

CAMP WILDERNESS WAY 2009

Get Out. Go Wild.



CAMP WILDERNESS WAY is a nature-based activity camp. We will “unplug” and spend most of the day outside exploring the Big Bend area trails and waterways. Certified Kayak Instructors will teach campers the fundamentals of kayaking. This includes basic strokes, kayak related gear and assisted rescue skills. Each day campers will learn about a Florida animal and its ecosystem. Hiking trips will include plant and wildlife identification activities. Camp

Leaders are experienced outdoor enthusiasts with extensive group leadership/development training. Camp Leaders are CPR/First Aid/Wilderness First Aid certified.

Session 1 June 22-26

Session 2 July 13-17

Each session limited to 12 campers

9AM-4PM

Ages 8-12 years

Campers must be capable swimmers.

Fee: \$225 fee for one week session. Fee includes transportation, field trips, and snacks.

Camper provides his/her own lunch, refillable water bottle, towel, and change of clothes.

Registration opens May 1, 2009

Please call or email to request registration form. 850-877-7200 georgia@thewildernessway.net

Georgia Ackerman, Camp Director

Daily Schedule:

8:00-8:30AM pick up at Myers Park Playground-off Apalachee Parkway

9:00-9:15AM Southwood Publix—Blairstone/Capital Circle Rd.

	Monday	Tuesday	Wednesday	Thursday	Friday
10-2PM	Kayaking at Silver Lake	Hike Leon Sinks	Kayaking Wacissa River	Hike Lake Lafayette Trail	Kayaking Wakulla River
3-4PM	Snack & Craft Time at TWW	Snack & Craft Time at TWW	Snack & Craft Time at TWW	Snack & Craft Time at TWW	Snack & Craft Time at TWW
<i>Creature Feature</i>	Bald Eagle	Limpkin	Gopher Tortoise	River Otter	Cottonmouth

Pick Up Locations:

4:00PM The Wilderness Way

4:30-4:45 Southwood Publix

5-5:30PM Myers Park



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Camp Registration Summer 2009

- Session 1 June 22-June 26
- Session 2 July 13-July 17

Youth Name:	Date of Birth: -----/-----/----- <input type="checkbox"/> Male <input type="checkbox"/> Female	Mailing Address:
Mother's Name:	Mother Phone: (H) (W) (C)	Youth Lives with: <input type="checkbox"/> Mother & Father <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other:
Father's Name:	Father's Phone: (H) (W) (C)	Youth's Physician and Phone:
Emergency Contact (1) Name: Phone:	Emergency Contact (2) Name: Phone:	Emergency Contact (3) Name: Phone:
List persons authorized to pick up youth from Camp:	List allergies:	List any dietary or health related concerns that Leaders should be aware of:

I give permission for my child to participate in all Camp Wilderness Way activities. I understand the risks associated with paddle sports and hiking. I understand that The Wilderness Way will seek any needed medical care on behalf of my child. Additionally, I understand that The Wilderness Way does not assume liability for any injuries sustained during camping activities.

Parent signature: _____ Print Name: _____

