



Breakthrough Saint Paul

Mounds Park Academy & Saint Paul Public Schools

March 20, 2009

Dear Breakthrough Student,

Congratulations! We are delighted to inform you of your acceptance to the Breakthrough Leaders Program. You are one of 14 exceptional Breakthrough eighth grade students that have been selected to participate in our six-week leadership program this summer. As you know the goals of our program are 1) to prepare students academically for the transition to high school; and 2) to provide students with opportunities to challenge themselves and take on positions of leadership in the summer program.

As a Breakthrough Leader, you have committed to coming to BSP everyday from approximately 7:30 a.m. – 3:00 p.m., Monday through Friday, **June 22 to July 31**. During the summer there will be 1½ hours of homework each night. The YMCA Camp Menogyn canoeing and camping experience is required and will be from June 25 to July 2. The final commitment is Celebration, which happens on the afternoon and evening of Saturday, **August 1**.

To enroll formally in the program, **we need you and a parent or guardian to schedule a meeting with Jey Moon**, the High School Program Coordinator. You will receive a brief overview of the program and information on prepping students and families for the camping trip. Please call the office at 651-748-5504 to schedule a meeting by **April 1**.

Once again congratulations and welcome back for another summer!

Sincerely,

Jey Moon
High School Program Coordinator
Breakthrough St. Paul



Breakthrough Saint Paul

Mounds Park Academy & Saint Paul Public Schools

Parent Guide to the Breakthrough Leaders Program

Introduction

Congratulations again on your student's acceptance to the Breakthrough Leaders Program. As mentioned before, BLP is a special six week program for a select group of fourteen rising Breakthrough 9th graders the summer before they begin high school. The goal of the program is to provide students with opportunities to challenge themselves and take on positions of leadership in the summer program.

What to expect

At BSP, the program entails a...

- Academic Component: Breakthrough Leaders will take a special curriculum designed and taught by the High School Program Coordinator and a BSP teacher. It will include honing academic skills important for high school such as researching and writing. Students will be responsible for approximately 1½ hour of homework each night.
- Leadership Component: Students will spend time planning for program-wide activities. They will also participate and take leadership in a core class, an elective, ASM, college, YO Time, and special events.
- Challenging Camping Expedition: Breakthrough Leaders will be in small single-gender groups for 8 days and 8 nights at YMCA Camp Menogyn to work on leadership and teamwork skills. Activities include planning and cooking your own meals, canoeing, some swimming, orienteering, camping in tents with sleeping bags, and building fires.

Key Dates to Remember

June 18 (Thursday)	6PM-8PM	Back to Breakthrough Open House
June 22-July 31	M-F, 7:30AM-3PM	Breakthrough Summer Program
June 25-July 2	All Day	YMCA Menogyn Camping Trip
August 1	All Day	Celebration

Camp Menogyn Overview

During the camping expedition, students will learn not only how to work as a team but also the necessary skills to climb, backpack and canoe safely. Led by two Camp Counselors, certified in Wilderness First Responder, CPR, and Lifeguarding/Wilderness Water Safety, students will be provided with a safe, fun, and enriching experience at Menogyn.

The following outline is a detailed schedule of their time at Menogyn:

Day 1	All students arrive at Menogyn, meet their counselors, check in, begin team building exercises and enjoy an evening opening campfire.
Day 2	Students will receive basic skills training, plan their menu and route for the next few days, pack food, and prepare to go on the trail the next day.
Day 3-6	Students will go on the trail, camp out, climb various rock faces, canoe & portage.
Day 7	Students return to Menogyn, take a sauna, and enjoy a closing campfire.
Day 8	Students return to REI after breakfast.

How do they get there?

A bus will depart from REI in Bloomington to take the students to Menogyn. Parents will be responsible to drive students to MPA in the morning of Day 1 and pick them up at REI on Day 8 (see Ride Information Form). We will organize a carpool to transport students to REI.

What do students need for camping?

There are several things that students need for their camping trip (see Packing List), however, there are three important things that are essential for students to enjoy and safely complete their camping trip.

