



**Hudson River Sloop Clearwater, Inc**  
724 Wolcott Avenue P: 845 265 8080  
Beacon NY 12508 F: 845 831 2821

## Enrollment Packet 2012

Thank you for enrolling your child into Camp Clearwater. Camp Clearwater an adventure-based leadership program based in Beacon, NY, on the historic Hudson River. Students will develop self-confidence and learn new skills by being challenged both physically and mentally. They will develop a knowledge of and respect for the natural world, and leave the program having experienced first-hand the history, ecology, and culture of the Hudson River Valley.

All activities are facilitated by highly trained, nurturing, and experienced instructors. All program elements start at a beginner level and increase with gained experience. At the end of the program, students will see that they are stronger and better equipped to take charge of their own lives while making a positive difference in the world around them.

### **Program Description**

Camp Clearwater is not a typical residential camp experience. Our programs are continuous multi-element adventures. We travel along the Hudson River and hike throughout the Hudson Valley. Each day we arrive at a new destination. Our program promotes positive community-building, where each young person has an equal voice and the opportunity to grow.

### **Program Elements**

#### **Backpacking**

Students will learn "leave no trace" practices and land navigation. This will develop principles of environmental stewardship and build self-confidence.

#### **Native American Fur Trader Canoe Experience**

History and the culture of the Native Americans from the Hudson River Valley will be taught. Participants will explore the Hudson River while on a 32 foot Native American Fur Trader Canoe.

#### **Kayaking**

The group will complete a full day of training, then embark on a multi-day expedition in tandem sea kayaks. Along the way they will explore the life and history of the Hudson River and participate in water ecology activities.

#### **Registration:**

Please complete the enrollment materials and return them ASAP. Space is limited. All materials must be reviewed and approved prior to joining our program. For further explanation, please contact the camp director.

### **2012 Program Dates**

#### **5-Day Single Element Programs (Monday – Friday)**

##### *July Program Sessions*

- |             |         |
|-------------|---------|
| 1: Canoeing | 7/9-13  |
| 2: Hiking   | 7/16-20 |
| 3: Kayaking | 7/23-27 |

Thank you again. We look forward to your participation in Camp Clearwater.

Angel Martinez  
Camp Director



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Welcome!

Thank you for choosing Clearwater for your child's summer experience. We are committed to providing your child with the highest-quality experience possible, one that will form positive, long lasting memories and skills. Please read through this information carefully, and if you have any further questions please feel free to contact us.

Included in this packet:

\*\*Letter to Parent/Guardian \*\*Welcome Guide

\_\_ Parent Questionnaire \_\_ Medical Form \_\_ Risk Waiver Form / Photo Consent \_\_ Clothing List

These documents must be fully completed and submitted promptly for review. Please double check for all signatures. Allow some time for processing and review. You will be notified once your application is fully reviewed. Only applicants with completed and approved paperwork can attend our programs. If you require assistance or have any questions please do not hesitate to call.

Session Dates and Start Times

Program Location: 724 Wolcott Ave, Beacon NY 12008

5-Day Single Element Programs (Monday – Friday)

Table with 4 columns: Session, Start Date, Time, End Date. Rows include Session 1: Canoeing, Session 2: Hiking, and Session 3: Kayaking.

Need More Information?

Our staff is more than happy to answer any questions to make this experience the most successful possible:

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### MAIL:

We encourage you to write several cheerful notes to your child. Our students look forward to receiving news from home. We encourage them to write home too, but do not be alarmed if you do not hear from them—they are probably too busy with all the fun. Send notes to your child via email (no mail please)

PLEASE NOTE: It is a good idea for you to spend some time with your child explaining how to write a letter, and address, stamp and mail an envelope. Have your child practice this at home. Please send your Child with PRE-ADDRESSED, PRE-STAMPED envelopes if you believe your child has difficulty with this process. Also, some parents send their child with a sheet of paper with all the important family/friend addresses on it which can simply be copied directly onto an envelope.

