

Bellport Middle School Frost Valley

May 16 - 18, 2012



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South Country Central School District

TOWN OF BROOKHAVEN - COUNTY OF SUFFOLK

ADMINISTRATIVE OFFICES
189 DUNTON AVENUE
EAST PATCHOGUE, NEW YORK 11772

**SUPERINTENDENT
OF SCHOOLS**

MR. JOSEPH L. CIPP, JR.
631-730-1510
FAX 631-288-6394

**ASSISTANT SUPERINTENDENT
FOR CURRICULUM, INSTRUCTION
& TECHNOLOGY**

MRS. LINDA J. ROZZI
631-730-1540
FAX 631-288-4436

STUDENT'S ACADEMIC RESPONSIBILITY FIELD TRIP

Period	Class	Teacher Name	Teacher Comments
1			
2			
3			
4			
5			
6			
7			
8			
9			

I have spoken to all of my teachers and understand that I am responsible for any academic work missed.

Date: _____ Student Name: _____

Student Responsibilities as Pertains to Field Trips

As a South Country Central School District student, it is my responsibility to:

- decide if attending this trip will be detrimental to my other academic subjects
- notify the teachers whose classes I will miss
- make up any class work or examinations which I will miss
- notify the trip teacher if I decide not to go on the trip
- submit the permission slip and fees in a timely fashion

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MRS. LINDA J. ROZZI
431-730-1540
FAX 631-286-4430

DATE:

**RE: Parental Permission Slip and Information for Overnight School Activity
Including Acknowledgement, Release, and Hold Harmless**

Dear Parent or Guardian:

The South Country School District is committed to increasing the safety awareness of you and your child as you decide whether or not to permit your child to attend the upcoming overnight school activity of Seventh Grade Frost Valley Trip
Insert name of field trip, extra-curricular activity, or athletic event.

Acknowledgement

This permission slip governs overnight school activities which occur when students leave school grounds for an educational or educationally related purpose involving curriculum-related study, interscholastic athletics, extra-curricular activities, outdoor education or as part of a school-sponsored club. As these events are out of the ordinary, please consider that overnight school activities are an area rife with possibilities for injury and liability. The off-site locations mean that students are exposed to hazards not present in the usual school environment, and staff members can more easily lose control of the students. Special exposure to hazards including but not limited to air and coach travel, other motorized activities; animal activities, including horse riding, pack animal trips, snake handling, domestic animals and birds; remote locations, strenuous activity; outdoor education including building houses, mountain climbing, cave exploring and wilderness survival; amusement park activities including carnival rides, water activities including swimming and boats; and in urban areas, heavy traffic may be present. By consenting to your child's participation in an overnight school activity, you acknowledge those common, ordinary risks which are inherent in and arise out of the nature of the school activity and which flow from your child's participation. You and your child assume the risk of injury by participating in an overnight school activity.

Revised: 7/2011

Supervision

The main purpose of supervision is to help protect students from injury or diminish the risk of student injury. Proper supervision includes attentiveness, behavior monitoring and intervention, hazard surveillance and intervention, and responding appropriately to emergencies. Proper supervision for secondary school students does not mean being with students at all times. Depending upon the nature of the school activity, students may be permitted to separate into small groups to, for example, visit different exhibits at a museum, go to the restroom, and enjoy free time in a public location. In hotels, staff will ensure students are supervised, including periodic room checks, but will not sleep in the same room as students.

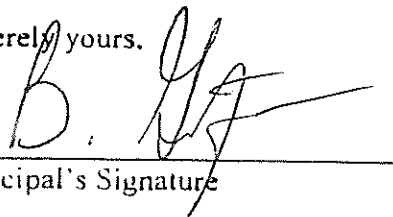
The school will provide adequate and appropriate supervision based upon the type of activity, number of students, age and maturity level of the students, facility, duration of trip, type of transportation, and safety considerations including emergency procedures. The parent must recognize, however, that unanticipated situations and problems can arise on any trip, school-sponsored or otherwise, and that those situations or problems are not reasonably foreseeable or within the control of the school, supervising staff and chaperones. In such instances, the parent agrees that the school, supervising teachers, and chaperones are not legally responsible in the event of accident or injury and the parent will hold the school, supervising teacher(s) and chaperones harmless from any costs, liability, or expenses related thereto.

