) – best if applied before the program

Non-aerosol bug repellent – best if applied before the program

What NOT to Bring

Please do not allow your child to bring electronic devices (e.g., electronic games, MP3 players, cell phones, cameras, iPods, radios, tablets, laptops, etc.).

This enrichment program has a “no cell phone” policy. We realize that some parents provide their child with a cell phone for emergency purposes. Cell phones, however, can get lost, broken, and stolen, and represent a potential and unnecessary distraction. If you are concerned that your child will not have a cell phone with them, please be assured that all Ripley staff are in cell phone contact with the main Conservancy Office if emergencies or any other situation arises where you need to immediately contact your child.

Please do not allow your child to bring any other items that can distract from program activities (e.g., trading cards) or items of value that could be broken, lost, or stolen. Such items, if brought to the program, will be collected by the program teachers and returned to the parent at the end of the day.

Behavior

Our staff makes every effort to provide a safe, fun, respectful, and educational environment for your child. If a child's behavior is disruptive to the point of adversely affecting the activities or the experience of other students and staff, appropriate action will be taken. Ripley staff will follow Ripley's Camper Code of Conduct's Behavior Management Plan. This plan includes multiple verbal warnings that, if not acknowledged by the camper, could lead to a note home and/or dismissal from the camp. Violent behavior towards staff, other students, Ripley's captive flock, or program equipment will not be tolerated and will result in the child being sent home early and/or dismissal for the remainder of the enrichment program. No refunds are given for days missed as a result of campers being sent home for behavioral reasons.



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Absence

If your child is too sick to attend the program or will be absent from the program for another reason, please notify us prior to the absence so we know not to expect them. If your child becomes sick while at the program, you will be called immediately. Please make sure we have your cell phone number and an alternate phone number for your spouse or other adult in case we need to reach you. There are no program refunds given for missed days or if a child is sent home for illness.

Please see Covid-19 Policy for additional information

Ripley's Medication Policy

Ripley staff will administer basic First-aid in the case of an accidental scratch or scrape and prescription medication OR any over-the-counter medication if granted written permission from parents and a physician. Parents must fill out an individual care plan, provide written prescription orders from the MD for all necessary medication, and provide written consent for Ripley trained staff to administer medication to their child. All medication will be kept by the Camp Director until the child requests/requires it. Forms will be provided by Ripley.

Emergencies

If an emergency involving your child arises, you will be contacted immediately. If for some reason we are unable to get in contact with you, we will call the alternate emergency contact provided on the emergency information form. Please make sure that all of the information you give on the form is complete and accurate. Please note that there will be no nurse on staff, but the Ripley teachers are First Aid, AED, and CPR certified.

Please sign below to document that you have read the above information. If you have further questions or concerns, please contact us at 860-567-2062 or mocampo@ripleyconservancy.org. Thank you!

Parent/Guardian Signature: _____ Date: _____



Child's Name: _____

**Ripley Summer Enrichment Program Liability Release, Emergency Treatment,
Photograph Authorization, and Pick-Up Authorization Form**

Please be advised that Ripley is a working farm with live birds and animals and the area is surrounded by woods. Children will be taking nature walks through the property, including around ponds and surrounding areas, where there will be uneven trails or unpaved paths.

I recognize that certain hazards and dangers are inherent in this summer program that is held both indoors and outdoors. I acknowledge that although Ripley has taken safety measures in an attempt to minimize the risk of injury to participants, Ripley can neither ensure nor guarantee that the participants, equipment, and/or activities will be free of hazards, accidents, and/or injuries. In addition, this program will be running during the warmest summer months. Therefore, outdoor conditions might involve the presence of bees, ticks, biting insects, snakes, and poison ivy, among other hazards.

I therefore agree that I will instruct my child in the importance of knowing and following all safety rules set by camp instructors, for both my child's safety and the safety of all participants.

I hereby release, acquit, and forever discharge Ripley and any of its staff from any and all claims, causes of action, damages, or judgments, whether in contract or in tort, for any injuries that may be incurred arising out of or in any way connected with the participation of the minor child listed above in the Ripley Summer Enrichment Program.

I give my permission for employees of Ripley to give emergency treatment as necessary to the minor child listed above in the event of illness or injury. I further give permission for the minor child listed above to be transported to a local hospital or emergency medical center for treatment.

Please be advised that there will be no nurse on staff, but Ripley teachers will be first aid and CPR certified. In the event that the emergency contact or preferred physician listed cannot be contacted, I further consent to medical, surgical, and hospital care, treatment, and procedures to be performed by a licensed physician or hospital when deemed immediately necessary or advisable by a licensed physician. My child's physician is listed on the next page with his/her phone number. All information listed here will be kept confidential.

In consideration of Ripley permitting my child to attend and participate in this program, I release, forever discharge, and promise not to sue Ripley or any of its affiliated entities, employees, agents, volunteers, Board of Directors, or members of the founding Ripley family, from all liability for any loss or damage, and any claim or demands therefore on account of serious or mortal injury to the body, injury to psyche, or injury to property of my child, whether caused by negligence or other conduct by Ripley personnel while the child is participating in the program, or on or about the premises of Ripley or utilizing any of its facilities or equipment.