### **NO Packages Please**

### Telephone Calls

It is natural for parents to want to call their children or vice versa. Because it can be inconvenient and disruptive for participants to place or receive telephone calls, we do not normally allow incoming or outgoing phone calls. Please be assured that we will contact you should any serious problems arise.

### Health Care

A medical form is required of all participants prior to their arrival (a form is enclosed). The Medical forms should be mailed along with the application. *We are not allowed to have children participate without this form properly completed.* All medication must be in the original bottle in order for the staff to accept the medication. We must have a written note from the parents describing the amount, time, and type of medication they must receive. In case of illness or accident, Instructors are certified as wilderness first responders. In case of emergency, participants are taken to the local hospital or nearby medical center. Parents are immediately contacted when there is an important medical concern.

### Homesickness

Young people who are away from home for the first time may have a tendency towards homesickness. Our instructors make every effort to make the transition from home to camp as easy as possible. You can help your child transition through this by not saying that you will come and pick him or her up if they are not having fun. It is better to assume that your child will love their adventure and instill this confidence in him or her. *Write cheerful and positive letters which continue to express confidence in his or her ability to succeed.* Avoid writing how much they are missed by family, friends, or pets. With sensitive guidance, almost all children overcome any initial difficulties.

### Preparing your Child for group life

Going away for the first (and in some cases even second) time is something children anticipate with both excitement and some anxiety. This is normal, since there are many new things to learn all at once—new routines, new friends, being dependent on others, being more on your own, mastering new skills and activities and so on.

One major aspect of our program is interacting in a group with other children. Your child will acquire a host of “brothers” or “sisters” ---their group mates--- with whom they must cooperate and work out differences. Group interaction is one of the most significant areas of potential growth for every child, as this is where they learn to work out conflicts that naturally arise, make new friends, and become more flexible and tolerant of individual differences. You can prepare your child to make the most of this opportunity by having brief, but clear talks about some of the following themes:

- Your Instructors are there to help you. If you are feeling left out, unhappy, or are having trouble with other campers, talk to your Instructor. You can ask for help. You do not have to fight or argue. You do not have to “go it alone.”
- If you feel your Instructors do not understand you or are not helping you, go to the Director or any adult that you feel comfortable talking with and tell them.
- Remember that being part of a group means that you have to do your part to help out. That means being part of clean up, following the rules and helping each other. Don't be afraid to stand up for what you know is right if other children are being mean or rude.
- Be respectful of other people's space and things. *Ask permission before you take or use something that belongs to staff or another person.*



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## Enrollment Packet 2012 Parent Questionnaire

**Childs Name:**      **First:** \_\_\_\_\_      **Last:** \_\_\_\_\_      **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_

1. Has your child attended a Clearwater program before?

2. Has your child attended another camping program?

3. How does your child feel about coming to Clearwater?

4. How does your child establish new relationships with *peers*?

5. How does your child establish new relationships with *adults*?

7. When my child becomes angry he/she...

8. How does your child handle responsibility?

9. How does your child feel about water activities?

11. My child participates in activities when asked:       Most of the time       Some of the time       None of the time

12. My child follows rules of play:       Most of the time       Some of the time       None of the time

13. One specific goal I would like my child to accomplish this summer is: \_\_\_\_\_

14. Has your child experienced any significant trauma, or violence in the home?     No     Yes. *Please explain here*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. Does your child receive special help with emotional concerns or behavior from a psychiatrist, counselor or social worker? \_\_\_\_\_

A. If yes, what type of counseling does your child receive? \_\_\_\_\_

B. How long has he/she been going? \_\_\_\_\_

C. Reasons for counseling:

\_\_\_\_\_

\_\_\_\_\_



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**Instructor notes (Office use only)**

Approved By \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Confidential Medical Record**

**Program Dates:** \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

**Instructions:** all questions on this form are important. The answers are needed in order to assess your level of participation in the program. Please answer every question to every section and return the form as soon as possible, in order to allow time for any follow-up

