



# ANCESTRAL KNOWLEDGE



## PASSING ON ANCIENT LIFE WAYS

PO Box 6 • Brentwood, MD 20722 • Phone/FAX: (240) 832-5435 • [www.AncestralKnowledge.org](http://www.AncestralKnowledge.org)

### Program Information

Thank you for registering your child in the Ancestral Knowledge *Woods Wise* program. This program is designed to help each child become more comfortable in a wilderness setting while teaching them basic naturalist, wilderness survival, and primitive skills.

During this program we will push their comfort levels each day to help them grow beyond their perceived limits. You can count on them having fun and coming home dirty and tired.

The skills learned each day during this unique program are the foundation to other wilderness skills. It is very important that your child attend the program each day and arrive on time. This program will run rain or shine.

When: June 20-24, 2011 9am-4pm *(please sign your child in and out each day)*

Where: [Mowatt Memorial Methodist Church Parking lot](#) 40 Ridge Road • Greenbelt, Maryland 20770

Contact: 240-832-5435 is the number for the Ancestral Knowledge office.

*(Call this number if you are lost, there is an emergency, or if you have any questions)*

Please bring the following to the first days check in:

- Completed medical forms *(in duplicate)* for each child attending
- Completed liability waiver
- Payment for registration balance

What to bring to this program

- Dress for the weather
- Wear clothing and shoes that can get very dirty and wet *(close toed shoes)*
- Back pack to carry the following
- Extra pair of shoes and socks to change into at the end of the day
- Water bottle *(full and refillable)*
- Bag lunch each day
- Knife **non-folding** <http://www.ragweedforge.com/SwedishKnifeCatalog.html>  
*(We suggest the #11863: The Companion MG Carbon knife on this link. It's inexpensive and a good quality knife)*
- Blind fold *(extra tee-shirt or bandanna works)*
- An open mind toward learning. *(empty your cup)*



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PASSING ON ANCIENT LIFE WAYS

P.O. Box 295 • Mt. Rainier, MD 20712 • Phone/FAX: (301) 454-0211 • [www.ancestralknowledge.org](http://www.ancestralknowledge.org)

## MEDICAL INFORMATION FORM

*The information on this form is not part of the participant acceptance process, but is gathered to assist us in identifying appropriate care. Please inform Ancestral Knowledge staff of any changes to this information on or before the first day of the program. Providing complete and accurate information helps us to help you.*

### PARTICIPANT INFORMATION

Program Attending: \_\_\_\_\_ Program Date: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Middle Initial  
Age at Camp: \_\_\_\_\_ Gender:  Male  Female Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Street/P.O. Box City, State Zip

### CUSTODIAL PARENT/GUARDIAN INFORMATION

*For participants under the age of 18*

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

*If parent or guardian cannot be reached, the person listed below will be contacted in case of emergency.*

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

### INSURANCE INFORMATION

Is the participant covered by family medical/hospital insurance?  Yes  No  
If yes, carrier or plan name: \_\_\_\_\_ Group #: \_\_\_\_\_  
Name of Insured: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_  
Insurance ID #: \_\_\_\_\_  
Carrier address: \_\_\_\_\_  
Street/P.O. Box City, State Zip

### AUTHORIZATION

This health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities unless otherwise noted.

I hereby give permission to Ancestral Knowledge to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to Ancestral Knowledge to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Ancestral Knowledge to secure and administer treatment, including hospitalization, for the participant.

Signature of parent/guardian (*for participants under the age of 18*) or adult participant: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

### ALLERGIES

Please list all allergies including insect stings, hay fever, animal dander, asthma, etc... <p style="text-align: center;"><b>Medications:</b></p> <hr/> <p style="text-align: center;"><b>Food:</b></p> <hr/> <p style="text-align: center;"><b>Other:</b></p> <hr/>	Please describe reaction and management of the reaction. To list additional allergies, please attach a page describing the allergy, reaction, and management of the reaction using this format.
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**MEDICATIONS**

The participant takes NO MEDICATIONS on a routine basis.
  The participant takes medication as follows:

Med #1: \_\_\_\_\_ Dosage: \_\_\_\_\_ Specific Times Taken Daily: \_\_\_\_\_  
 Reason for Taking: \_\_\_\_\_

Med #2: \_\_\_\_\_ Dosage: \_\_\_\_\_ Specific Times Taken Daily: \_\_\_\_\_  
 Reason for Taking: \_\_\_\_\_

To list additional medications, please attach a page describing medications taken, dosage, times, and reason using the above format.