It remains, of course, your parental prerogative to decide whether or not your child will participate in this trip. Please be aware that, although our adult staff and chaperones will be informed as to recommended security procedures, the District is powerless to predict unforeseen events that could result in harm to your child.

Acceptance of Risk

By signing the attached school activity permission slip and returning it to the school, you acknowledge the school activity carries with it certain unanticipated risks, which could result in harm or fatal injury to your child. By signing the permission slip, you accept that the school activity entails the risk of injury to your child and elect to participate in spite of risks and potential security threats that are not identifiable at this time.

Sincerely yours,



A handwritten signature in black ink, appearing to be 'B. [unclear]', written over a horizontal line.

Principal's Signature

South Country Central School District

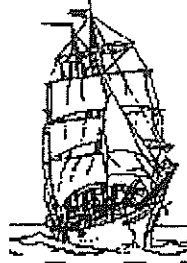
BELLPORT MIDDLE SCHOOL

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"Results First...Children Always"
www.southcountry.org

Joseph L. Cipp, Jr.
Superintendent of Schools
631-730-1510
FAX 631-286-6394

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BRIAN GINTY

ASSISTANT PRINCIPALS
JOHN FRANKIE
DR. TRACY HUDSON
JOHN RAPTIS

**PARENTAL PERMISSION SLIP FOR OVERNIGHT SCHOOL ACTIVITY
INCLUDING ACKNOWLEDGEMENT, RELEASE, AND HOLD HARMLESS**

My son/daughter _____ has permission to participate in the
overnight school activity of **FROST VALLEY TRIP** on MAY 16TH, 17TH, 18TH, 2012
with **7TH GRADE** under the supervision of **John Raptis, BMS Assistant Principal.**
(CLASS) (TEACHER IN CHARGE)

The cost of the trip will be **\$250.00** per student (NO REFUNDS); Checks should be made
payable to **SOUTH COUNTRY CENTRAL SCHOOL DISTRICT**. The students will be leaving
at approximately **6:00 AM, Wednesday, May 16th, 2012** and will return at approximately **6:00
PM., Friday, May 18th, 2012.**

In case of emergency, please contact _____ (_____),
(NAME) (RELATIONSHIP)
at _____.
(PHONE)

I understand that my son/daughter will miss class work during the field trip and that he/she is
responsible to make up all missed work and assignments. Additionally, I have reviewed with my
son/daughter the requirements that he/she remain with the group and follow the directions of all
chaperones.

*I acknowledge that I have read the **Information for Overnight School Activity** including
Acknowledgement, Release, and Hold Harmless that accompanies this permission slip. I
understand it and accept the risk of electing to permit my child to participate in this overnight
school activity. My consent to my child's participation is purely voluntary and my permission is
given in spite of the risks, known or unknown.*

ACKNOWLEDGEMENT, RELEASE AND HOLD HARMLESS

I also fully understand that any school travel, activity, or outdoor pursuit can have inherent dangers that no amount of care, caution, instruction or expertise can eliminate. Mindful of these conditions, I FOREVER RELEASE AND DISCHARGE South Country Schools, its personnel and volunteers for any and all liabilities, claims, demands or causes of action that I may hereafter have for any injuries or damages arising out of my child's participation on the above referenced activity. I EXPRESSLY AND VOLUNTARILY ASSUME ALL RISK OF DEATH, PERSONAL INJURY OR PROPERTY DAMAGE SUSTAINED BY MY CHILD WHILE PARTICIPATING IN THE ABOVE REFERENCED ACTIVITY AND AGREE FOR MYSELF, MY CHILD AND MY HEIRS, REPRESENTATIVES AND ASSIGNS TO INDEMNIFY AND HOLD HARMLESS the South Country School District, its personnel and volunteers for any and all losses, claims actions, or proceedings of any kind including demands for damages, judgments, costs, losses of services, or expenses which may be initiated by me, my child or any other person or organization on our behalf.