**Part 1: General Information**

**PROGRAM** \_\_\_\_\_

**APPLICANT**

Last \_\_\_\_\_ First \_\_\_\_\_ Home # ( ) \_\_\_\_\_  
 Gender  Female  Male Cell # ( ) \_\_\_\_\_  
 Age \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Other # ( ) \_\_\_\_\_  
 Address: \_\_\_\_\_ Apt. \_\_\_\_\_ Email: \_\_\_\_\_@\_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Language spoken at home? \_\_\_\_\_

**PARENT / GUARDIAN**

**PARENT / GUARDIAN**

Last \_\_\_\_\_ First \_\_\_\_\_  
 Home # ( ) \_\_\_\_\_  
 Cell # ( ) \_\_\_\_\_  
 Other # ( ) \_\_\_\_\_  
 Email: \_\_\_\_\_@\_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_  
 Home # ( ) \_\_\_\_\_  
 Cell # ( ) \_\_\_\_\_  
 Other # ( ) \_\_\_\_\_  
 Email: \_\_\_\_\_@\_\_\_\_\_

**EMERGENCY CONTACT (other than parent / guardian)**

**Relationship** \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_  
 Cell # ( ) \_\_\_\_\_

Home # ( ) \_\_\_\_\_  
 Other # ( ) \_\_\_\_\_

**Ethnic Background (Optional)**

- Asian
- Multi-Ethnic
- Hispanic/Latino
- Other \_\_\_\_\_
- Caucasian (Non-Hispanic)
- Native Hawaiian or Pacific Island
- African American
- American Indian / Alaskan Native
- Choose Not to Answer
- Do Not Know Ethnicity

**Insurance Information:** Each participant is responsible for any medical expenses and should be covered by his/her own illness and accident insurance. (Please answer the following questions for our insurance records (please attach a photocopy of both the front and back of your insurance card)

Do you have insurance?  No  Yes

Insurance Company \_\_\_\_\_  
 Prescription Plan # \_\_\_\_\_

Policy/Certificate # \_\_\_\_\_  
 Telephone # ( ) \_\_\_\_\_

**FAMILY PHYSICIAN**

Name \_\_\_\_\_ Telephone # \_\_\_\_\_ FAX# \_\_\_\_\_

**Part 2: Medical Information**

Allergies (including allergies to medicines, foods, insects bites/stings)  **NONE** or.....

Allergy	Reaction	Medications Required ( if any)

Current Medications (including psychiatric, over the counter, inhalers, herbal supplements)  **NONE** or.....

Medications	Taken for: (Symptom/condition)	Dosage	Date Started	Current Side Effects

**All immunizations must be up to date prior to attendance (attach a copy to this form)**

APPLICANT Last \_\_\_\_\_ First \_\_\_\_\_ Program Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

**Part 3: Health Profile**

#	Please <input type="checkbox"/> one – if yes, Describe below	Y	N	#	Please <input type="checkbox"/> one – if yes, Describe below	Y	N
1	Seizure with in the last year			6	Use of tobacco/smoker		
2	Hospitalization/Emergency room/ urgent care within the last year			7	Current neck/ back/shoulder/knee/ankle other joint problem		
3	Asthma (if yes bring inhaler)			8	Current pregnant		
4	Unexplained chest pain/pressure, shortness of breath, rapid heartbeat, sweats, or exertional dizziness and or faint spells			9	Bed wetting		
				10	Diagnosed Learning disability and or ADD/ ADHD		
5	Other cardiac conitions, e.g., heart murmur or other rhythm abnormality			11	Other medical issues/illness/symptoms/ requirements/prosthetic device(s)		
#	Describe:						
#	Describe:						

**Part 4: Cardiovascular Fitness Evaluation**

**REQUIRED INFORMATION**

**A. Important! Background Information** (we need this information to evaluate you for your participation)

**Blood pressure must be taken within 6 months of program start.** (You may take your own blood pressure using apparatus at local department or drug store)

