



## 2020 YOUTH ADVENTURE PROGRAM (YAP)

Join the YAP staff as we explore the great state of Vermont! During the six weeks of the program, participants will take daily adventures around the state, focusing on fun outdoor activities such as biking, hiking, water activities, team building, and much more. The program will run from 9:30 to 3:00 each day. Space is limited to 20 participants. Each week has a different focus as described below. **Each participant will be given a ride home at the end of each day.**

**Week 1: June 22-26 Discover Hidden Burlington Week! (hike, bike, water, explore)** The first week of the Youth Adventure program starts off with explorations of little known gems hidden right here in our own back yard! One day will be filled with hiking; another day has biking, a day of swimming, and a day dedicated to some of the unique and fun places to see right here in Burlington.

**Week 2: June 29-July 2 (No program on Friday, July 3) Hike Vermont Week!** Starting off with a relatively easy hike close to home, this week promises to allow you to see some of the best views of the Green Mountain state from a few of the mountain peaks that hikers love to climb. Each day's hike will end with a hard earned treat (something cold, sweet and refreshing).

**Week 3: July 6-10 Explore Vermont Week!** This week we will be exploring some of the more iconic locations that Vermont has to offer. From berry picking to trying something cold, sweet and refreshing (think ice cream) to checking out the wildlife along beautiful Lake Champlain to a visit to a granite quarry. See if you can find the Great Blue Heron!

**Week 4: July 13-17 Bike Vermont Week!** Join us as we explore some of the different bike trails in and around Vermont. We will be riding on the Island Line Bike Trail, taking a bike ferry to South Hero, winding our way on the beautiful Stowe Bike Path, and checking out the Burlington Bike Path as we ride to Oakledge Park for a swim.

**Week 5: July 20-25 Water Adventures Week!** Vermont is packed full of amazing water holes, ponds, lakes, rivers, and streams, and we plan to visit the best of them. There will be a certified lifeguard on staff, so we will have a fun, safe and WET adventure every day!

**Week 6: July 27-31 Overnight Camping Week!** Join us for a 3 day, 2 night camping trip to one of Vermont's beautiful state parks. We will be cooking all of our meals around the campfire, playing games, swimming in a lake, hiking up to a fire tower, and making lots of memories. This trip always ends up being a favorite part of the summer, so sign up fast!

# EXPLORE THE GREAT STATE OF VERMONT!



**Parental Permission and Release Form for Youth Adventure Program (YAP)**

Sara Holbrook Community Center (SHCC) believes that local field trips and summer programs make an important contribution to students' educational experiences. In order to help ensure that these trips are safe and educational for all involved, SHCC requires that this form be completed by the parent/guardian of all students who wish to attend field trips or participate in programs that are offered by SHCC during the summer.

**In order for your child to participate in the program offered by the Sara Holbrook Community Center, you must complete both sides of this form.**

Student's Name: \_\_\_\_\_ School Grade entering in Fall 2020 \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Email: \_\_\_\_\_ Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Email: \_\_\_\_\_ Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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Does your child have allergies?  yes  no If YES, what allergies? \_\_\_\_\_

Does your child need an Epi-pen for their allergy?  yes  no If YES, please send a second Epi-pen to the program.

Does your child have any medical conditions?  yes  no If so, what? \_\_\_\_\_

Does your child have an IEP, 504, or behavior plan? \_\_\_\_\_

Other things you would like us to know about your child? Needs, Interests, Learning Styles: \_\_\_\_\_

This information is needed for a critical funding source. Please with the number of people in your family and check one income range.

Family Size: \_\_\_\_\_

Family Income Range:	<input type="checkbox"/> \$0- \$15,000	<input type="checkbox"/> \$15,001-\$22,000	<input type="checkbox"/> \$22,001-\$30,000	<input type="checkbox"/> \$30,001-\$37,700
	<input type="checkbox"/> \$37,701-\$45,000	<input type="checkbox"/> \$45,001-\$53,000	<input type="checkbox"/> \$53,001-\$60,500	<input type="checkbox"/> \$60,501-\$68,000
	<input type="checkbox"/> \$68,001-\$76,000	<input type="checkbox"/> \$76,001-\$83,000	<input type="checkbox"/> Above \$83,000	

Registration for the Youth Adventure Program grants permission to photograph or videotape your child for possible use in publications, promotional materials, or grant reports. To opt-out please contact Gabe Diaz at [gdiaz@saraholbrookcc.org](mailto:gdiaz@saraholbrookcc.org) or (802)233-9357.

The Sara Holbrook Community Center and its employees will exercise reasonable judgement in the planning and operation of the field trips and/or programs. I understand and agree that neither the Sara Holbrook Community Center nor its employees will be liable for injuries resulting from accidents or unanticipated occurrences beyond their control.

In case of illness or accident, I request the YAP staff to contact me. If I cannot be reached or the emergency contact person cannot be reached at the phone numbers I have provided, I authorize and direct YAP personnel to seek emergency medical care or take other action they believe is necessary under the circumstances to protect the best interest of my child/ward. If my child/ward is taken for emergency medical treatment, I hereby authorize the attending physician to administer the emergency treatment they believe is appropriate, and I agree to pay any resulting expense.

I have read the above form and my signature below demonstrates that I have provided my consent for my child/ward to participate in the trips/programs under the terms described above.

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

**See reverse side to select week/s**



Please select the weeks you would prefer for your child/ward to participate during the six weeks of the program. Due to the limit of 20 participants each week, your child/ward may not be able to participate in every week. Also, only 12 participants will be able to take part in the final week of overnight camping due to physical distancing requirements.

I would like to register \_\_\_\_\_ for the following weeks of the Youth Adventure Program:

- |                          |                                 |       |   |
|--------------------------|---------------------------------|-------|---|
| Week 1 (June 22-June 26) | Discover Hidden Burlington Week | _____ |   |
| Week 2 (June 29-July 2)  | Hike Vermont Week               | _____ | *Note: No program on Friday, July 3         |
| Week 3 (July 6-July 10)  | Explore Vermont Week            | _____ |   |
| Week 4 (July 13-July 17) | Bike Vermont Week               | _____ |   |
| Week 5 (July 20-July 24) | Water Adventures Week           | _____ |   |
| Week 6 (July 27-July 31) | Overnight Camping Week          | _____ | **Note: Space is limited to 12 participants |

Confirmation of registration will be sent to each parent/guardian upon receipt of registration materials. Please contact Gabe Diaz at (802) 233-9357 or at [gdiaz@saraholbrookcc.org](mailto:gdiaz@saraholbrookcc.org) if you have any questions or concerns.