**RESTRICTIONS**

Does not eat (*check all that apply*):  Meat  Dairy  Seafood  Eggs  Other (describe): \_\_\_\_\_

Please explain any restrictions to activity (*what cannot be done, what adaptations or limitations are necessary*): \_\_\_\_\_

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**GENERAL HEALTH QUESTIONS**

Has/does the participant:	Yes	No	Yes	Yes	No
1. Had any recent injury, illness or infectious disease?			15. Unable to swim?		
2. Have a chronic or recurring illness/condition?			16. Ever had back problems?		
3. Ever been hospitalized?			17. Ever had problems with joints?		
4. Ever had surgery?			18. Bringing an orthodontic appliance to the program?		
5. Have frequent headaches?			19. Have any skin problems?		
6. Ever had a head injury?			20. Have diabetes?		
7. Ever been knocked unconscious?			21. Have asthma?		
8. Wear glasses, contacts or protective eye wear?			22. Had mononucleosis w/in the year?		
9. Ever had frequent ear infections?			23. Had problems w/ diarrhea/constipation?		
10. Ever passed out during or after exercise?			24. Have problems with sleep walking?		
11. Ever been dizzy during or after exercise?			25. If female, have an abnormal menstruation?		
12. Ever had seizures?			26. Have a history of bed-wetting?		
13. Ever had chest pain during or after exercise?			27. Ever had an eating disorder?		
14. Ever had high blood pressure?			28. Ever sought professional help for emotional difficulties?		

Please explain any "yes" answers, noting question numbers: \_\_\_\_\_

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Which of the following has the participant had?:  Measles  Chicken Pox  Mumps  German Measles  HepA  Hep B  Hep C

Is the participant current on all immunizations?:  Yes  No, please explain: \_\_\_\_\_

Use this space to provide any additional information about the participant's behavior and physical, emotional, and mental health about which Ancestral Knowledge should be aware. \_\_\_\_\_

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Name of family physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of family dentist/orthodontist: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Last First Middle Initial

**Everyone attending AK programs MUST sign this release in order to participate.**

**Ancestral Knowledge Program/workshop release.**

***PLEASE READ CAREFULLY, SIGN, AND RETURN PROMPTLY***

**I. Informed Consent, Waiver of Liability and Release from Risk**

You will be participating in a Ancestral Knowledge (AK) program or workshop. You have read the Guidelines and rules of the program or workshop and acknowledge that you will be engaged in various activities that may involve known and unknown risks too numerous to describe, but including without limitation the hazards of exposure to the risk of serious and/or permanent disability from injury and/or disease and death. Your decision to participate in the AK program or workshop is made voluntarily with the knowledge of the risks involved, and in doing so you assume all of the risks inherent in such an undertaking.

You, on behalf of yourself, your heir(s), next of kin, personal representative(s) and assign(s), fully and forever release, forgive, acquit and discharge (a) AK, (b) each and every entity which is controlled by AK, (c) each and every individual and/or company involved in the program or workshop (hereafter referred to individually and collectively as "Affiliated Entities and Persons"), as well as (d) each and every one of the heirs, executors, legal representatives, predecessors, successors, assigns and/or partners of AK and/or each and every one of the Affiliated Entities and Persons and (e) each and every officer, director, trustee, agent, representative, attorney, and employee, past, present or future, of AK and/or any of the Affiliated Entities or Persons of and from any and all responsibility or liability for (1) any injury to your person or property (including without limitation any disease or its effects), (2) any and all claims, demands, actions, causes of action, losses, fees, charges, obligations, costs, expenses, judgments and liabilities of whatever kind, nature or description (including without limitation claims based on the alleged negligence of any party hereby released) which may arise or result directly or indirectly from your involvement in the program or workshop, and (3) any conditions beyond the control of AK and/or any of the entities and persons released from liability in this paragraph, including without limitation acts of God; weather; detention; annoyance; delays and expenses arising from quarantine; strikes; theft; pilferage; force majeure; military, political, or terrorist action; civil disturbances; government restrictions and regulations; and delay or cancellation of changes in itinerary or schedules.