- **Boots:** An over-the-ankle work boots or light hiking boots with a sole that will hold up when wet. Menogyn does not recommend water shoes/aqua socks because they don't have ankle support. They will get wet and should be worn and broken in before the trip to prevent blisters.
- **Rain Gear (Jacket & Pants):** When students are on the trail, it often rains up north and their adventure does not stop when it rains. The plastic garbage bag raincoats just won't keep you dry in a downpour. The best rain gear is made out of coated nylon or Gore-tex. Avoid the "emergency poncho", as they rip easily and the rain gear may need to last multiple days.
- **Sleeping Bag:** Synthetic-fill bags are usually less expensive than down-fill bags and work well for the fairly wet climate of northern Minnesota. A good, lightweight, 3 season, mummy-style sleeping bag rated down to 30 degrees, is your best bet. If cost is an issue or you do not own a good sleeping bag, you can borrow one or rent one. Please contact the Breakthrough office if you have trouble finding a sleeping bag.

Optional Packing Items

- Camera: Students may bring a camera along with them. However, there is a high probability that they will be traveling in the rain. We suggest students to either purchase waterproof disposable cameras or to bring a waterproof bag to store the camera in.
- Spending Money: Items at the Menogyn store include T-shirts, sweatshirts, key chains, maps, mugs, hats, etc. Student money and valuables (i.e. ipods, cell phones, etc) are kept in a safe in the camp while the groups are on the trail and returned to them before leaving camp. Menogyn strongly encourages students to turn in all money and valuables as soon as they arrive at the camp site, as the camp will not be responsible for lost items that have not been checked in.

What are students NOT allowed to bring?

Menogyn is a wilderness experience. In keeping with this spirit, the camp asks that you leave the following things at home:

- Radios, electronic games or toys. Personal music devices and cell phones used on the bus to camp will be collected and stored until the ride home.
- Food, pop or candy (except for your lunch on the bus ride). The squirrels at Menogyn will find it very quickly!

Preparing for the Summer

Included in this folder are some forms. In order for your student to successfully enroll in the summer program, you must fill out the following forms and return them to the Breakthrough Office:

- Emergency Information and Authorization to Consent Treatment of a Minor Form
- Transportation Form
- \$25 (cash or check payable to Breakthrough Saint Paul) for the Camping Trip

In order for your student to participate in the Menogyn camping trip, the following forms must be turned in to the Breakthrough Office before **June 1, 2009**:

- Menogyn Health History Form
- Menogyn Health Exam Form
- Ride Information Form
- Packing List*

*Please indicate on the list which items you are having difficulty providing to your child.

For more information you can directly contact the Menogyn office at:

YMCA Camp Menogyn: 3425 Ihduhapi Road, Loretto, MN 55357

Phone: (612) 822-2267

Fax (612) 823-2482

Breakthrough Saint Paul Authorization to Consent Treatment of a Minor and Emergency Information Form

STUDENT/FAMILY INFORMATION

Please print clearly and complete all sections on both sides of this form.

Student Name	Date of Birth
Student Address	Phone

Mother/Guardian Name	Home Phone
Mother/Guardian Address	Work/Cell Phone
Father/Guardian Name	Home Phone
Father Guardian Address	Work/Cell Phone

EMERGENCY INFORMATION

Please list two persons who may be contacted in case of emergency who can provide temporary care for your child if you can not be reached.

Emergency Contact	Relationship	Phone
Emergency Contact	Relationship	Phone

PHYSICIAN/INSURANCE INFORMATION

Please provide your student's insurance information and the name and phone of your student's primary care physician.

Physician Name	Phone
Insurance Carrier	Policy Number

STUDENT MEDICAL INFORMATION

Please list all allergies, medical or mental health conditions that your student has and all medications that the student is taking. Students needing to receive medication (including over the counter and prescription drugs) while at BSP MUST HAVE a *Request to Administer Medicine at School* form with physician signature on file at BSP.

Student's Allergies _____

Medical or Mental Health Conditions _____

Medication Student is Taking _____

PLEASE COMPLETE REVERSE SIDE

AUTHORIZATION TO CONSENT TREATMENT OF A MINOR

I the undersigned parent or guardian of _____, a minor, do hereby authorize Breakthrough Saint Paul and Mounds Park Academy to obtain medical care in case of emergency or serious illness. As agent for the undersigned I hereby consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment, or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician or surgeon licensed under the provisions of the Medical Practice Act or the medical staff of any licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of our aforesaid agent to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his or her best judgment may deem advisable.

