Cincinnati Recreation Commission

Peer Leader Packet

RiverTrek 2011

- A 5 day 4 night canoeing and camping journey down the Little Miami River.
- Monday, July 25th thru Friday, July 29th.
- For Teens ages 14-17 years.
- A nature experience of a lifetime!
- Learn canoeing, kayaking and camping skills.
- Make new friends!
- Build leadership and teamwork skills!

For more information or to receive an application packet, see your local CRC Community Center staff or call Steve Gerth at 681-8247.

Made possible by contributions from:

CHARLES H. DATER FOUNDATION

www.cincyrec.org

Application deadline is Sunday, May 1st, 5:00 p.m.

Recreation programs and facilities are open to all citizens regardless of race, sex, color, religion, nationality or disability. CRC is an Equal Opportunity Employer and is committed to supporting the Americans with Disabilities Act. Please call if you require any special accommodations.

Cincinnati Recreation Commission

February, 2011

Dear 2010 RiverTrek Participant:

We are beginning the application process for RiverTrek 2011. As a successful participant in RiverTrek 2010, the RiverTrek staff team is inviting you to apply as a Peer Leader for this year's trip. As you may remember, Peer Leaders take a greater leadership role in the trip and will receive special training. Our primary goal is to provide the opportunity for as many teens as possible to participate, so this year the RiverTrek staff committee is inviting a select number of exemplary **candidates** from last year's program to apply as Peer Leaders for RiverTrek 2011.

To become a **candidate** for **Peer Leader** on the 2011 RiverTrek Team, ***you must be 14 to 17 years of age and apply by completing ALL attached forms and returning them to the Cincinnati Recreation Commission no later than Friday, April 29, 2011.***

If forms are being mailed, please address to: Cincinnati Recreation Commission
805 Central Ave., Suite 800, Cincinnati, Ohio 45202, attn: Eileen Schultz.

The applications will be reviewed and Peer Leader **Candidate** Acceptance Letters will be sent out around May 20th. ***Peer Leader Candidate Acceptance Letters are not confirmation of participation. Participation is based on successful completion of necessary training prior to the actual trip. (See "RiverTrek Training and Acknowledgement Form").***

If you have any questions, please call Steve Gerth @ 681-8247. We look forward to another exciting RiverTrek Journey in 2011! We hope you can join us!

Sincerely,

The RiverTrek Staff

Fact Sheet

RiverTrek 2011

A natural challenge for Cincinnati teens.

The Cincinnati Recreation Commission's Outdoor Adventure Committee and Morgan's Canoe Adventures in Learning Program have joined forces to deliver the natural experience of a lifetime for Cincinnati area teens. Up to 35 fortunate teens (12-17 years old) will be selected by lottery to join **RiverTrek** on an exploration of natural beauty, eco-science and just plain fun, as we paddle 60+ miles of the *Little Miami River*, in canoes and kayaks. The **RiverTrek 2011** team will be traveling down the *Little Miami River* as a group of young men and women representing a broad range of Cincinnati's youth; from the central city to the suburbs.

Prior to **RiverTrek,** many of our teens have had little experience outside of their urban environments for any extended period of time. Some are unfamiliar with camping and others have various levels of experience canoeing and rafting on the river.

Some members of this year's group are returning paddlers of former **RiverTrek** teams. They have been selected to serve as Peer Leaders. They will help to guide and nurture those with less experience, to give back to the program and to continue their personal growth through **RiverTrek.**

Please examine the following itinerary carefully, keeping in mind that **our schedule may need to be altered to adapt to weather conditions and other unforeseeable factors**. The trip plan will include 5 days of travel by canoe and kayak. On Friday, we will conclude our journey, traveling down the Ohio River to the Public Landing in downtown Cincinnati. Upon arrival, we will be greeted by family, friends and the press, as we complete our 5 day journey.

Along the way **RiverTrekkers** will paddle, camp, swim and hike, as well as participate in team building activities and games while exploring this historic river. Our group will also stop to test and monitor the water quality and conduct macro-invertebrate sampling along the course of the river. We will examine wildlife along the Little Miami River, search for fossils, and make note of historic sites along the way. The **RiverTrek 2011** team will experience the river like a modern day Tom Sawyer and develop a new appreciation for the environment, river history and nature, while making new friends and enjoying the freedom and responsibilities of the river.