**II. Quotation, Directory Information and Photo Release**

You give AK permission to publish quotations from your evaluation form in any form of media or manner. You further give AK the right to use, publish, reproduce, modify, adapt and distribute at any time and in any form of media or manner (1) photographs taken of you or your property while participating in the program or workshop activities by AK, its agents or other third parties, or (2) photographs that you have voluntarily submitted of you or your property while participating in program or workshop activities (the "photographs"). In the event that the photographs submitted by you are of someone or something other than you or your property, you have obtained permission and/or have the ability and authority to submit such photographs for AK use.

No payment will be made to you for the use of the photographs. AK shall not publish your name or address in connection with any photograph without your consent. However, AK may publish the photographs with quotations provided or submitted by you. You further understand that AK may not be able to return the original photographs that you have submitted. You agree that AK does not need your consent or approval of the finished product or products, and the copy or other matter that may be used in connection with the photographs, or the use to which the photographs might be applied.

**III. Parent or Legal Guardian of Participant Minor**

A parent or legal guardian must co-sign this document if the program or workshop participant is under the age of eighteen. In the event that the participant is a minor and a parent or legal guardian's signature is required, each and every paragraph within this document shall apply to and hold the parent or legal guardian liable for the minor's involvement in the program or workshop. In particular, the minor's parent or legal guardian agrees to indemnify, protect and forever save harmless, individually and jointly, each of the entities and persons released from liability by the preceding paragraphs of and from any loss, cost, fee, expense, charge, demand, obligation, claim, actions, cause of action, liability or judgment arising directly or indirectly from or out of the minor's involvement in the program or workshop.

#### **IV. Acknowledgment**

You hereby certify that you have read this document and understand it. Your submission to the terms of this document are your free and voluntary act and deed, and you acknowledge that this document shall be binding upon you and your heirs, legal representatives and assigns.

I/We will be participating in the Ancestral Knowledge Program or workshop at:

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#### **Minor(s) participating in the program or workshop:**

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**PRINT** Full Name of Minor Participant 1      **SIGNATURE** of Parent/Legal Guardian/**DATE**

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**PRINT** Full Name of Minor Participant 2      **SIGNATURE** of Parent/Legal Guardian/**DATE**

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**PRINT** Full Name of Minor Participant 3      **SIGNATURE** of Parent/Legal Guardian/**DATE**

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**PRINT** Full Name of Minor Participant 4      **SIGNATURE** of Parent/Legal Guardian/**DATE**

#### **Adult(s) participating in the program or workshop:**

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**PRINT** Full Name of Adult Participant 1      **SIGNATURE** of Adult Participant 1/**DATE**

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**PRINT** Full Name of Adult Participant 2      **SIGNATURE** of Adult Participant 2/**DATE**

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**PRINT** Full Name of Adult Participant 3      **SIGNATURE** of Adult Participant 3/**DATE**

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**PRINT** Full Name of Adult Participant 4      **SIGNATURE** of Adult Participant 4/**DATE**



# ANCESTRAL KNOWLEDGE



## PASSING ON ANCIENT LIFE WAYS

6200 Sheridan St • Riverdale, MD 20737 • Phone/FAX: (301) 454-0211 • www.AncestralKnowledge.org

### TRANSPORTATION WAIVER / ALTERNATE TRANSPORTATION FORM

I am the parent/legal guardian of \_\_\_\_\_ Program dates: \_\_\_\_\_

(Student Name, Please Print Clearly)

and would like my child to be transported to or from the program or event listed below in the following manner:

\_\_\_ I give permission for **an employee of Ancestral knowledge to drive my child in their personal vehicle and/or city vehicle** to and/or from the events listed below. **\*\*\*Employee/Volunteer Personal Vehicle Form (Proof of Insurance) is to be on file in the Office for personnel driving said minor.\*\*\***

\_\_\_ I would like permission to drive my own child, in my own car, to and/or from the events listed below. **I understand that children other than my own may not be transported in my vehicle, neither to nor from this activity.**

\_\_\_ I give permission to my child to use his/her own vehicle within our local area and at Ancestral Knowledge's discretion. **DOES NOT APPLY IF CITY TRANSPORTATION IS PROVIDED. It is understood and agreed that my son/daughter will not transport any other participant in his/her vehicle.**

DATE OF EVENTS: \_\_\_\_\_ LOCATION: \_\_\_\_\_

NAME OF ADULT AUTHORIZED TO DRIVE MY CHILD: \_\_\_\_\_

PROOF OF INS. \_\_\_\_\_

I, the undersigned, understand that my child may be at greater risk of injury or death by being transported in a private automobile instead of a school bus and assume such risk on behalf of my child. I/we agree not to hold Ancestral Knowledge or City of Mount Rainier Police Department or any of its agents or employees liable for any sum which I/we might claim as a result of injury, or property damage arising out of, or caused by any accident or occurrence during the time said student is being transported by me, or driving himself/herself, or driving with another adult to or from said program or event in conjunction with the activities listed above. I further understand and accept that neither Ancestral Knowledge or City of Mount Rainier Police Department can be responsible for my child missing information provided during the trip to the event or returning. Neither my child, I, nor children I am driving, are guaranteed admittance to the event should we not be able to meet at the appropriate place or time upon arrival at the destination.

NOTE: If you drive your personal automobile as a district volunteer while on district business and you are involved in an accident, by law your liability insurance policy is used first. The district liability policy would be used only after your policy limits have been exceeded. The district does not cover, nor is it responsible for, comprehensive and collision coverage to your vehicle.

Participants are required to notify Ancestral Knowledge that they will be providing their own transportation at least 24 hours in advance of the activity. If Ancestral Knowledge decides that self-transportation for this particular event is inappropriate, the Participants and parent agree that the Participants will use the transportation provided by the district. A Participant granted permission to utilize transportation other than city transportation MUST personally notify Ancestral Knowledge (along with the person(s) providing the transportation) prior to being dismissed from an event. No Participants is permitted to leave an event without first checking in with the Instructor or Ancestral Knowledge staff.

It is understood and agreed that this permission to provide our own transportation is granted by the Director of Ancestral Knowledge and can be revoked at any time at their discretion.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ Dated: \_\_\_\_\_

APPROVED BY A.K. Director: \_\_\_\_\_ Dated: \_\_\_\_\_

APPROVED BY ADMINISTRATOR: \_\_\_\_\_ Dated: \_\_\_\_\_

\*\*\*THIS SIGNED WAIVER MUST BE IN THE POSSESSION OF THE SUPERVISING FACULTY MEMBER PRIOR TO THE STUDENT'S RELEASE TO ANY ABOVE MENTIONED PARENT/GUARDIAN\*\*\*

Revised: April 2010

# Important Tick Information

Ticks wait for host animals from the tips of grasses and shrubs (not from trees). When brushed by a moving animal or person, they quickly let go of the vegetation and climb onto the host. **Ticks can only crawl; they cannot fly or jump.** Ticks found on the scalp have usually crawled there from lower parts of the body. Some species of ticks will crawl several feet toward a host. Ticks can be active on winter days when the ground temperatures are about 45° Fahrenheit.

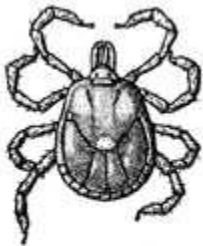


Top view of Hard Tick  
(American Dog Tick)

## **American Dog Tick (*Dermacentor variabilis*)**

One of the most frequently encountered ticks is the American dog tick, also sometimes known as the wood tick. The larvae and nymphs feed on small warm-blooded animals such as mice and birds. The adult American dog tick will feed on humans and medium to large mammals such as raccoons and dogs.