Age \_\_\_\_\_ Height \_\_\_\_\_ ft \_\_\_\_\_ ins Weight \_\_\_\_\_

Blood Pressure Reading \_\_\_\_\_ / \_\_\_\_\_ Date taken \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If over 150/90, please take a second time

Blood Pressure Reading \_\_\_\_\_ / \_\_\_\_\_ Date taken \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**B. Current Exercise Activity** (it is important to be aware of your fitness level)

Please list the activities you do on a daily or weekly basis which show your current fitness level.

Activity	Frequency	Approximate time distance	Leisurely	Moderately	Intensely

**C. Personal History**

**1** Have you ever been diagnosed or treated for any of the following within the past two years? **YES NO**

Attention Deficit Disorder (ADD)       Impulse Control Disorder       Personality Disorder  
 Adjustment Disorder       Learning Disorder       Pervasive Development Disorder  
 Anxiety Disorder       Mental Retardation       Schizophrenia  
 Disruptive Behavior Disorder       Mood Disorder       Substance Related Disorder  
 Eating Disorder

**2** Have you received treatment or therapy for any of the above conditions? **YES NO**

Medications       Day Treatment       Hospitalization  
 Out Patient Counseling       Residential Treatment

**3** Are you currently (or within the past 1 year) taking medication(s) to treat any mental health issue **YES NO**

**4** Have you experienced any of the following significant events within the last year?

Serious Illness     Self Harm     Incarceration     Serious Injury     Expulsion     Death of an acquaintance

**5** Please arrange for a release of information with your therapist and or prescribing physician so we may contact them for further information as part of this screening process. Have you done so? **YES NO**

Please provide the name and telephone number and fax of your therapist or Physician

Therapist \_\_\_\_\_ Tel # ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Physician \_\_\_\_\_ Tel # ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

**Signature Required** Consent is hereby given for the applicant to attend a Clearwater program and permission is given for any emergency anesthesia, operation, hospitalization or other treatment that may become necessary. All information will remain confidential. Students with a variety of mental/psychological difficulties qualify for our programs, but we must be made aware of these conditions. Failure to disclose such information could result in serious harm to you and your fellow participants

Parent/Guardian Signature \_\_\_\_\_ Print \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 (If applicant is under the legal age)

Applicant Signature \_\_\_\_\_ Print \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**All immunizations must be up to date prior to attendance (attach a copy to this form)**



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## KNOWLEDGEMENT AND ASSUMPTION OF RISKS and RELEASE and INDEMNITY AGREEMENT

In consideration of the services of Clearwater, participant (and parent or guardian for himself or herself and on behalf of the minor child) acknowledges and agrees as follows:

I understand that participants and parents share the responsibility for participant's safety with Clearwater. I have (or my child has) no mental or physical problems or limitations that might affect my (or my child's) ability to participate that have not been disclosed to Clearwater in writing. I have had the opportunity to ask questions about the activities and the risks of the program in which I (or my child) will participate.

The activities in which I (or my child) may participate will vary with the program offered and may be physically strenuous. These activities may include but are not limited to: hiking: camping; rock climbing; ropes and/or challenge courses (climbing up or over walls, traversing ropes suspended off the ground, potentially at heights of forty feet or more, swinging or traveling by a cable and pulleys and other such activities); physical problem-solving activities; water activities including swimming; vehicle travel; and community and other service projects. I understand that I (or my child) may engage in other activities not described above. It is impossible to know or list every risk associated with every activity; however, I understand the risks I (or my child) may encounter include but are not limited to: slipping, falling to a floor or other surface; being struck by or striking other objects or persons; improper or malfunctioning equipment or structures; and physical contact with other participants. These and other risks are inherent to the activities; that is, without them, the activity would lose its value and appeal.