In case of emergency or serious illness I understand that Breakthrough Saint Paul and Mounds Park Academy will contact me as soon as possible. If I can not be reached I hereby authorize Breakthrough Saint Paul to contact one of the Emergency Contact person(s) listed above.

This authorization shall remain effective until the end of my child’s involvement with Breakthrough Saint Paul.

Parent/Guardian Name _____ Signature _____ Date _____

PERMISSION FOR NON-PARENTAL PICK-UP

I give permission for the following individuals to pick-up my child from Breakthrough Saint Paul. I understand that I must notify Breakthrough Saint Paul, in writing or by calling, whenever my child will be picked up from the program. Breakthrough Saint Paul will not release children to individuals not listed on this form without parental consent. Individuals listed on this form will be required to show identification.

Name	Relationship	Phone
Name	Relationship	Phone
Name	Relationship	Phone
Name	Relationship	Phone

Parent/Guardian Name _____ Signature _____ Date _____



Breakthrough Saint Paul

Mounds Park Academy & Saint Paul Public Schools

Breakthrough Saint Paul Transportation Form

Transportation to and from Breakthrough will be provided for students residing within the Saint Paul Public Schools (SPPS) attendance boundaries and who attend a SPPS. The Saint Paul Public Schools will establish a pick-up and drop-off site for each student. You will receive your students' bus schedule in June, most likely the week of June 15.

____ Yes, I will need bus transportation to Breakthrough Saint Paul this summer.

____ No, I will not need transportation to Breakthrough. My parent/guardian will drive me.

Student Name

Date

Parent/Guardian Name

Signature

For Students Living Outside Saint Paul Public Schools Attendance Boundaries

Buses provided for Breakthrough Saint Paul by the Saint Paul Public Schools (SPPS) are not able to pick up or drop off students who live outside SPPS attendance boundaries or who do not attend a SPPS. If you live outside St. Paul or will be this upcoming summer, please complete the section below. We will contact you as soon as we are able to ensure some form of transportation for your child based on responses to this form.

Please check all that apply to you:

I am able to provide transportation for my child this summer.

I am **not** able to provide transportation for my child this summer.

I am willing to drive other students from my area to and from Breakthrough Saint Paul this summer. If yes, check the days/times you will be available to drive other students:

Monday Morning

Monday Afternoon

Tuesday Morning

Tuesday Afternoon

Wednesday Morning

Wednesday Afternoon

Thursday Morning

Thursday Afternoon

Friday Morning

Friday Afternoon

I am willing to allow my student to ride with other Breakthrough families.

I am **not** willing to participate in a carpool with other Breakthrough families.

I can arrange to meet the bus at the Saint Paul city limits so my child can take it to and from Breakthrough Saint Paul.

Thank you from your assistance. If you have any questions, please contact Ashley Cooper at 651.748.5504

Return by May 4, 2009 to:
YMCA Camp Menogyn
YMCA Business Center
2125 E. Hennepin Avenue, Suite 100
Mpls, MN 55413-1763



Summer 2009 Health History Form

Session: _____
Session Dates: _____
Fax: 612-465-0559
Phone: 612-822-2267

This **Health History** form is required for all YMCA Camp Menogyn participants. **A new form must be completed each year of participation.** The information requested is intended to help us in the event of an emergency. This information will alert us to potential problems, special needs or accommodations that might be required. By Program Policy, all of the information is confidential and made available only to Administrative Staff, Medical Staff, and the Group Leader. **Please notify the YMCA Camp Menogyn Business Center should this information change prior to your arrival to camp.**

Contact Information:

Camper Name: _____ Birth Date: _____ Gender: _____
Last First Middle

Home address _____
Street Address City State Zip

First Parent/Guardian: _____ Relationship to Camper: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Second Parent/Guardian: _____ Relationship to Camper: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact: _____ Relationship to Camper _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

The following must be completed for attendance:

This health history is correct and complete as far as I know. The person herein named has permission to engage in all camp activities except as noted. I authorize the camp and its staff to give reasonable first aid and administer over-the-counter medications as necessary.