I agree to direct my child to cooperate and comply with all reasonable directions and instructions from Ripley staff, and to observe all program rules of conduct. I understand that if my child fails to observe those rules, or otherwise becomes disruptive in this program, I will be notified, and I agree to come to the Ripley to take my child home without refund. I understand and agree that any financial obligations resulting from vandalism, stealing, or related activity by my child will be my responsibility.

Parent/Guardian Signature: _____ Date: _____



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Photograph Authorization (optional)

I authorize Ripley to record my minor child's image and give Ripley and all persons or entities acting pursuant to Ripley's permission or authority, all rights to use the recorded images. I understand that said images will be used for educational, advertising, and promotional purposes in all conventional and electronic media, and any future media. I also authorize the use of any printed material in connections therewith. I understand and agree that these images and recordings may be duplicated, distributed with or without charge, and/or altered in any form or manner without future/further compensation or liability, in perpetuity.

Signature: _____ Date: _____

Pick-up Authorization

Please list all individuals (including parents) who have your permission to pick up your child:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

If the individuals authorized to pick up your child change during the course of the program, please contact Michelle Ocampo at <mailto:mocampo@ripleyconservancy.org> or 860-567-2062 to make sure any additional names and phone numbers are listed or corrected here.



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YOUTH CAMP HEALTH EXAM/RECORD

Physical Exams are Valid for 3 years from Date of Last Examination

(Form must be completed by physician and submitted to camp before child can attend)

Camper's Name: _____ Date of Birth: _____

Parent/Guardian: _____ Phone No: _____

Address, City, State, Zip: _____

Emergency Contact: _____ Phone No: _____

Arrival Date at Ripley: _____ Departure Date: _____

THE SECTION BELOW TO BE COMPLETED BY SPECIFIED MEDICAL PRACTITIONER:

____ May participate in all camp activities

Date of Exam ____/____/____

____ May participate in activities except:

Medical Information Pertinent to Routine Care and Emergencies

Does this individual have allergies? Yes _____ No _____

If yes, please explain: _____

Is this individual taking prescription or over-the-counter medication(s)? Yes _____ No _____

Is yes, please indicate names of medications: _____

This camper is up to date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices.

	Yes	No		Yes	No
Measles			Hepatitis B		
Mumps			Diphtheria		
Rubella			Pertussis		
Chicken Pox			Pneumococcal Conjugate		
Tetanus			Polio		



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Comments: _____

Printed Name of Medical Care Provider: _____

Medical Provider's Address: _____ City: _____

State: _____ Zip Code: _____ Telephone number: _____

Signature of Physician, PA, ARPN or RN: _____

Date of Signature: _____



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Emergency Contact Information

Emergency Contact Name (1): _____

Relationship to Child: _____

Telephone: Home _____ Cell _____

Work _____ E-mail: _____

Emergency contact Name (2): _____

Relationship to Child: _____

Telephone: Home _____ Cell _____

Work _____ E-mail: _____

Medical condition/allergy we should know about in case of **emergency**:

Name of Child's Physician: _____

Physician Phone Number: _____

Child's Date of Birth: _____ Age _____

Insurance Company Information: _____

Ripley's Summer Duck Camp Covid-19 Safety Protocols

Per recommendations from the CDC, Ripley will be implementing the following safety protocols:

1. Every program session is limited to five students
2. Every program session is with the same participants each week
3. Students or Ripley staff that have recently been exposed to someone with Covid-19 MUST remain at home. Parents must notify Ripely staff of possible exposure immediately.
4. Students or Ripley staff MUST remain at home if they exhibit Covid-19 symptoms. Parents must notify Ripley staff immediately.
 - a. E.G. fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, loss of taste or smell, sore throat, nausea or vomiting, or diarrhea
 - b. A symptom self check guide can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>
5. Students will be reminded of hand washing protocols, such as washing hands for at least 20 seconds
 - a. Hand sanitizer will also be available, in addition to hand washing stations
6. Students and staff will be encouraged to cover coughing or sneezing with a tissue
7. Ripley staff will wear face masks at all times, campers are not required to wear face masks but are encouraged
8. Signs will be posted within the bathroom reminding students of suggested safety protocols
9. Ripley staff will clean and disinfect frequently touched surfaces between camp sessions and at the end of day
10. The sharing of objects will be discourage, however, it is likely that some sharing may occur
11. Each session will take place outside to promote well ventilated areas, students **may be sent home** without advance notice due to inclement weather and the subsequent loss of outdoor space
12. Students will be encouraged to maintain 6 feet of social distancing, however, this cannot be guaranteed throughout the length of the camp
13. Additional information regarding the CDC's suggested safety protocols can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/summer-camps.html>

I have read the above statements and agree to assume all risk and accept sole responsibility for any injury to my child(ren) or myself in connection to any program or activity at Ripley.

Signature and Date _____