Parent's Initials _____

If my son or daughter is a minor, I agree on behalf of my child and myself to be bound by all terms and conditions of the above agreement.

Date: _____ X _____
Signature of Parent, Guardian or Responsible Party (if Participant is under 18 years of age)

Date: _____ X _____
Signature of Student (if Participant is over 18 years of age)

Today's Date _____

19041

My child has permission to take the following medication as long as a chaperone observes:

Medication

Doctor's Name

Doctor's Phone Number

Signature of Parent/Guardian

Date: _____

Signature of Student

Date: _____

Home Phone Number

General Trip Information

- Trip Dates -** Wednesday, May 16th through Friday, May 18th, 2012
- Report Time -** No later than 5:30 A.M. on Wednesday, May 16th, 2012
- Depart Time -** We plan on leaving from the WEST parking lot no later than 6 A.M.
- Return Time -** We plan to return about 6:00 P.M. on Friday, May 18th, 2012.
- Luggage Drop Off -** All non-carry on bags must be brought to the school on Tuesday, May 15th, 2012 between the hours of 2:00 P.M. and 4:00 P.M. The luggage will be sorted at that time and placed in a room that is designated for the student's bus. This will take place in the English wing of the building adjacent to the west parking lot. The student's luggage will be inspected to ensure they have not attempted to bring any contraband.
- Lodging -** Frost Valley YMCA
2000 Frost Valley Road
Claryville, NY 12725-9600
(845) 985-2291
- Transportation -** *Coastal Charter Service*

If you need to contact us in an emergency situation during the day please call the Bellport Middle School at (631) 730-1627. The school will make every attempt to reach us at Frost Valley.

We will notify the school of our arrival to Frost Valley and will post a message on the Bellport Middle School website. <http://www.southcountry.org>.

Frost Valley Trip Package

The trip package at Frost Valley includes the items listed below:

- Motor coach transportation to and from Frost Valley.
- Two nights lodging at Frost Valley YMCA located in Claryville, NY.
- All activities that will be occurring during the trip.
- One breakfast and snack on the motor coach trip to Frost Valley
 - ❖ Bagel
 - ❖ Butter/cream cheese
 - ❖ Juice
 - ❖ Snack for trip home
- Two breakfasts, three lunches and two dinners in the Frost Valley dining hall. All meals are served family style.
- All taxes and gratuities are included.

Financial Considerations

The basic cost of the trip covers all meals during the trip. If students wish to purchase additional items beyond what is covered the students must pay for the cost of these items. Students will need additional money if they wish to purchase gifts or souvenir items during the trip. There is a Frost Valley store which sells commonly forgotten items as well as some Frost Valley paraphernalia for the students to purchase.

FROST VALLEY PAYMENT SCHEDULE

<u>DATE DUE</u>	<u>PAYMENT AMOUNT</u>
By December 5, 2011	\$ 50.00
January 16, 2010	\$ 100.00
February 6, 2012	\$ 100.00

CHECK or **MONEY ORDER** only, we will **NOT** be accepting **CASH**.
When you make a payment a receipt will be given for your personal records.

You may pay the full amount on or before December 5th, 2011.

Please make checks out to: *South Country Central School District*

*On or before December 5th, students will deliver the **CHECK** or **MONEY ORDER** to Mr. Raptis, (Mrs. Rose Yovino), in Student Support before or during homeroom or at the beginning of sixth period lunch along with their **PERMISSION SLIP**, **MEDICAL FORMS**, **BEHAVIORIAL CONTRACT**, and **BMS STUDENT INFORMATION** sheet.