Training Dates

Participation in the following training dates is necessary for **RiverTrek.**

June 3, 2011	*8:30am – 4:30pm	Adventure Outpost (Winton Woods)	Eco Challenge Day
June 3, 2011	4:30pm – 5:30pm	McKie Community Center	Parent's Information Night

*meet at the McKie Center, 1655 Chase Avenue
8:30am on June 3rd
for Bus or Van transportation (9:00am departure) to training destination.

Itinerary

DAY ONE (Monday, July 25, 2011): The ***RiverTrek*** journey begins this morning when we put in our canoes north of the livery, on the Little Miami River just north of Oregonia, Ohio. For our first day on the river, we are planning to take it slowly to allow the group to acclimate to the conditions of the river and the peculiarities of travel by canoes in convoy. Along the way we pass historic Native American sites like Caesar's Creek and Fort Ancient. Dinner is provided by *Morgan's Canoe and Outdoor Center*. We cover **12 miles** this day and make camp at Morgan's Riverside Campground. Showers and restrooms are available at this site.

DAY TWO (Tuesday, July 26, 2011): The second day begins with a campfire breakfast provided by *Morgan's Canoe and Outdoor Center*. After we break camp, we will paddle our canoes **16 miles** to the Loveland Castle where we will come ashore for an overnight stay. We will tour the historic castle and grounds of Chateau LaRoche and then enjoy our dinner. No showers are available at this location. Port-o-lets are present on site.

DAY THREE (Wednesday, July 27, 2011): In the morning we enjoy breakfast at the campfire circle near the castle, overlooking the river. After we clean-up and stow the gear, we rejoin the river and travel about **16 miles** by canoe. Along the way we will have opportunities to cool off as we snake our way downriver through some sections of shallow water. We arrive in late afternoon at the Lower Craig Campground operated by the Boy Scouts. Lower Craig has a secluded campsite, plentiful water and large open fields for sports and games. Showers and a sheltered picnic area are available at this site.

DAY FOUR (Thursday, July 28, 2011): Today we cover approximately **16 miles**. We will stop for lunch midway and reach our take-out location at Otto Armleder Park, in late afternoon where we will set up camp for the night and enjoy a relaxing dinner. Restrooms are available at this site.

DAY FIVE (Friday, July 29, 2011): Following a hearty breakfast, we will break camp, carefully packing up the equipment. We will participate in some final wrap-up activities, before embarking on the final leg of the journey to the mouth of the Little Miami on down the Ohio River to the Public Landing. We will arrive at the Public Landing between 3:00 – 4:00 p.m. for the conclusion of the journey where the ***RiverTrek*** team will be met by family and friends. Upon our arrival, we will assist in getting the boats out of the water loading them onto the trailer for transport back to Morgan's Canoe Livery. We will pause for some final words and a group picture, pick up our gear, say our goodbyes and head for home.

RiverTrek'2011 was made possible by a grant from the Charles H. Dater Foundation Inc., with additional funding, donations and resources from the Cincinnati Recreation Commission, Ohio Department of Natural Resources, Morgan's Canoe and Outdoor Centers, La Rosa's Restaurants, Heater Meals, Dan Beard Council of Boy Scouts of America, Loveland Castle, Kroger's, Professional Awards, BW3's, the Cincinnati Police Division, and the Cincinnati Park Board .

*Please keep in mind that our itinerary may need to be altered to adapt to weather, water or other unforeseeable conditions.

Cincinnati Recreation Commission

CRC #254(A) **Applicant**

RiverTrek Application
Permission & Release Form

CRC Center _____

Name _____ Age _____ Gender _____ Date of Birth _____

Address _____ Zip _____ Home Telephone _____

Mother's Name _____ Father's Name _____

Home Address _____ Home Address _____

Home Phone _____ Work Phone _____ Home Phone _____ Work Phone _____

Work Address _____ Work Address _____

Center Membership # _____ Shirt Size (adult sizes) _____

Emergency Contact (Other than parents. Parents will be called first)

Name _____ Name _____

Address _____ Address _____

Day Phone _____ Evening Phone _____ Day Phone _____ Evening Phone _____

Authorized Escorts:
Center staff have my permission to release my child to the custody of the following persons:
Authorization is required with a phone call or written note stating time of departure after password has been verified.

