



## ***CENTRAL BUCKS SCHOOL DISTRICT***

**Leading the Way**

**The Central Bucks Schools will provide all students with the academic and problem-solving skills  
Essential for personal development, responsible citizenship, and life-long learning**

June 11, 2018

Dear Soon-To-Be Sixth Grade Parents,

On **Thursday, September 6 and Friday, September 7, 2018**, our sixth graders will participate in a teambuilding workshop at Elbow Lane Day Camp. Each student will have two full days of high and low rope adventures.

The cost of the program and transportation will be **\$65.00 per student**, thanks to the gracious financial subsidy from Doyle's Home and School Association. While no child will be deprived of this experience because of financial limitations, we are giving you this information over the summer in the hope that our students may have the opportunity to earn their expenses.

Below you will find information about the event, the liability waiver, and a field trip permission slip. **Please complete, sign and return the enclosed forms together with the payment of \$65.00 to your child's teacher by the beginning of the school year (September 4, 2018). Checks should be made out to Doyle Activity Account.**

**Your child will need to**

- **have a completed 6<sup>th</sup> grade physical**
- **bring a packed lunch**
- **rain gear and**
- **should wear comfortable clothing and sneakers (no sandals or flip flops!).**

We are anticipating an exciting and rewarding experience for our sixth graders. If you have any questions, please do not hesitate to contact us at 267-893-4300.

Sincerely,

Dr. Susan L. Salvesen  
Principal

**Stecher Adventures, LLC.**  
**8 Fawn Circle**  
**Malvern, PA 19355**  
**610-640-9983**



Adventures in Education is designed to improve teamwork and cooperation, life skill development and self esteem through hands on highly experiential "fun" activities.

Low Ropes programs use a team building model and a series of structured problem solving activities to promote behavioral change, self-esteem and life skill development. All activities use the concepts of challenge and adventure to motivate and stimulate the participants' willingness and enthusiasm for change.

Low Ropes programs are based on the individual's actions and how those actions affect the group or persons around them. Some of the issues addressed are: communication, listening skills, following directions, trust, power of group cooperation, physical and emotional support, decision making, problem solving, leadership / followership issues, respecting individual differences within the group and being responsible for one's own actions.

High ropes activities provide participants with physically, emotionally and intellectually challenging activities, as well as a more exotic program of learning experiences. Adventurers develop beyond their perceived limits and reach a higher level of self-actualization.

High ropes experiences are characterized mostly by individuals challenging their own "perceived limits", setting goals, dealing with fears, safe risk taking and commitment when decisions are made. All elements are belayed by professional, supportive, trained staff. High perceived risk-low danger.

**Stecher Adventures, LLC.**

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Malvern, PA 19355  
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**Liability Waiver**

Participant's Name:

Emergency Phone Number:

\_\_\_\_\_

\_\_\_\_\_

Location of Camp:

**Elbow Lane Day Camp**

Date of Event:

**September 6 and September 7, 2018**

Description of event and activities involved: **Adventure-based, Low Ropes and High Ropes educational activities.**

I, \_\_\_\_\_, hereby acknowledge and request that my child

\_\_\_\_\_ participates in the above-described sponsored activity with Experimental Dynamics, Inc and Thom Stecher and Associates at Elbow Lane Camp in Warrington, PA.

It is understood that the above described activity will be physical in nature and as with all physical activities, there exists certain risks and possibility of injury. I hereby grant the authority for the staff of Experimental Dynamics, Inc, Thom Stecher and Associates to render medical care (within their standards of care) if necessary, to transport and secure medical care of my child in the event that medical attention is needed.

Furthermore, I do hereby agree to hold harmless from any and all liabilities, losses, expenses, or damages incurred:

1. D. Craig Erb, Experimental Dynamics, Inc Thom Stecher and Associates, Thom Stecher and any staff members, employees, or their estates
2. Elbow Lane Day Camp, its trustees, employees, and agents

I also waive, release and forever discharge any and all rights and claims for damages, which we have or which may hereafter accrue to us arising out of these incidents.

I, the undersigned, have read, understood and agree to the above:

Parent or Guardian Name (Please print): \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**Central Bucks School District  
Doyle Elementary School  
260 N. West Street  
Doylestown, PA 18901**

**Permission Slip for School Sponsored Trip**

**Student Name:** \_\_\_\_\_ **Classroom:** \_\_\_\_\_

has my permission to go to on a field trip to **Camp Elbow Lane** \_\_\_\_\_

on (date): **September 6 and September 7, 2018.**

**I understand that the transportation will be by school bus.**

The bus will leave from Doyle at **9:00 AM** and is scheduled to return at **3:15 PM**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

My child has the following special health conditions, allergies, illnesses: \_\_\_\_\_

In case of an emergency during the field trip, please call:

(Name) \_\_\_\_\_ at tel. # \_\_\_\_\_ or

(Name) \_\_\_\_\_ at tel. # \_\_\_\_\_

I understand that a nurse will not be available to administer medications on field trips. Parents must package medications at home and deliver them to the teacher in a sealed envelope. Medications that must be delivered in person need to be given directly to your child's teacher by a parent/guardian. Please indicate on the envelope your child's name, teacher and the time the medication needs to be given. The child will be required to self administer his/her medication under the supervision of the teacher.

In the case of extreme emergency, when the parent cannot be contacted, I give the school authorities permission to call a physician to take whatever action deemed necessary.

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