Tentative Itinerary
Frost Valley Trip

May 16, 2012 – May 18, 2012

Wednesday, May 16th, 2012

5:30 AM	Arrive at the Middle School, load buses, and prepare for departure
6:00 AM	Depart for Frost Valley
11:00 AM	Arrive at Frost Valley
11:30 AM	Orientation
12:00 PM	Lunch
1:15 PM	First Afternoon Activity
3:00 PM	Break
3:15 PM	Second Afternoon Activity
5:30 PM	Dinner
7:30 PM	Evening Activity
10:00 PM	Lights Out

Thursday, May 17th, 2012

8:00 AM	Breakfast
9:00 AM	Return to lodge to prepare for day's activities
9:30 AM	Morning Activity
12:00 PM	Lunch
1:15 PM	First Afternoon Activity
3:00 PM	Break
3:15 PM	Second Afternoon Activity
5:30 PM	Dinner
7:30 PM	Evening Activity
9:00 PM	Snack Time
10:00 PM	Lights Out

Friday, May 18th, 2012

8:00 AM	Breakfast
9:00 AM	Return to lodge to prepare for day's activity
9:30 AM	Morning Activity
12:00 PM	Lunch
1:00 PM	Board buses and depart for home
6:30 PM	Approximate arrival back at Middle School

BELLPORT MIDDLE SCHOOL BEHAVIOR CONTRACT

Dear Student and Parent/ Guardian:

The staff of Bellport Middle School is looking forward toward the upcoming Frost Valley trip with great enthusiasm. Countless hours of planning have been devoted to the trip to ensure a safe, enjoyable and memorable trip for the seventh grade class. We would like to make you aware of the following rules, which we deem necessary. If you have any questions, please contact the trip coordinator, Mr. Raptis, Assistant Principal Bellport Middle School, at 730-1640.

- > *Please understand the fact that this trip has been prepaid as of this point in time. Therefore, we will be unable to refund payment if a student becomes academically or behaviorally ineligible to attend or is sent home as a result of behavior.*
- > In accordance with South Country School District Policy, any student found under the influence or in the possession of alcohol or any other controlled substance will be sent home at the expense of the parent/guardian, and will be subject to disciplinary action by the school.
- > If any alcohol or controlled substances are discovered during the luggage check prior to our departure, the student's parent/guardian will be notified. The student will not be permitted to attend the trip and the total payment will be forfeited.
- > Any student whose behavior is deemed to be seriously improper or such that it endangers the safety of others will be sent home or prevented from taking part in subsequent portions of the trip. Again, please be aware that all expenses will be the responsibility of the student's parent/guardian. In addition the remaining cost of the trip will be forfeited.
- > All students and their parent/guardian are financially responsible for any property damage they incur during the course of the trip. Furthermore, any additional expenses that the student may incur will be responsibility of the student and their parent/guardian.

There is no smoking at any time on this trip. There will be no exceptions to this rule.

We have read and discussed the above-mentioned items, and the entire trip handbook. We understood what is expected, and are in full agreement to the items mentioned above and in the handbook.

Signature of Parent/ Guardian

Signature of Student

Date _____

Frost Valley Environmental Education Behavior Contract



I understand the following behavior is expected of me while I am at Frost Valley:

1. To cooperate with fellow student, teachers and the Frost valley staff.
2. To cooperate with and accept the responsibility for completing any work assigned to me.
3. To have good manners at all times.
4. To participate in all the activities that I am assigned.
5. To be on time for all activities and meals.
6. To respect the property of others, not to enter anyone's room without their permission and not to touch anyone's property.
7. To remain in the lodges between lights out and the morning wake up call.
8. To keep my room neat and not to mark any of the Frost Valley property. If I damage anyone else's property, I will pay for the damages.
9. Anyone who shows that he/she cannot live harmoniously with others, endangers his/her own safety or that of his fellow students, or cannot accept the rules and regulations , will be required to call his/her parents and will be remove from the group and asked to leave Frost Valley.
10. Lights out is at 11:00pm. It is VERY important that you are well rested and ready each day for the full day of activities; therefore, this regulation will be strictly enforced.
11. Quiet hours in the lodge is from 10:00pm to 7:00am.
12. The collection of any living things (plant or animal) is NOT permitted unless supervised by a teacher for a specific class activity.
13. No students are permitted in the lodges alone, you must be accompanied by an adult at all times.
14. You will make the trip the most interesting and rewarding by getting involved in the activities and following instructions to the best of your ability.