Name _____ Name _____

Day Phone _____ Evening Phone _____ Day Phone _____ Evening Phone _____

Relationship _____ Relationship _____

Unauthorized Escorts:
The following person(s) may **not** remove my child from the Center without prior written permission:

Name _____ Relationship _____

List any special limitations, allergies, fears, physical limitations, required assistive devices, and/or any required accommodation.

_____

_____

Yes _____ No _____ My child needs an accommodation, because of disability, to participate in or enjoy the program.

List any disease that your child has had and/or any history of hospitalization.

_____

_____

Additional Comments:

_____

_____

Conditions of Registration

Registration or entry into the RiverTrek program constitutes agreement to the following conditions:

1. I certify that the City of Cincinnati Public Recreation Commission has provided both me and my child sufficient information that we understand the RiverTrek program.

2. Due to the size of the RiverTrek program discipline problems may occur. The staff will do their best to handle these problems on a daily basis. Please note: If a child becomes a constant discipline problem, he/she may be suspended from specific activities or dismissed entirely from the program at which time parent/guardian will be required to meet the group and pick up his/her child.

3. I give the City of Cincinnati Public Recreation Commission's employees, agents, and volunteers my permission to take my child away from the community center for all RiverTrek programs.

4. My child has permission to participate in all activities associated with the RiverTrek program (including all pre trip trainings and meetings). My child is developmentally, physically, mentally, and emotionally ready and possesses the skills necessary to participate in these activities. My child is in good physical condition and has not had a serious illness or surgery since their last health examination.

5. I give the City of Cincinnati Public Recreation Commission's employees my permission to involve my child in open swim and aquatic activities that may be associated with RiverTrek program.

My child is a: _____ non-swimmer _____ beginner swimmer _____ capable swimmer

6. I authorize the City of Cincinnati Public Recreation Commission to utilize photographs or videotapes of my child to be used exclusively for the promotion of the Recreation Commission's programs.

7. I understand that the City of Cincinnati Public Recreation Commission will not be responsible for any lost, stolen or damaged personal property.

8. I recognize that there are certain risks of physical injury as a result of my child's participation in this program. I agree to assume the full risk of any injuries, damages or loss which I/or my child may sustain as a result of participating in any and all activities connected with or associated with such program.

   I agree to waive and relinquish all claims I may have, as a result of my child's participation in the program, against the City of Cincinnati and the Public Recreation Commission and their officers, agents, employees and volunteers.

   I do hereby fully release and discharge the City of Cincinnati and the Public Recreation Commission, their officers, agents, employees and volunteers from any and all claims of injuries, damage or loss which my child may have or which may accrue to me on account of my child's participation in the program.

   I further agree to indemnify, defend and hold harmless the City of Cincinnati and the Public Recreation Commission their officers, agents, employees and volunteers from any and all claims resulting from injuries, damages and losses sustained by my child or arising out of, connected with, or in any way associated with the activities of the program.

   I hereby execute this waiver and release on behalf of the named minor, who is below the age of eighteen (18), and represent and warrant that I am a parent or guardian authorized to execute this wavier and release on behalf of such minor.

Participant's Signature_____Date_____

Signature of Parent/Guardian_____Date_____

Applicant

Cincinnati Recreation Commission

RiverTrek

RiverTrek TRAINING AND TRIP
PERMISSION & ACKNOWLEDGEMENT FORM

Participant's Name: _____ Birthdate: _____

In order for your child to attend 2011 RiverTrek, he/she must attend the two mandatory trainings as scheduled below. Please indicate your permission for your child to attend these trainings and the actual trip by initialing in front of each listing. If your child is interested in attending RiverTrek 2011, he/she must attend the mandatory clean-up session as well.

_____ Friday, June 3rd 8:30am to 4:30pm Adventure Outpost

EcoChallenge Day: In this fun-filled training, participants will learn basic on water canoe skills, camping skills, outdoor safety, first aid and team-building skills. RiverTrek participants will receive information on how to pack, what to bring and what to expect on this exciting river adventure.

Participants may arrive at Adventure Outpost in Winton Woods on their own (9:00 a.m.), or meet at McKie Center (Northside) at 8:30 a.m. to carpool in CRC vans. *Vans depart promptly from McKie at 9:00am!* (Call Mckie Center at 681-8247 for directions.)

