



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

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

## Ripley 2022 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: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address: \_\_\_\_\_ School Name: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_ Grade Level in September 2022: \_\_\_\_\_

**Program Times: 9:00am – 12:00pm Monday-Friday (AM session)**

**1:00 pm – 4:00 pm Monday-Friday (PM session)**

### Program Fees:

All 1/2 day sessions are \$200 for members and \$225 for non-members except for the July 5-8 sessions, which will be \$160 for members and \$180 for non-members

**\*Session #1: July 5-8 is a 4-day camp week, running Tuesday-Friday, same AM & PM schedule.**

**Campers may register for ONE session only (AM or PM) each week.**

Please read through, and be agreeable to all terms in our Parent Information Packet, prior to registering.

**You will be contacted by Ripley staff to confirm your camper's space and registration.**

**Please select the Programs below that your child would like to attend.**

*Check all that apply and circle each desired Session.*

### Camp Sessions for Students entering in Grades 3-6 in September 2022

Program Dates	Grades	Program	Session	
<input type="checkbox"/> *July 5 <sup>th</sup> -8 <sup>th</sup>	3-6	Bird Nerd	AM	PM
<input type="checkbox"/> July 11 <sup>th</sup> -15 <sup>th</sup>	3-6	Scientific Discovery	AM	PM

### Camp Session for Students entering in Grades 6-8 in September 2022

Program Dates	Grades	Program	Session	
<input type="checkbox"/> July 18 <sup>th</sup> -22 <sup>rd</sup>	6-8	Bird Nerd	AM	PM
<input type="checkbox"/> July 25 <sup>th</sup> -29 <sup>th</sup>	6-8	Nature Unleashed	AM	PM



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## **Ripley Summer Duck Camp Parent Information Packet**

Please read through the information below!

Contact the office at: [info@ripleyconservancy.org](mailto:info@ripleyconservancy.org) with any questions.

### **Arrival**

Ripley staff will be present to greet campers beginning at 8:45 am (AM Session) or 12:45 pm (PM session) on active days. In order to ensure proper supervision, please do not drop off your child until you have contacted 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 (AM Session) or 4:00 pm (PM 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.



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

## **What to Bring**

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

- 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 [info@ripleyconservancy.org](mailto:info@ripleyconservancy.org). Thank you!

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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### **Ripley Summer Duck Camp 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: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

If the individuals authorized to pick up your child change during the course of the program, please contact the office at [info@ripleyconservancy.org](mailto:info@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

\_\_\_\_ May participate in activities except:  
\_\_\_\_\_

<b>Date of Exam</b> ____ / ____ / ____
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#### 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.



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	<b>Yes</b>	<b>No</b>		<b>Yes</b>	<b>No</b>
<b>Measles</b>			<b>Hepatitis B</b>		
<b>Mumps</b>			<b>Diphtheria</b>		
<b>Rubella</b>			<b>Pertussis</b>		
<b>Chicken Pox</b>			<b>Pneumococcal Conjugate</b>		
<b>Tetanus</b>			<b>Polio</b>		

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Printed Name of Medical Care Provider: \_\_\_\_\_

Medical Provider's Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Physician, PA, ARPN or RN: \_\_\_\_\_

Date of Signature: \_\_\_\_\_





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### Emergency Contact Information

1. Emergency Contact Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

2. Emergency Contact Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ 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: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Please complete, acquire, and bring all of these forms with you on your first day of Camp.**

*We're excited to see you!*