I have read and understand the above information. I promise to follow these guidelines and be on my best behavior during the trip.

Student's Signature

Parent's or guardian's signature



Frost Valley YMCA Wellness Center
 2000 Frost Valley Road, Claryville, NY 12725
 Ph: (845)985-2291 Fax: (845)985-0059 FrostValley.org



School Bellport Middle School Lead Teacher John Raptis DATE OF TRIP FROM May 16 TO May 18
BMCS A.P.
 Student Health Information

Student Last Name _____ First Name _____
 Parent/Guardian's Name _____
 Phone Number: (home) _____ (work) _____ (cell) _____
 Home Address _____
 Family Physician _____ Phone _____
 Insurance Company _____ ID# _____
In an emergency, if unable to reach parent, contact:
 Name _____ Phone _____
 Name _____ Phone _____

Health History: (please check all that apply and explain):

<input type="checkbox"/> Asthma	<input type="checkbox"/> Glasses/contact lenses	<input type="checkbox"/> Heart disease/defect
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Eating disorders	<input type="checkbox"/> Nose bleeds
<input type="checkbox"/> Hypertension	<input type="checkbox"/> Respiratory disorder	<input type="checkbox"/> Ear infections
<input type="checkbox"/> Seizure disorder	<input type="checkbox"/> Sleep walking	<input type="checkbox"/> Chicken pox
<input type="checkbox"/> Headaches	<input type="checkbox"/> Bedwetting	<input type="checkbox"/> Other

Comments: _____

Any known allergies (Food or Drug): _____
 Diet Restrictions _____
 Date of Last Tetanus Shot _____
 _____Cut here when needed_____

Note: 3 signatures required below

Authorization to Consent to Treatment of Minor Temporarily Separated from His/Her Parents

I, the undersigned, parent or legal guardian of (child's name) _____, a minor, am familiar with the program and the general nature of activities planned during their trip to Frost Valley YMCA, and to the best of my knowledge the above information is correct and my child is capable of participating in and has permission to engage in all activities. I do hereby authorize (School Name) BELLPORT MIDDLE SCHOOL (Lead Teacher) ADMINISTRATOR JOHN RAPTIS As our agent(s) to consent to any diagnostic procedure or medical care which is deemed advisable by, and is to be rendered under the general or special supervision of any licensed physician at the nearest hospital with facilities appropriate to my child's injury/illness. This authorization shall remain effective until (day after the last day of the trip) May 19 unless sooner revoked in writing delivered by said agent(s).

Parent/Legal Guardian's Signature _____ Date _____

Student waiver of liability

I hereby accept any and all responsibility for, and assume the risk of any and all injury or damage to my dependent children which might arise directly or indirectly as a result of, and or participation in the Frost Valley YMCA program. I hereby expressly release, discharge and hold harmless from any liability whatsoever the Frost Valley YMCA and all employees and volunteers in their capacities as representatives of the YMCA. Except for injuries caused intentionally, or by willful misconduct, I certify that I am familiar with the contents of this release, that I have read and understand the same, and that it is my intention by signing this release that the same is binding not only of me, but my heirs, administrators, executors, successors and assigns.

Parent/Legal Guardian's Signature _____ Date _____

Student Model and Statement Release

Periodically, Frost Valley YMCA uses photos and statements made by participants in the Frost Valley YMCA programs for newsletters, fund raising efforts, brochures and articles about Frost Valley YMCA. All photos and statements are used with reasonable judgement for purposes directly relating to the operations of Frost Valley YMCA. This signed form gives Frost Valley YMCA permission by the signer to utilize participant photos or statements for the purposes mentioned above.