I acknowledge that participating in Clearwater program involves the inherent risks described above and other risks, including some not described above, that can cause or lead to death, injury, illness, or property damage. I understand that Clearwater cannot assure my (or my child's) safety and does not seek to eliminate all of these risks. I agree to assume all of the risks of the activities of my (or my child's) Clearwater program, whether inherent or not, and even if not described above.

I release Clearwater and each of their respective agents, employees, officers, directors, trustees, independent contractors, volunteers (including consulting physicians), and all other persons or entities acting under their direction and control (collectively referred to as "the Released Parties") from, and agree not to pursue a claim or sue the Released Parties or any of them, for any liability, claim, or expense in any way associated with my (or my child's) enrollment or participation in the Clearwater camp program or the use of any equipment or facilities. Neither I nor anyone acting on my (or my child's) behalf will make a claim against the Released Parties as a result of any injury, illness, damage, death, or loss. This release includes any losses caused or alleged to be caused, in whole or in part, by the negligence of the Released Parties to the fullest extent allowed by law (but not for gross negligence or willful or wanton conduct) and includes claims for injury, property damage, wrongful death, breach of contract, or any other type of suit.

I further agree to defend and indemnify the Released Parties (to pay or reimburse them for money they are required to pay, including attorneys' fees and costs) with respect to any and all claims brought by or on behalf of me, my child, a family member, a co-participant, or any other person for any claims related to my (or my child's) enrollment or participation in the program or my (or my child's) use of equipment or facilities, including claims that the Released Parties were negligent. However, I do not agree to indemnify the Released Parties for claims of gross negligence or willful or wanton conduct.

I agree that the substantive law of New York governs this document and any dispute or suit I have (or my child has) with the Released Parties. Any mediation, suit, or other proceeding must be filed or entered into only in New York. Any portion of this document deemed unlawful or unenforceable is severable and shall be stricken without any effect on the enforceability of the remaining provisions. Clearwater has permission to use my photo or image for reproduction in any manner it desires, including advertising or display.

**I have carefully read, understand, and voluntarily sign this document. I understand that I am surrendering certain Legal rights. I agree that this form shall be binding on me, my minor children and other family members, and my heirs, executors, representatives, and estate.**

*if participant is under the age of eighteen (or if participant lives in Alabama or Nebraska and is under the age of 19 at the time this document is signed, at least one parent must sign the release in addition to the participant's signing,*

_____	____/____/____	_____	____/____/____
Participant signature	Date	Print name here	Date of Birth
_____	____/____/____	_____	
Parent or Guardian signature	Date	Print name here	

### Photography and Video Images Release Form (minor)

I hereby grant Clearwater, Inc., the irrevocable and unrestricted right to use and publish photographs and video images of my child, or in which my child may be included, for Clearwater and other publications, electronic reproductions (websites) and/or promotional materials or any other lawful purpose and in any manner or medium. In addition, I grant all right, title and interest to the finished images to Clearwater. I hereby release the photographer and Clearwater from all claims and liability relating to said photographs. Clearwater agrees not to identify your child by name in connection with any published photographs or video images in which your child appears without your consent.

Print Name of Child: \_\_\_\_\_

_____	____/____/____	_____
Parent or Guardian signature	Date	Print name here
Address: _____		Phone: ____-____-____
City: _____	State _____	Zip _____



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## Enrollment Packet 2012

### CLOTHING AND GEAR

#### WHAT WE SUPPLY

Clearwater supplies you with the technical equipment needed for your program including a backpack, sleeping bag, sleeping pad, compass and cooking/eating equipment. We ask that you refrain from purchasing or bringing technical equipment for your program. Please bring only the items on the Clothing and Gear List. The equipment we supply for your program is returned to us you and your group is financially responsible for any lost or damaged equipment. At the end of the program, you will also clean all gear that was issued to you.