Unfed males and females are reddish-brown and about 3/16-inch long. Females have a large silver-colored spot behind the head and will become 1/2-inch long after feeding or about the size of a small grape. Males have fine silver lines on the back and do not get much larger after feeding. Males are sometimes mistaken for other species of ticks because they appear so different from the female.



Female Lone  
Star Tick

## **Lone Star Tick (*Amblyomma americanum*)**

The lone star tick is primarily found in the southern half of Illinois, although it can occasionally be found further north. Larvae, nymphs and adults will feed on a variety of warm-blooded hosts, including people. The larva is very tiny, only a little larger than the period at the end of this sentence. The nymph, the most common stage found on people, is about pinhead-sized. Adults are about 1/8-inch long and brown. The adult female has a white spot in the middle of her back. Because they are so similar in size, the lone star tick is sometimes misidentified by laypersons as the blacklegged / deer tick (see below).



Blacklegged  
(Deer) Tick

## **Blacklegged Tick, also known as the Deer Tick (*Ixodes scapularis*)**

All three active stages of the blacklegged / deer tick will feed on a variety of hosts including people. After the eggs hatch in the spring, the very tiny larvae feed primarily on white-footed mice or other small mammals. The following spring, the larvae molt into pinhead-sized, brown nymphs that will feed on mice, larger warm-blooded animals and people. In the fall, they molt into adults that feed primarily on deer, with the females laying eggs the following spring. Adults are reddish-brown and about 1/8-inch long (or about one-half the size of the

more familiar female American dog tick).

## Preventing Tick Bites and Disease

- Wear protective clothing such as long-sleeved shirts, long trousers, boots or sturdy shoes and a head covering. (Ticks are easier to detect on light-colored clothing.) Tuck trouser cuffs in socks. Tape the area where pants and socks meet so ticks cannot crawl under clothing.
- Apply insect repellent containing 10 percent to 30 percent DEET primarily to clothes. **Shoes socks and pants are the best places to apply repellent. Apply to clothing and allow to dry before wearing.** Use repellents containing permethrin to treat clothes (especially pants, socks and shoes) but not skin. Always follow label directions; do not misuse or overuse repellents. Always supervise children in the use of repellents.
- Check yourself, children and other family members two to three times each day for ticks. Before bed and after waking up are good times to check for ticks. **Be sure to check the whole body including the areas the sun doesn't shine, behind ears and along hair lines. Continue checking a few days after entering tick infested areas.** Most ticks seldom attach quickly and rarely transmit disease organisms until they have been attached four or more hours. If your pets spend time outdoors, check them for ticks, too.
- If ticks are crawling on the outside of clothes, they can be removed with masking tape or cellophane tape. A ring of tape can be made around the hand by leaving the sticky side out and attaching the two ends. Ticks will stick to the tape which can then be folded over and then placed in the trash.
- **Remove any tick promptly.** The mouthparts of a tick are barbed and may remain embedded and lead to infection at the bite site if not removed promptly. **Do not burn the tick with a match or cover it with petroleum jelly or nail polish. Do not use bare hands to remove the tick because tick secretions may carry disease.** The best way to remove a tick is to grasp it firmly with tweezers as close to the skin as possible and gently, but firmly, pull it straight out. Do not twist or jerk the tick. If tweezers are not available, grasp the tick with a piece of tissue or cloth or whatever can be used as a barrier between your fingers and the tick. Ticks can be safely disposed of by placing them in a container of soapy water or alcohol, sticking them to tape or flushing them down the toilet. If you want to have the tick identified, put it in a small vial of alcohol.
- Wash the bite area and your hands thoroughly with soap and water and apply an antiseptic to the bite site.
- If you have an unexplained illness with fever, contact a physician. Be sure to tell the physician if you have been outdoors in areas where ticks were present or traveled to areas where tick borne diseases are common.