

Foresthood

To increase time spent in urban forests during the childhood years

Full Day Foresthood will be 9:00 am to 3:30 pm.

Pick up and drop off will be at the parking lot of Assiniboine Forest on Grant Ave**

If temperatures are cold we will do pick up and drop off at the Duck Pond in Assiniboine Park, families would be notified the day before

Foresthood Supply List

<p>Winter</p> <ul style="list-style-type: none">• Two winter hats that cover ears and stay on• Neck warmer - no scarves• Two pairs of warm, waterproof mitts• One warm, waterproof snowsuit• Warm, waterproof boots• Wool socks• Three base layers - thermal shirt and pants, middle layer (wool or fleece), sweater layer (wool or fleece)	<p>Spring</p> <ul style="list-style-type: none">• Rain boots• Rain suit - jacket & pants or one-piece• Extra insulation on cold days• Running shoes• Wool socks• Sun hat• Warm sweater or jacket• Bug jacket (optional)
<p>Summer</p> <ul style="list-style-type: none">• Rain boots• Rain suit - jacket & pants, or one-piece• Running shoes (no sandals)• Light, long sleeved shirt• Sun hat• Bug jacket (optional)	<p>Fall</p> <ul style="list-style-type: none">• Rain boots• Rain suit - jacket & pants or one-piece• Extra insulation on cold days• Running shoes• Wool socks• Sun hat• Warm sweater or jacket• Bug jacket (optional)
<p>All Seasons:</p> <ul style="list-style-type: none">• Small backpack for items not being worn• Lunch and snacks• Water bottle• Two extra change of clothes	

During the program Momenta staff will have a cell phone (on silent) that will be used in case of emergencies.

We will have snacks on hand when needed throughout the day. There will be a porta-potty at Assiniboine Forest for our use during all programs.

At pick up, your child might be dirty or muddy!

Payment and Completed Forms (front and back) must be received one week before the first PD day selected.

Total cost is \$40 + GST per day = \$42.00

We accept cash or cheque. We can also accept e-transfers to krista@experiencemomenta.com

Forms can be e-mailed, mailed, faxed or dropped off!
Here are the details for each of these options.

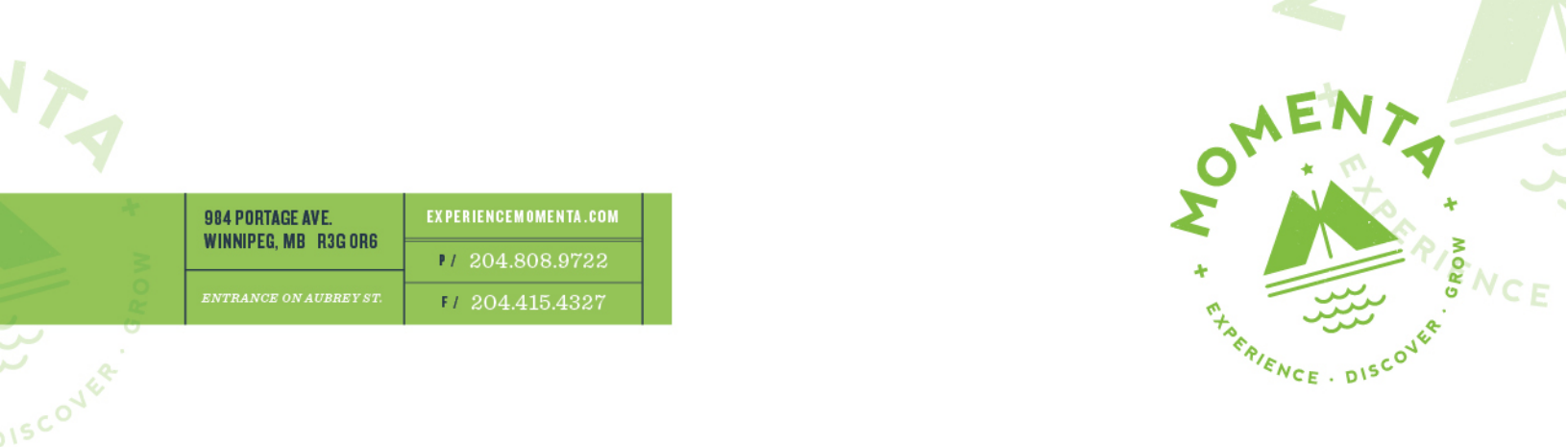
Email: krista@experiencemomenta.com

Mail or Drop Off: 984 Portage Ave., Winnipeg, Manitoba, R3G 0R6
(If you are dropping off, our entrance is on Aubrey and we have a locked mailbox to the left of our door)

Fax: 204-415-4327

Email krista@experiencemomenta.com if you have any questions.





984 PORTAGE AVE. WINNIPEG, MB R3G 0R6	EXPERIENCEMOMENTA.COM
	F / 204.808.9722
ENTRANCE ON AUBREY ST.	F / 204.415.4327

Foresthood - Please indicate which program/days you are registering for

- Foresthood Fridays Spring 2018 Forest Babies (Thursday) Spring 2018
 Wednesdays in the Woods Spring 2018

Full Day Foresthood on Non-Instructional Days

- | | | |
|---|---|---|
| <input type="checkbox"/> November 17 - WSD | <input type="checkbox"/> March 16 - all divisions | <input type="checkbox"/> May 7 - WSD |
| <input type="checkbox"/> November 24 - 7 Oaks SD | <input type="checkbox"/> March 26 - all divisions | <input type="checkbox"/> June 8 - Louis Riel |
| <input type="checkbox"/> January 5 - all divisions | <input type="checkbox"/> March 27 - all divisions | <input type="checkbox"/> June 15 - Pembina Trails & St. James |
| <input type="checkbox"/> February 2 - all divisions | <input type="checkbox"/> March 28 - all divisions | |
| <input type="checkbox"/> March 2 - Louis Riel | <input type="checkbox"/> March 29 - all divisions | |
| <input type="checkbox"/> March 9 - DSFM | <input type="checkbox"/> April 20 - all divisions | |

Participant Name _____ Birthdate _____ Age _____

Name of Parent or Guardian _____ Address _____

email address _____

Home Phone (____) _____ Work or Cell Phone (____) _____

Doctor's Name _____ Doctor's Phone _____ Manitoba Health Number _____

Emergency Contact Name _____ Relationship _____ Phone (____) _____

Does the participant	Yes	No
Have any medical or behavioural issues that we should be aware of		
If yes please explain:		
Plan to take prescription or non-prescription (over the counter) medication during the program		
If yes please explain:		
Have any food allergies or dietary restrictions		
If yes please explain:		

Parent's or Guardian's Agreement

1. I agree to permit the use of photographs or videos in which my child appears in any Momenta publication including posting on the internet Yes _____ No _____

2. In consideration of being allowed to participate in any way in Momenta's athletic/sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown physical and legal, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation. I knowingly waive my right to bring any legal action for any injuries I may suffer as a result of my participation in the above activity; and, I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or