I hereby give permission to the camp to provide, seek, and consent to routine health care, administration of prescribed medications, and emergency treatment for me/my child, as may be necessary, including, but not limited to x-rays, routine tests and treatment, and/or hospitalization. I also give permission for the camp to arrange related transportation. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

It is my intention that the camp be treated as acting *in loco parentis* if the person herein named is a minor. Further, it is my intention that the appropriate representatives of the camp be treated as "personal representatives" for the purposes of disclosing protected health information pursuant to the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996. I hereby agree (pursuant to 45 CFR § 164.510(b)) to the disclosure to camp representatives of the protected health information of the person herein described, as necessary: (i) to provide relevant information to the camp representatives related to the person's ability to participate in camp activities; and (ii) in the case of minors, to provide relevant information to the camp representatives to keep me informed of my child's health status.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

I also give permission for my child to enter Canada with YMCA Camp Menogyn, if the trip involves such travel.

Signature of Parent/Guardian or adult camper/staffer: _____ **Date:** _____

Waiver of Liability and Release of Indemnification:

I understand that although the Young Men's Christian Association of Minneapolis and Camp Menogyn have taken reasonable steps to provide my child with appropriate training, equipment and skilled staff for his/her outdoor experience, I acknowledge that some inherent risks cannot be eliminated without destroying the unique character of this activity. Such risks include, but are not limited to those associated with canoeing, portaging, backpacking, cooking over an open fire, encountering wild animals and other components of wilderness travel.

I also understand that me/my minor child will be transported to and from the activity by a properly licensed and qualified YMCA Camp Menogyn staff, volunteer, or contracted driver in a YMCA Camp Menogyn owned or leased vehicle.

Aware of these risks and willing to assume them, I hereby waive release and agree to hold harmless the YMCA, Camp Menogyn, and their representatives and successors for all claims or liabilities of any kind arising out of me/my minor child's participation in this camping experience. I have read the descriptions of the session, understand the requirements for participation, and give my child permission to participate. I assume and accept full responsibility for my/his/her participation.

I understand that the YMCA of Metropolitan Minneapolis and Camp Menogyn assume no responsibility for injuries or illnesses which me/my minor child may sustain as a result of my/his/her physical condition or resulting from participation in any camp activities or experiences. I expressly acknowledge on behalf of myself and my minor child and heirs that I assume the risk for any and all injuries and illness which may result from me/my minor child's participation in these activities. I hereby release and discharge the YMCA of Metropolitan Minneapolis and Camp Menogyn, its directors, officers, employees and volunteers from any and all claims for accidents, injuries, death, loss or damage which me/my minor child may suffer as a result of participating in these activities.

Signature of Parent/Guardian or adult camper/staffer: _____ **Date:** _____

Camper Name: _____

Session: _____

Session Dates: _____

Insurance Information

Is the participant covered by family medical/hospital insurance? Yes No

If so, indicate carrier or plan name: _____ Group/Policy #: _____

Photocopy of front and back of health insurance card must be attached to this form.

Allergies

No known allergies.

This camper is allergic to: Food Medicine The environment (insect stings, iodine, etc.) Other

(Please describe below what the camper is allergic to and the reaction seen.)

Medications

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. **Keep it in the original packaging/bottle** that identifies the prescribing physician, the name of the medication, the dosage, and the frequency of administration.

This person takes NO medications on a routine basis.

This person takes medications as follows (Please list below the medication, dosage, frequency and reason.):

Please list any non-prescription medications and ointments I **do not** want given to my child: _____