_____ Monday, July 25th – Friday, July 29th

RiverTrek Journey: Arrive at McKie @ 8:00am for check in. Parents pick up kids @ Public Landing on July 29th between 3:00 – 4:00pm

_____ Monday, August 1st 8:00am – 12:00pm Dunham Recreation Complex

RiverTrek Clean-Up Day:

<u>In addition, please initial the following items indicating that you are aware of the need to provide the said items for the trip</u>:

_____ A completed application packet (please check both sides of each sheet)

_____ Sufficient and appropriate clothing for participation in the trip

_____ Medications with instructions for dispensing for trainings and trip

_____ I have read and signed the Morgan's Livery Lease Contract Agreement

_____ I understand sleeping arrangements will be gender specific

_____ I will provide a sleeping bag for my child's use on the trip

_____ I understand that to be eligible to participate on the trip, my child must attend both necessary trainings as stated above.

_____ I understand that if my child should engage in dangerous or disruptive behavior that I may be required to meet the group and collect my child.

We will hold a casual informational meeting for parents and participants of RiverTrek 2011. Please plan on attending this meeting..

_____ Friday, June 3rd 4:30-5:30pm McKie Community Center

Parent/Participant Information Meeting: At this meeting, we will discuss packing requirements, behavior expectations and we will review changes to the trip itinerary. This is also an opportunity for us to answer any questions you may have about RiverTrek 2011.

I have read the above, reviewed it with my child and agree to abide by the rules and conditions for participation.

Signature of Parent/Guardian _____ Date_____

Signature of Participant _____ Date_____

MORGAN'S CANOE AND OUTDOOR CENTERS, INC.
RELEASE OF LIABILITY – READ BEFORE SIGNING

In consideration of being allowed to participate in anyway in the **MORGAN'S CANOE AND OUTDOOR CENTERS, INC** program, its related events and activities, I, **X**_____ , the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce risk, the risk of serious injury does exist; and,

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or other, and assume full responsibility for my participation; and,

3. I willingly agree to comply with the stated customary terms and conditions of participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from the participation and bring such to the attention of the Company immediately; and,

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS **THE MORGAN'S CANOE AND OUTDOOR CENTERS, INC.,** their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with my presence or participation, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

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

X _____ Age:_____ Date signed:_____
PARTICIPANTS SIGNATURE

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (UNDER 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X _____ _____ Date signed:_____
PARENT/GUARDIAN SIGNATURE, (also, print name)

Hamilton County Park District
Adventure Outpost General Waver 2010

Please complete one document per individual.

_____

(Please Print Participants Name Here)

Guidelines

I understand that The Hamilton County Park District Adventure Outpost and University of the Great Outdoors Outdoor Education Programs may include Team-building Initiatives, Low Ropes Course, Rock Climbing Wall, Canoeing, Kayaking, Hiking, Backpacking, Night Programs, Archery, Bicycling, Team Sports, Animal Presentations, Cooking, and Transportation to activity locations. Participants must adhere to all guidelines given by the staff and the instructors. If participants do not follow these guidelines they will be asked to leave in concern for their safety. By signing this waiver the participant agrees to follow instructions from staff and instructors and assumes full responsibility for their participation.

Waiver and Release of Liability

Please Read before Signing

I recognize there are certain risks of physical injury as a result of my, or my child's, participation in this program. I agree to assume the full risk of any injuries, damages, or loss which I, or my child, may sustain as a result of the participating in any and all activities connected or associated with this program. I agree to waive and relinquish all claims I may have, as a result of my, or my child's, participation in the program, against Hamilton County Park District and their agents, employees, and volunteers.

I understand that neither the Hamilton County Park District, it's Naturalist Staff, it's Volunteers nor its Adventure Outpost Staff assume responsibility for accident or injury to participants during these activities.

Signature* _____ Date _____

(*If under 18, Parent or Guardian Signature)

Hamilton County Park District
Adventure Outpost Paddle Sports Waiver

Please complete one document per individual.

_____

(Please Print Participants Name Here)

Guidelines

In this clinic Personal Flotation Devices (PFD) must be worn correctly at all time on the water. Participants must adhere to all guidelines given by the staff and the instructors. If participants do not follow these guidelines they will be asked to leave in concern for their safety. By signing this waiver the participant agrees to follow instructions from staff and instructors and assumes full responsibility for their participation in this clinic.