Parent/Legal Guardian's Signature _____ Date _____



Frost Valley YMCA Wellness Center
 2000 Frost Valley Road, Claryville, NY 12725
 Ph: (845)985-2291 Fax: (845)985-0059 FrostValley.org



Written Doctor and Parent Permission Form

PLEASE NOTE: All medications, vitamins, supplements, or topical treatment require written permission from a physician and parent

Camper Last Name _____ First Name _____
 D.O.B _____ Weight _____ Allergies _____
 Physician's name: _____ Phone # _____

The following over the counter medications are available in the health center. It is not necessary to send these medications with the students. These medications can be administered by a Registered Nurse per label instructions by age and weight only if Parent and Physician signature is documented below. Note: **All medications must be sent in original packaging.**

Drug Name	Route	Schedule and Indications	To be administered if needed
Tylenol (Acetaminophen)	By mouth (chewable tabs, elixir or tabs)	Q 4h as needed for pain or fever > ___-F	Yes or No
Motrin (Ibuprofen)	By mouth (chewable tabs, elixir, suspension or tabs)	Q 6h as needed for pain or fever > ___-F	Yes or No
Sudafed	By mouth (tabs)	Q 4h nasal congestion *not more than 4 doses in 24 hours	Yes or No
Cough drops	By mouth	Q 2h as needed for sore throat	Yes or No
Robitussin (Guaifenesin)	By mouth (syrup)	Q 4 h for cough	Yes or No
Dimenhydrinate	By mouth (chewable tabs) 50 mg	Q 6 h motion sickness	Yes or No
Benadryl (Diphenhydramine)	By mouth (elixir, chewable tabs or pills)	Q 6 h as needed for allergic reaction, hives, insect bites	Yes or No
Sunblock or sunscreen	Apply topically	30 minutes prior to sun exposure as needed for outdoor activities	Yes or No
Bacitracin Zinc 1%	Apply topically	Q 4 h for signs of irritation to skin	Yes or No
Hydrocortisone Cream 1%	Apply topically	Q4 h for itch	Yes or No
Claritin (loratadine) 10mg	By mouth	Daily for allergy symptoms	Yes or No
Zyrtec (cetirizine) 10 mg	By Mouth	Daily for allergy symptoms	Yes or No
Maulox 10 mg	By Mouth	For stomach upset	Yes or No

Physician
 Please document below the patient's current medication regime for both scheduled and "as needed" medications routinely received by the above noted minor.

Prescribed Medication	Route	Dosage	Schedule *Be Specific* ie: (qam, qhs,bid,tid,qid)	Comments

Self-carry medication release for Sun block, Rescue inhalers, epi-pens and insulin pumps

We request that the above named camper/student be permitted to carry one or all of the following:

(Please check all that apply and indicate MD order above)

- Sun block Epi-pen Albuterol Inhaler Proventil Inhaler Insulin Pump Pens Other

Comments: _____

The above noted "self-carry" items/medications are permitted for the indicated minor at all times. He/She has been instructed by the physician and parents and acknowledges the proper understanding of the purpose, frequency and appropriate method of use of these items.

As I consider him/ her responsible, I will not hold Frost Valley YMCA personnel responsible for any errors which may arise in my child's self administration of these items/medications.

MUST HAVE THE FOLLOWING SIGNATURES OR NO OVER THE COUNTER, PRESCRIPTION OR SELF-CARRY MEDICATIONS CAN BE ADMINISTERED AT CAMP

Physician /Health Care providers Signature: _____

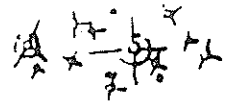
Phone # _____ Address: _____

Parent Signature: _____ Date: _____



SCHOOL TRIPS PACKING LIST

NOTE: Students should be limited to ONE suitcase or duffle bag.
ALL ITEMS SHOULD BE MARKED WITH YOUR NAME.