Health History

	Yes	No		Yes	No
1. Ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>	12. Frequent ear infections	<input type="checkbox"/>	<input type="checkbox"/>
2. Ever had surgery	<input type="checkbox"/>	<input type="checkbox"/>	13. Had mononucleosis during the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have recurrent/chronic illnesses?	<input type="checkbox"/>	<input type="checkbox"/>	14. Have problems with falling asleep/sleepwalking?	<input type="checkbox"/>	<input type="checkbox"/>
4. Had a recent injury?	<input type="checkbox"/>	<input type="checkbox"/>	15. Have a history of bedwetting?	<input type="checkbox"/>	<input type="checkbox"/>
5. Had asthma/wheezing/shortness of breath?	<input type="checkbox"/>	<input type="checkbox"/>	16. Ever had back/joint problems?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	17. Have problems with diarrhea/constipation?	<input type="checkbox"/>	<input type="checkbox"/>
7. Had seizures/epilepsy?	<input type="checkbox"/>	<input type="checkbox"/>	18. Have any skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
8. Had headaches?	<input type="checkbox"/>	<input type="checkbox"/>	19. Traveled outside the country in the past 9 months?	<input type="checkbox"/>	<input type="checkbox"/>
9. Wear glasses, contacts, or protective eyewear?	<input type="checkbox"/>	<input type="checkbox"/>	20. High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
10. Had fainting or dizziness?	<input type="checkbox"/>	<input type="checkbox"/>	21. Been a carrier of a communicable disease (eg MRSA, VRE, Tuberculosis, etc)	<input type="checkbox"/>	<input type="checkbox"/>
11. Passed out/had chest pain during exercise	<input type="checkbox"/>	<input type="checkbox"/>			

Please explain any question you responded "Yes": _____

(For Female) Has this person menstruated? _____ If yes, is her menstrual history normal? _____ If not, has she been told about it? _____

Camper Name: _____

Session: _____

Diet & Nutrition

Session Dates: _____

- This camper has no dietary restrictions
- This camper the following dietary restrictions. Include self-imposed restrictions, e.g. vegetarian. **(Please describe):**

Mental, Emotional & Social Health

Has the camper:

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Ever been treated for attention deficit disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Ever been treated for a psychiatric diagnosis such as depression, OCD, ODD, panic/anxiety disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Ever been treated for emotional or behavioral difficulties or an eating disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. During the past 12 months, seen a professional to address mental/emotional health concerns? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Had a significant life event that continues to affect the camper's life?
<small>(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)</small> | <input type="checkbox"/> | <input type="checkbox"/> |

Please explain "Yes" answers:

Is there anything else the Menogyn trail counselor should know about your camper that would be helpful in providing the best wilderness experience this summer (previous camp experiences, school experience, living situation, difficult transition in their life, e.g. divorce, death in the family, etc)?

What have we forgotten to ask?

Please provide in the space below any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. **Attach additional information if needed.**

The following people are NOT authorized or allowed to pick up my child from the YMCA Camp Menogyn bus stop or from YMCA Camp Menogyn:

If for religious reasons, you cannot sign this form, please contact the camp for a legal waiver that must be signed for attendance.

Camper Name: _____

Session: _____

Session Dates: _____

Camp Menogyn Health Professional Notes

For Camp use only

Pre-Trip Check In:

Date _____ Screened by _____

Temp _____ Throat _____ Feet _____

Allergies: _____

Medications: _____

Comments: _____

Post-Trip Check In:

Date _____ Screened by _____

Temp _____ Throat _____ Feet _____

Comments: _____

Pre-Trip Check In:

Date _____ Screened by _____

Temp _____ Throat _____ Feet _____

Allergies: _____

Medications: _____

Comments: _____

Post-Trip Check In:

Date _____ Screened by _____

Temp _____ Throat _____ Feet _____

Comments: _____

Return by May 4, 2009 to:
YMCA Camp Menogyn
YMCA Business Center
2125 E. Hennepin Avenue, Suite 100
Mpls, MN 55413-1763



**Summer 2009
Health Exam Form**

Session: _____
Session Dates: _____
Fax: 612-465-0559
Phone: 612-822-2267

This **Health Exam** form is required for all YMCA Camp Menogyn participants. **Parents: Please have your Physician or Nurse Practitioner complete this form each year** (the information can be based on an examination done with 24 months from the start of the camp session). The information requested is intended to help us in the event of an emergency. This information will alert us to potential problems, special needs or accommodations that might be required. By Program Policy, all of the information is confidential and made available only to administrative, medical staff, and the group leader. **Please notify YMCA Camp Menogyn Business Center should this information change prior to your arrival to camp.**

Camper Name: _____

Birth Date: _____ **Date of medical evaluation:** _____

In my opinion, this person's condition does does not allow his/her participation in an active camp program.