Waiver and Release of Liability

IN CONSIDERATION of being permitted to participate in any way in the Hamilton County Park District paddling program and related activities ("Activities") I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree and represent that I understand the nature of paddlesports and related activities and that I am qualified, in good health, in proper physical condition to participate in such activity and willingly agree to comply with the stated and customary terms and conditions of participation. I further agree and warrant that if at any time I believe conditions are unsafe, I will immediately discontinue further participation in the Activity. If I decide to leave early and not complete the trip as planned, I assume all risks inherent in my decision to leave.

2. FULLY UNDERSTAND that: (a) Paddle Sports and related ACTIVITIES INVOLVED RISKS AND DANGES OF DAMGE TO PERSONAL PROPERTY AND SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS");(b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BEBLOW;(c) there may be OTHER RISHKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COST, AND DAMAGES. I incur as a result of my participation of that of the minor in the Activity.

3. HEREBY RELEASE,DISCHARGE, AND COVENANT NOT TO SUE, the Hamilton County Park District and their agents, employees, and volunteers and, if applicable, owners and lessors of premises on which the Activity takes place. (each considered on of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS,LOSSES,INJURIES,DAMAGE TO PROPERTY, OR OTHER DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY , ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf makes a claim against any of the Releassees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.

I HAVE READ THE AGREEMENT, FULLY AND UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGHNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTENED IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THAT BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Signature _____ Date _____

THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF PADDLESPORTS AND RELATED ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITIES. I HEREBY RELEASE, DISCHAREGE,COVENANT NOT TO SUE, AND AGREE TO IDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ALL LIABILITY,CLAIMS,DEMANDS,LOSSES,OR DAMAGES ON THE MINOR'S ACCOUNT CAUSES OR ALLEGED TO BE CAUES IN WHOLE OR IN PART BY NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESUCE OPERATIONS AND FURTEHR AGREE THAT IF, DESPITE THIS RELEASE, I THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAEKS A CLAIM AGAINST ANY OF THE RELEASEES NAMES ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EASH OF THE RELEASEES AFROM ANY LITIGATION EXPENSES, ATTORNEY FEES,LOSS LIABILITY, DAMAGE. OR COST ANY MAY INCURE AS THE RESULET OF ANY SUCH CLAIM.

Parent / Guardian Signature _____ Date _____

City of Cincinnati Public Recreation Commission CRC #256

Request For Administration Of Medication

(Please Print)

No medication can be given to a child unless instruction to administer such items are written, signed and dated by a licensed physician, and are prescribed for a specific child.

Name of Participant _____ Age _____ Date of Birth _____

Address _____ Zip _____ Telephone _____

SECTION 1 TO BE COMPLETED BY CHILD'S PHYSICIAN:

(Name of child) _____ Is under my care and should receive

(Name of medicine, vitamin, or modified diet) _____

(dosage) _____ , as follows _____

Specific instructions for administration: _____

Possible side effects to watch for: _____

Expiration date (may not exceed six months from date of this request if prescribing medication or food supplement):

_____

Signature of Physician _____ Telephone _____ Date _____

Note: If medication or vitamin is a prescription from pharmacy, physician's instructions and signature will not be required. Instead of having the above section completed, the parent completed the chart below:

Rx Number	Pharmacy
Street Address	Telephone

Section 1 does not need to be completed for certain nonprescription items: fever-reducing medicines that do not contain aspirin, cough or cold medications that do not contain codeine; and topical ointments, creams or lotions.

SECTION II TO BE COMPLETED BY CHILD'S PARENT/GUARDIAN

Name of Item to be Administered	Dosage	Time(s) of Dosage

Please Note: The medication must be in pill, capsule or liquid form. It must be in a clearly marked container from the pharmacist. The label must show the child's name, the dosage directions, the doctor's name and the prescription number

I hereby request and give permission to the Cincinnati Recreation Commission's staff to administer the above listed medication, vitamin, or special diet to my child.

I do hereby fully release, discharge and agree to indemnify, defend and hold harmless the City of Cincinnati and the Public Recreation Commission, their agents, employees and volunteers from any and all claims resulting from injuries, damages and losses sustained by my child or arising out of, connected with, or in any way associated with the administration or non-administration of any medication.

