

# Behavior Expectations of "Outdoor Adventure"

The following is a statement of Behavior Expectations for Outdoor Adventure members.

Please read these carefully with a parent or guardian and sign to let us know that you are able to comply with these program expectations. Your parent/guardian must sign to let us know they have reviewed these with you.

## Members are expected to:

- Attend each session or contact the Florence County UW-Extension Office.
- Arrive on time with closed toe water shoes, tennis shoes, water bottle & swimwear each day.
- Be responsible for personal belongings and gear.
- Respect the property of other adventurers and of all facilities visited.
- Practice Leave No Trace (LNT)
- Observe all safety practices reviewed by Outdoor Adventure leaders prior to each session.
- Stay with the assigned group at all times.
- Use appropriate and respectful language at all times.
- Respect the diversity of cultures, backgrounds and family customs of all members.
- Observe the substance-free ethic of no alcohol, tobacco or non-prescription drugs.
- Leave any electronic devices and items that may be considered weapons at home.
- Abide by all local, state and federal laws.

I have read and agree to follow the above expectations.

Member Signature

Date

Parent/Guardian Signature

Date



UW-Extension provides equal opportunities in employment and programming including ADA and Title IX requirements.

Free lunch will be provided by the USDA Summer Food Program

For Students Entering 6th-8th Grade



JULY 29th—  
August 1st  
MONDAY-  
THURSDAY  
10am-3pm



Florence County: UW-Extension, School District, Forestry & Parks  
And: USDA Summer Food, St. Vincent de Paul, YMCA, USDA Forest Service, & Wild Rivers Outdoor Adventure

# OUTDOOR ADVENTURE

The Outdoor Adventure Program will explore Florence County and surrounding areas by biking, hiking, canoeing, kayaking & other fun activities.

Our goal is to have fun as we enjoy healthy activities in our beautiful outdoors. We will find points of interest where we practice skills and explore new destinations with maps and more.

**What will we do?** Each day will focus on a different outdoor adventure. A bag lunch will be provided.

**What happens if it rains?** Sometimes we may get wet if it rains while we are in route. We will not be outdoors during a thunderstorm or when it is lightning. We will hold sessions indoors on bad weather days.

**Cost:** \$40.00

**Times:** 10:00am to 3:00pm

**Meeting Place:**

Florence Natural Resource Center—Back parking lot Conference Center Entrance

UW-Extension  
715-528-4480  
Sabrina-Ext. 1



## HOW TO REGISTER

To register your child for Outdoor Adventure:

- Complete all sections and sign this registration form.
- Read the Behavior Expectations form with your child and sign. Have your child sign.
- Include a check for the registration fee (\$40)
- Make checks payable to: Florence County UW-Extension

**Enrollments will be limited. Registrations will be accepted on a first-come, first-served basis.**

- Return the form and the check made out to:

Florence County UW-Extension  
Attn: Meg Dallapiazza  
5628 Forestry Dr.  
Florence, WI 54121

- Do not return forms to the school offices.
- Keep this section of the brochure for future reference.



This program is available through a partnership of:

**Florence County UW-Extension  
and  
Florence County Schools**

**Contact Information:**  
Florence County UW-Extension  
5628 Forestry Dr.  
Florence, WI 54121  
Phone: (715) 528-4480



ENROLLMENT  
FORM

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Female \_\_\_ Male \_\_\_

Grade entering this Fall \_\_\_\_\_

Parent/Guardian:

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

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

Daytime \_\_\_\_\_ Evening \_\_\_\_\_

Cellphone \_\_\_\_\_

Email \_\_\_\_\_

Parent Address if different than Camper:

\_\_\_\_\_

\_\_\_\_\_

OPTIONAL

Race \_\_\_\_\_

Sex ☐ F ☐ M

Disability ☐ Y ☐ N

**Emergency Contact in case**

**Parent /Guardian cannot be reached.**

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

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

Home

Work

Cell

## HEALTH INFORMATION

My child has the following allergies:

\_\_\_\_\_

My child is taking the following medications:

\_\_\_\_\_

Other health information we should know:

\_\_\_\_\_

Does your child have health problems that would limit his/her ability to participate in active outdoor activities?

Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please explain and what type of accommodations are needed:

\_\_\_\_\_

Please note that someone will be taking videos and pictures of the participants at Outdoor Adventure. UW-Extension will use these videos and pictures in a manner consistent with UW-Extension's mission. Your attendance at these events indicates your consent for your image to be recorded and used in this manner.

Please enroll my child in the Outdoor Adventures Program. All of the information presented above is accurate.

Parent/Guardian Signature

Date