

## YMCA Camp Potawatami Outdoor Education Action Plan

Please complete & return to YMCA Camp Potawatami at least **4 weeks before your visit**. Your schedule and visit details cannot be planned until we receive this completed document.

The Outdoor Education packages that we provide here at YMCA Camp Potawatami are all-inclusive. Each one has a standard number of activities, programming, and meals that are available/provided for the package. Your group does have the opportunity to choose not to participate in the provided options, but the price of the package rate will stay the same.

School Name: \_\_\_\_\_ Grade(s): \_\_\_\_\_

School Address: \_\_\_\_\_

School County: \_\_\_\_\_ School Phone Number: \_\_\_\_\_

(Required) # of Reduced / Free Lunches: \_\_\_\_\_ (Required) School Area Income Level: \_\_\_\_\_

Public School System: YES NO

Arrival Date: \_\_\_\_\_ Time: \_\_\_\_\_ Departure Date: \_\_\_\_\_ Time: \_\_\_\_\_

# of Students: \_\_\_\_\_ \* # of Teachers: \_\_\_\_\_ # of Non -Teacher Chaperones: \_\_\_\_\_

\* If staying over night please list number of male & female students: Male: \_\_\_\_\_ Female: \_\_\_\_\_

### Primary Contact Information:

### Secondary Contact Information:

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

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

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

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

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Other Teacher's Names: \_\_\_\_\_

Name of the attending **Medical Chaperone** (Person in charge of first aid for your group): \_\_\_\_\_

Name of the Attending **Dietary Chaperone** (Person in charge of making sure students with Dietary allergies or accommodations get their correct serving): \_\_\_\_\_

Goals of trip? \_\_\_\_\_

**Class choices:** Please circle the classes you would like your student s to participate in:

(4 hour program = 3 activities) (6+ hour program = 4 activities) (2-day trip = 5 activities) (3-day trip = 8 activities)

Star Lab Candle Making Predator/Prey Low Ropes Teambuilding I \*\* Teambuilding II\*

Pioneer Living Archery Rock Climbing Tower Wilderness Survival Lake Study Wetlands

American Indian Study Owl Study Tree Study Compass Challenge Tree Exploration

Canoeing\*

*\*If you chose canoeing, please identify an alternate class in case of bad weather\**

**\*\* If you Selected Teambuilding, please choose one of the following topics for our facilitators to focus on:**

Communication & Listening      Group Problem Solving      Get to Know Each Other      Inclusion  
Fostering Creativity      Boost Morale & Fun      Educational: Topic \_\_\_\_\_

**Evening class:** (4 hour program = 0) (6+ hour program & 2-day trip = 1) (3-day trip = 2)

The Potawatami Trail (1.5-2 hours)      Night Hike      Camp Staff Lead Campfire & S'mores      All Group Game

Teambuilding Olympics      Night Sky (Requires overnight stay)      No Evening Program

Self-Lead Campfire & S'mores (*Must begin no later than 8:30pm & Camp staff must light the fire*)

### **High Ropes Course or Zip Line**

*Both the High Ropes Course and Zipline require 1.5 hours each per every 30 people and replaces an activity period. The course has a maximum weight of 250lbs per rider. Sold in 30 person activities and cannot be prorated.*

**High Ropes:** *Ages 10 years and older. Each rider must be at least 54 inches or taller and be able to successfully complete our training course. \$100 per 30 people or \$400/120 people daily group maximum. High Ropes and Zip Line are sold separately.*

**Zip Line:** *Zip Line is available starting at 8 years old and requires every participant must fit properly within the safety gear to participate. \$50 per 30 people or \$200/120 people daily group maximum. High Ropes and Zip Line are sold separately.*

High Ropes: Yes      No      |      Zipline: Yes      No      |      Both (3 hours and \$150/30 people): Yes      No

**Waivers: Your group is required to have a YMCA Camp Potawatami participant liability waiver for every person on the property. Are you planning to send the forms in advance or bring them when you arrive? Circle one:**

We will send the waiver in Advance.      |      We will bring the waiver with us during arrival.

**Grace:** Would you like camp staff to lead a singing grace at mealtimes? \_\_\_\_\_

If no, would you like a moment of silence? \_\_\_\_\_

**Flags:** Would you like camp staff to lead a Flag Raising Ceremony? \_\_\_\_\_ Flag Lowering? \_\_\_\_\_

**Birthdays:** Will any students be celebrating a Birthday while at camp? Name & Date \_\_\_\_\_

**Transportation:** Will you be bringing buses or cars? How many of each?

\_\_\_\_\_

**Student Dietary Needs (Name & Accommodation Needed):** \_\_\_\_\_

\_\_\_\_\_

**Special needs or Physical Accommodations Needs:** \_\_\_\_\_

\_\_\_\_\_

**Please share any additional information about your school or group that would be helpful for the YMCA Camp Potawatami staff to know:**

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**\*Camp store will be available after the last meal or in the final hour of your trip.**