Use the handy list below to check off items as you pack them both at home before you come to Frost Valley YMCA and use it again to make sure you don't leave anything behind!

NECESSARY:

OPTIONAL:

WINTER GEAR:

AT HOME	AT FROST VALLEY		AT HOME	AT FROST VALLEY		AT HOME	AT FROST VALLEY	
<input type="checkbox"/>	<input type="checkbox"/>	4 pairs of underwear	<input type="checkbox"/>	<input type="checkbox"/>	slippers	<input type="checkbox"/>	<input type="checkbox"/>	boots (insulated, waterproof)
<input type="checkbox"/>	<input type="checkbox"/>	4 pairs of socks	<input type="checkbox"/>	<input type="checkbox"/>	reading materials	<input type="checkbox"/>	<input type="checkbox"/>	2 pairs warm mittens/gloves
<input type="checkbox"/>	<input type="checkbox"/>	pajamas	<input type="checkbox"/>	<input type="checkbox"/>	writing materials	<input type="checkbox"/>	<input type="checkbox"/>	scarf
<input type="checkbox"/>	<input type="checkbox"/>	2 pairs of walking shoes	<input type="checkbox"/>	<input type="checkbox"/>	plastic bags	<input type="checkbox"/>	<input type="checkbox"/>	winter coat (insulated, waterproof)
<input type="checkbox"/>	<input type="checkbox"/>	raincoat	<input type="checkbox"/>	<input type="checkbox"/>	waterproof boots	<input type="checkbox"/>	<input type="checkbox"/>	2 pairs extra wool/warm socks
<input type="checkbox"/>	<input type="checkbox"/>	hat or hood	<input type="checkbox"/>	<input type="checkbox"/>	wash cloth	<input type="checkbox"/>	<input type="checkbox"/>	ski hat (must cover ears)
<input type="checkbox"/>	<input type="checkbox"/>	2 warm pants or jeans	<input type="checkbox"/>	<input type="checkbox"/>	binoculars	<input type="checkbox"/>	<input type="checkbox"/>	long underwear
<input type="checkbox"/>	<input type="checkbox"/>	1 jacket	<input type="checkbox"/>	<input type="checkbox"/>	sunglasses	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	1 heavy sweater	<input type="checkbox"/>	<input type="checkbox"/>	lip balm/chap stick	* SNEAKERS ARE DISCOURAGED FOR WINTER WEAR		
<input type="checkbox"/>	<input type="checkbox"/>	warm shirts	<input type="checkbox"/>	<input type="checkbox"/>	stamps			
<input type="checkbox"/>	<input type="checkbox"/>	light shirts	<input type="checkbox"/>	<input type="checkbox"/>	camera	NOT ALLOWED:		
<input type="checkbox"/>	<input type="checkbox"/>	bath towel	<input type="checkbox"/>	<input type="checkbox"/>	flashlight	• radio/CD player/MP3/MP4 player		
<input type="checkbox"/>	<input type="checkbox"/>	tissues	<input type="checkbox"/>	<input type="checkbox"/>	laundry bag	• portable TV		
<input type="checkbox"/>	<input type="checkbox"/>	soap				• cell phones		
<input type="checkbox"/>	<input type="checkbox"/>	comb or brush				• videogames		
<input type="checkbox"/>	<input type="checkbox"/>	toothbrush & toothpaste				• knives		
<input type="checkbox"/>	<input type="checkbox"/>	sleeping bag				• candy or gum		
<input type="checkbox"/>	<input type="checkbox"/>	water bottle				• food		
<input type="checkbox"/>	<input type="checkbox"/>	day pack				• hair driers		
<input type="checkbox"/>	<input type="checkbox"/>	pillow				• fireworks		
						• matches		
						• pets		



FROST VALLEY YMCA
2000 Frost Valley Road, Claryville, NY 12725
TEL 845-335-2291 FAX 845-335-0056 WEB frostvalley.org