Please describe any restriction to participation: _____

Current treatment to be continued at camp (include current medications): _____

Explanation of any reported loss of consciousness, convulsion or concussion: _____

This person is allergic to the following (food, meds, etc):

Treatment for allergic response:

Any medically prescribed meal plan or dietary restrictions:

Any specific safety considerations (no top bunk, PFD required while swimming, weight camper can carry, etc):

Does this person have epilepsy? Yes No

Is condition able to be controlled by camper? Yes No

Does this person have diabetes? Yes No

Is condition able to be controlled by camper? Yes No

Does this person have asthma? Yes No

Is condition able to be controlled by camper Yes No

Has this person ever had or been a carrier of a communicable disease? Yes No

(e.g. MRSA, Tuberculosis, etc)

Immunization History: Provide the month and year for each immunization or attach a print out from Physician's office.

_____ Tetanus Booster _____ Hepatitis B

_____ Chicken Pox _____ MMR

Additional Parental or Doctor Notes: Include any other medical information that will assist us in making camp a positive experience. Use the back of this page, or attach extra pages if necessary.

MD/NP Signature: _____ **Clinic Name:** _____

Clinic Name: _____ **Clinic Address:** _____

Date of Form Completion: _____ **Office Phone:** _____

Ride Information Form

Student Name: _____

Drop Off Information*:

Students will require transportation on Thursday, June 25. They must arrive at Mounds Park Academy promptly at 6:00 AM. Please indicate who will be providing transportation.

Driver Name: _____

Contact Information: (_____)_____

Carpool Information

Students will require transportation from Mounds Park Academy to REI Bloomington. If you are able to drive your student to Mounds Park Academy, would you be willing to volunteer to drive your student and others to REI?

How many seats are available (including your child): _____

Pick Up Information*:

Students need to be picked up on Thursday, July 2 at REI in Bloomington. The students will arrive at 5:15 PM. Please indicate who will be picking up the student.

Driver Name: _____

Contact Information: (_____)_____

*If it is difficult for your family to provide transportation, please contact the Breakthrough office at 651-748-5504 as soon as possible.

PACKING - THE BIG THREE

For summer wilderness travel, three items take on extra importance.

Attend a New Camper Orientation (to learn more, see pg. 1)

1) BOOTS

The most important factor in selecting boots to bring to Menogyn are that they are well-broken-in and comfortable.

■ For a canoeing trip

an over-the-ankle work boot or light hiking boot with a sole that will hold up when wet--and they will get wet!) is best. Heavy mountaineering or backpack boots generally do not work well for canoeing. Some folks use Red Wing work boots or REI Monarch hiking boots. We do not recommend water shoes/aqua socks because they don't have ankle support.

■ For a backpacking trip

It's best to get a midweight, sturdy pair of hiking boots early and break them in! REI, Nokomis Shoes and Midwest Mountaineering have good selections.

■ For rock climbing

We recommend a pair of climbing shoes – these can be purchased and/or rented at REI. For a Voyage Nouveau rock climbing trips you will also need a pair of canoeing boots, as described above. For an Esprit d'Amitie rock climbing trip you will also need a pair of sturdy backpacking boots, as described above.

2) RAIN GEAR - JACKET & PANTS

It does rain up north and out west, and your adventure doesn't stop when it rains. That plastic garbage bag raincoat just won't keep you dry in a downpour. The best rain gear is made out of coated nylon or Gore-tex. You want to make sure that your rain gear covers both your upper and lower body. A good combination is a shell-jacket with rain pants. (Ex: Stearns, Coleman, Columbia, etc...) Avoid the "emergency poncho," as these usually rip on the first day.

3) SLEEPING BAG

A sleeping bag may be your single biggest purchase. If cost is an issue, you can borrow one or even rent one. Synthetic-fill bags are usually less expensive than down-fill bags and work well for the fairly wet climate of northern Minnesota and the mountains. A good, lightweight, 3 season, mummy-style sleeping bag rated down to 30 degrees, is your best bet.

REMEMBER!

When thinking of summer gear, remember that you need good gear and layers to stay warm and dry. If cost is a factor, think about borrowing – does your uncle have his old army boots? Does your mom have hiking boots you can use? Also, places like Goodwill have clothes made of synthetic fiber (fleece) or wool, which are great for layering. Be creative. Call us with any questions. We love talking about gear! 612-822-2267.