I hereby execute this release on behalf of the named minor, who is below the age of eighteen (18), and represent and warrant that I am a parent or guardian authorized to execute this release on behalf of such minor.

Signature of Parent/Guardian _____ Date _____

Please Note: For your child's protection, this authorization should be renewed every ninety days.

City of Cincinnati Public Recreation Commission CRC #257

Administration of Medicine

No medication can be given to a child unless the instructions to administer such items are written, signed and dated by a licensed physician and are prescribed for a specific child.

Name of child _____ Was given the following

dosage _____ of Rx# _____ (name of medicine)

at the following times.

Physician's Name _____ Telephone _____

Pharmacy Name _____ Telephone _____

Date	Time	Person Administering Medication (Signature)

Staff Notes: All medication must be in pill, capsule or liquid form. It must be in a clearly marked container from the pharmacist. The label must show the child's name, the dosage directions, the doctor's name and prescription number.

Be alert for any side effects.

All medication should be stored in a safe, secure place away from children.

ASPIRIN SHOULD NOT BE GIVEN TO CHILDREN.

We highly recommend that you sign and send some form of Tylenol with your child.

Cincinnati Recreation Commission

CRC #255

DAY CAMP (ON SITE)
EMERGENCY INFORMATION CARD

Participant's Name _____ Date of Birth _____
Last First Middle

Street Address _____ Zip _____ Phone _____
Parent or Guardian (First and Last Name of Each)

_____
Place of employment of Parent or Guardian

Mother _____ Phone _____

Father _____ Phone _____

Neighbor, relatives or a sitter who would be willing to care for the child
If the parent cannot be reached.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Child's Physician _____ Address _____ Phone _____

Child's Dentist _____ Address _____ Phone _____

Please check any health condition of child that leaders should be aware of:

___ Speech Impairment; ___ Hearing Impairment; ___ Vision Impairment; ___ Asthma; ___ Diabetes; ___ Epilepsy

Other health problems or limitations: _____

List any medication the child is currently taking: _____

Allergies: _____

EMERGENCY MEDICAL AUTHORIZATION

PART 1

In the event reasonable attempts to contact me at _____ (Phone Number) or _____ (other parent or guardian) at _____ (Phone Number), have been Unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by Dr. _____ , or in the event the designated preferred practitioner is not available, by another licensed Physician, and transfer of the child to _____ Hospital or any hospital reasonably accessible This authorization does not cover major surgery unless the medical opinions of two other licensed physicians, concurring In the necessity for such surgery, are obtained prior to the performance of such surgery.

Medical Insurance you carry: _____

Date Parent's Signature _____

PART 11

REFUSAL TO CONSENT: I do not give my consent for emergency medical treatment of my child. In the event of illness or Injury requiring emergency treatment, I wish the Summer Day Camp program authorities to take no such action, or to

_____
(please specify action)

_____

Date _____ Parent's Signature _____

Peer Leader

SELF NOMINATION

1.) How has RiverTrek changed who you are?

_____
_____
_____

2.) How have you benefited from your past RiverTrek experience?

_____
_____
_____

3.) What has RiverTrek meant to you and what impact has it had on your life?

_____
_____
_____

4.) What have you learned from your past RiverTrek experience?

_____
_____
_____

5.) Why do you wish to return in 2011 and what leadership skills can you contribute as a Peer Leader to the RiverTrek 2011 team?

_____
_____
_____

Applicant's Signature_____

Applicant's Address_____

Applicant's Phone Number_____

Submit to:

RiverTrek,
Cincinnati Recreation Commission
805 Central Ave.
Suite 800
Cincinnati, Ohio 45202
attn: Eileen Schultz

Cincinnati Recreation Commission™

RiverTrek

RiverTrek 2011 IMPORTANT DATES

Parents: Please retain this schedule for your reference.

For the safety of our participants, the RiverTrek staff has established the following training dates for all RiverTrek participants. Successful completion of these training sessions is necessary for participation in the RiverTrek 2011 Journey.