#### WHAT TO BRING

Because our programs are characterized by unpredictable weather, obtaining the proper clothing is crucial. Please bring every item on the Clothing and Gear list as described. You can find these items at camping, outdoor and thrift stores, Army/Navy surplus, outlets, and mail-order catalogs. Once you arrive, you will transfer your personal items into our gear and will be supplied with individual and group camping equipment and food.

#### FABRICS

It is important that all your clothing be comfortable, quick-drying and warm. Fabrics such as polyester, polypropylene, fleece, acrylic, rayon, wool or name brands like Polartec™, Thinsulate™, COOLMAXR and Capilene are just a few favorites of outdoor enthusiasts, since they retain much of their insulating qualities when wet. There are other brand names as well. Do not bring down, denim or cotton clothing.

Our Clothing and Gear list reflects the layering principle. Several layers of light clothing keep you warm and can be adjusted to changes in both weather and activity. For example, wearing a polypropylene undershirt, a medium weight wool or synthetic sweater and a fleece jacket allows you to adapt to changing conditions.

#### MEDICATIONS

Prescription medications brought to the program must arrive in the original container with the prescription label intact. The prescription label is documentation for your use of the medication while on our program. The container should not include other medications, vitamins, etc. Do not bring non-prescription medications such as aspirin, Advil, etc., unless it is listed in your Medical form.

#### STORAGE

Clean clothes for your return home and valuables including cell phones, watches, tickets, books, wallets will be placed in locked storage during the program. Please leave expensive jewelry, radios, CD players and iPod's at home.

#### CAMERAS

if you would like to record events on your program, bring your camera (waterproof disposable cameras are recommended). if you elect to bring a non-disposable camera, we advise that you store it in a small "dry bag" or plastic zip lock bag to keep it dry. Our courses are rigorous, and there is a risk of losing or damaging your camera. Cell phone cameras are prohibited.

#### MAIL

Mail delivery is not available on our program. Please Email or fax letters to the Camp Director.

#### TELEPHONE

You will be unable to place or receive phone calls while on our program.

#### EYES WEAR

Clearwater staff recommends glasses with a holding band versus contact lenses. It is more difficult to maintain adequate hygiene when wearing contact lenses in a wilderness setting. Wearing contact lenses puts you at risk of several serious conditions including eye infections and corneal ulcers. These conditions can develop very quickly and can be very serious. In rare cases, these conditions can cause blindness, if you do choose to wear contact lenses, bring both a back up pair of contacts and glasses. Be sure to bring enough contact lens solution and be diligent in your contact lens routine.

### Suggested Clothing List

Please make adjustments based on program length and elements

- |  |  |
|--|--|
| 1 Pair hiking boots                                    | 1 Duffel bag or soft luggage                             |
| 1 Pair running shoes                                   | 1 Small tube of sunscreen SPF 30+                        |
| 1 Pair of water shoes (closed toe)                     | 1 Tube of lip balm                                       |
| 3-6 Pair synthetic/wool socks                          | 1 Small plastic bottle of insect repellent (NOT aerosol) |
| 4-10 Pair underwear                                    | 2 Bandannas  |
| 2-5 Sports/jogging bras                                | 1 Flash light with batteries                             |
| 1 Light-weight synthetic long underwear top            | 2 Ball point pens & Small note pad                       |
| 1 Light-weight synthetic long underwear bottom         | 1 Small tube of toothpaste                               |
| 2 Pair synthetic quick-drying shorts                   | 1 Baseball cap or wide brim hat (for sun protection)     |
| 2 Pair unlined nylon or other synthetic material pants | 1 Comb or brush  |
| 2-5 T-shirts   | 1 Small Toothbrush                                       |
| 1 Synthetic/wool Hat                                   | 1 Towel and travel-sized toiletries                      |
| 1 Set of rain gear top and bottom                      | 1 Unlined nylon shell windbreaker                        |
| 1 Medium-weight synthetic fleece jacket or sweater     | 1 Pair sunglasses (with a strap and a crush proof case)  |
| 1 Extra set of casual clothes for trip home            | 1 Camera and film  |