PACKING LIST

FOR TIME ON TRAIL

Pack items and clothing that can get muddy, dirty, wet, torn, stained, etc.
All items should be clearly labeled with your child's full name.

THE BIG THREE

- ___ ***Rain gear** - (jacket and pants) waterproof nylon or Gore-tex.
Ponchos not recommended. *(see pg 9)*
- ___ ***Boots** - They will get wet and should be worn and broken in
before the trip to prevent blisters *(see pg 9 for boot types)*
- ___ ***Sleeping bag** - suitable warmth to at least 30 degrees *(see pg 9)*

- ___ Waterproof stuff sack for sleeping bag
- ___ Trail cap with brim to shade the sun
- ___ Wool or fleece hat (beanie or winter hat)
- ___ Sport sandals with ankle support for in camp.
No flip flops, please! They do not protect or support the feet.
- ___ 2-4 Pair wool/synthetic boot socks, not cotton.
- ___ 2 Pair lighter weight socks, not cotton.
- ___ 2 Pair shorts (we recommend nylon shorts with a liner for guys & gals)
- ___ Swim suit
- ___ 1 Pair long pants (wool or polar fleece)
- ___ 2-4 Changes underwear
- ___ 1 Pair long underwear top and bottom
- ___ 2 T-shirts
- ___ 2 warm layers for upper body. These may be: wool/synthetic shirt or
jacket, wool sweater, polar fleece pullover.
No cotton sweatshirts, for time on-trail as they do not hold warmth when wet.

- ___ Personal Items (toothbrush, toothpaste, small towel, Feminine Products)
- ___ Extra pair eyeglasses and/or contact lenses
- ___ Sunglasses with safety cord
- ___ Water Bottle (32 oz) - a must! (we have Nalgene bottles in our Tuck Shop)
- ___ Flashlight (small) or head lamp with extra batteries

- ___ Lunch and beverage for bus trip up to camp
- ___ Money for Camp Store "Tuck Shop" items *(see pg 5)*



IT'S A TRADITION!
Menogyn campers use "Wet boots, wet socks & wet clothes"
during the day when they're on their wilderness trips.
And a set of "Dry shoes, dry socks and dry clothes"
each night when they stay at a campsite.

PACKING LIST (CONTINUED)

& SAFETY ON-TRAIL

OPTIONAL ITEMS FOR TRAIL LIFE

- Insect repellent
(we recommend no more than 30% deet)
- Writing journal / a good book
- Sunscreen/lotion
- Camera
- *Fishing gear & tackle
- Small games (hackysack, cards, etc.)

***Fishing** - Though fishing is not a primary goal on a Menogyn canoe adventure, you are welcome to bring a pole. Minnesota fishing license information can be obtained by calling 1-888-646-6367. Campers provide their own poles and small, pocket-sized tackle box.

ADDITIONAL ITEMS FOR THE TIME IN CAMP

BEFORE AND AFTER THE TRIP

- 1 change of clothes and underwear for after sauna, banquet & campfire
(shorts, shirt, and long pants, hooded sweatshirt)
- 1 Pair lightweight socks
- Towel, shampoo & soap (for the shower after sauna)

SAFETY CONSIDERATION

Campers need to be aware that all Menogyn Wilderness Adventures require physical, mental and emotional effort. Though we cannot guarantee safety, it is our first priority. To promote a safe trip we ask that campers:

- are able to understand, remember and follow instructions.
- are able to respect and relate responsibly to other members in the group.
- are able to participate in a trail experience in which there are no medical resources available other than the trail counselors.

In addition to the above, also consider safety for each type of trip:

FOR CANOE TRIPS

- Campers are able to enter and exit a canoe independently or with minimal assistance of a companion.
- Campers are able to balance and travel in a canoe for extended periods.
- In the event of a swamping (canoe tips over or fills with water), campers must have the ability to get out from under the canoe independently, right him/herself and remain face up in the water with the aid of a life PFD.



FOR BACKPACKING

- Campers are able to hike with a 45 lb. backpack independently.

FOR ROCK CLIMBING

- In addition to the above, campers are able to lift yourself using the strength of your arms and legs.