May 1st	All enclosed paperwork due.	
Friday, June 3rd	Mandatory Training at Adventure Outpost (Group **departs** from Corryville at 9:00am) **Lunch Provided**	*8:30am – 4:30pm
Friday, June 3rd	Parent Information Meeting at McKie Center	4:30pm – 5:30pm
Monday, July 25th to Friday, July 29th	Check In at McKie Center RiverTrek 2011 Pick Up Cincinnati Public Landing	8:00am – 8:15am 3:00pm – 4:00pm
Monday, August 1st	Equipment Clean-up Day Mandatory for 2011 Peer Leaders & 2012 Peer Leader Recruits	*8:00am – 12:00pm

If you need transportation on June 3rd, July 25th and/or August 1st please contact your CRC staff member or Julie Fatora at North Avondale Center 961-1584.

*McKie Recreation Center, 1655 Chase Avenue is located in Northside. (681-8247).

Behavior Contract

Please read over the following guidelines carefully. All RiverTrek participants and parents/guardians are responsible for knowing and following these RiverTrek rules.

The Behavior Standards listed below will be fully enforced throughout the trip and will not be tolerated. If you participate in any of these inappropriate behaviors, your parent/guardian will immediately be phoned, and you will not be permitted to finish the remainder of the trip.

- I will not use physical aggression towards others.
- I will not use or possess alcohol, illegal drugs, cigarettes, tobacco, matches, or lighters.
- I will not use or possess weapons of any kind (including pocket knives).

If any of the remaining behavior standards are broken, the RiverTrek participant will be given <u>one warning</u>. If the behavior continues, the child will be sent home.

- I must remain on camp property and with a RiverTrek staff at all times.
- I will not use foul or abusive language or behavior.
- I will not make threats of physical aggression towards others on the trip.
- I will not discriminate against or harass any camper or adult on the basis of age, race, gender, ethnicity, religion, disability or sexual orientation.
- I must help to preserve the natural environment by not littering or destroying the natural habitat or property in any way.

If I am selected to attend RiverTrek, I will:

- Read over all of the RiverTrek Behavior Standards
- Follow all RiverTrek Behavior Standards
- Participate in all camp activities to the best of my ability
- Take direction from the RiverTrek Leaders/Peer Leaders
- Be responsible for myself and my belongings
- Work cooperatively with my team to ensure the success of RiverTrek
- Participate in training days to prepare for RiverTrek

If my child is selected to attend RiverTrek, I will:

- Read over and explain all RiverTrek Behavior Standards to my child(ren)
- Do everything in my power to assure that my child understands and will follow all RiverTrek Standards
- Work cooperatively with RiverTrek staff to ensure positive behavior

_____ _____

RiverTrek Participant's Signature/Date Parent/Guardian Signature/Date

RiverTrek
Participant Needs Equipment List

Highly recommended items:
5 T-shirts
1 or 2 pairs of shorts
5 undergarments
Several pairs of socks
2 swimsuits (be wearing one when we leave the day of the trip)
1 sweatshirt (polyester pull-over also an option)
1 inexpensive rain poncho
1 pair warm-up pants (optional, nylon works best)
1 pair of jeans

Toiletries: (zip lock baggies work well as containers)
Toothbrush and toothpaste
Bath soap
Deodorant
Shampoo
Bath towel or beach towel (2 small ones are better than 1 giant one)
Wash cloth
Cornstarch (not Baby Powder)

Other Needs:
1 lightweight sleeping bag (or 1 or 2 blankets) keep it small
1 pillow
1 pair of gym shoes
Water shoes or sandals with heel strap
Sunscreen (waterproof)
Bug repellant
Sunglasses
Flashlight (w/batteries)

Optional Items:
Disposable (waterproof) cameras
Personal journals
Eyeglasses strap and contact solution (if needed)

Any prescription medication / over the counter meds (aspirin, vitamins, etc.) must have a parental permission slip accompany the medication.

All these items will need to fit into a watertight blue bag. (If it doesn't fit in the bag, you're not taking it with you!)

No, the bags are not going down the river in the boats. Please remember to bring a bag with you to transfer everything into at the end of the trip on Friday night, so that you will not leave anything behind.

Things not to bring:
Cigarettes, drugs, alcohol, etc.
No personal electronic devices: Video Games, ipods, TV's, cell phones,
and anything else we forgot to mention!
No knives of any kind, big or small.
No cosmetics or jewelry.