

WILDERNESS FIRST AID

Thank you for your interest in the SOLO Wilderness First Aid & CPR courses hosted by the Eleanor Buck Wolf Nature Center. Course details and registration instructions appear below. Contact the nature center with additional questions at 860-529-3075 or naturecenter@wethersfieldct.com.

When: Saturday - Sunday, May 4 - 5, 2013, 9:00 a.m. - 5:00 p.m.
Register by April 19.

Where: Eleanor Buck Wolf Nature Center & Mill Woods Park,
156 Prospect Street, Wethersfield, CT.

Who: Outdoor enthusiasts and trip leaders who want basic training for short trips with friends, family, and outdoor groups. Re-certifies SOLO's Wilderness First Responder program. Meets American Camp Association staff training guidelines. Open to teens and adults.

Why: Accidents happen. People get hurt, sick, or lost. The temperature drops, the wind picks up, and it starts to rain. Would you know what to do? Many emergencies are preventable, and even when bad things happen, sometimes the wrong care can make them worse. By learning a few basic skills, you can make the difference between a good or bad outcome – and maybe even save a life.

What: SOLO has been a national leader in wilderness medicine training for over 30 years. This 16-hour course provides instruction and hands-on practice in the classroom and outdoors. There are evaluation of practical skills and written assessments throughout the course. Topics include:

- Backcountry essentials
- Universal precautions
- Soft tissue injuries
- Principles of fracture care
- Spinal cord injury management
- Asthma
- Environmental emergencies & survival skills (e.g. lightning)
- Patient assessment system
- Cold- & heat-related injuries
- Sprains & strains
- Patient lifting & moving
- Use of epinephrine
- Rescue plan
- Medical emergencies & critical care

SOLO has an exemplary record of affordable, quality instruction that has kept the backcountry student as the primary focus. They have been, and continue to be, at the forefront of backcountry medicine information and methods.

Bill Proudman, past director, Association for Experiential Education



Eleanor Buck Wolf
Nature Center

How: Enroll through the Nature Center c/o Wethersfield Parks & Recreation. Minimum of 12 needed by Friday, April 19. Late registrations accepted as space allows. Use the form below with a check or credit card. Or if already a Wethersfield Parks & Recreation customer, online at wethersfieldct.com/recreation.

Fee is \$160 members of the Friends of the Eleanor Buck Wolf Nature Center and \$175 non-members (membership starts at \$15 - ask for details). Includes 2-year certification, lunch, snacks, and SOLO's extensive "Field Guide to Wilderness First Aid." \$105 becomes non-refundable after March 1.

Accommodations: The Nature Center recommends the Chester Bulkley House (860-563-4236) or the Hampton Inn (860-563-7877). Free tent camping site is available at the Nature Center upon request.

Optional: Add a CPR course Saturday, May 4, 5:00 - 6:00 p.m. The course provides instruction and hands-on practice in added skills related to respiratory and cardiac arrest following American Heart Association guidelines. Fee is \$35 members and \$40 non-members. Includes 2-year certification and textbook.

----- Submit to Wethersfield Parks & Recreation, 505 Silas Deane Highway, Wethersfield, CT 06109 -----

HOUSEHOLD CONTACT INFORMATION

Office Use: HH# _____

Primary Household Contact _____ Household Email _____
 Secondary Household Contact _____ Emergency Contact _____
 Address _____ Emergency Phone _____ H W C
 City, State, Zip _____ Relationship _____
 Primary Home # _____ Work # _____ Cell # _____

PROGRAM REGISTRATION

Participant(s)	Gender	Birth Date <i>(Required)</i>	Program Name	Program Code	Fee
			WFA by SOLO in May	506180-01	
			CPR by SOLO in May	506181-01	
<i>Total</i>					

Special Information (dietary restrictions, allergies, medical conditions, medications, etc.) _____

WAIVER

I acknowledge that there are certain risks in participating in a recreational activity and agree to assume the risk of injury which I and/or my child may encounter. I grant permission to seek emergency medical care on behalf of myself and/or child. (Medical approval is suggested for those participating in any exercise class.) I further agree I will not hold employees of the Town of Wethersfield or its agents liable for any injuries which I and/or my child may encounter. I also grant permission for photographs to be taken of myself and/or child and to be used in department publicity publications, unless otherwise noted in writing. In addition, I acknowledge that all household information provided is true and accurate. The Parks & Recreation Department may request further verification regarding the information provided.

Signature _____ Date _____

Cash Check or Money Order (payable to the Town of Wethersfield) MasterCard (see below) VISA (see below)

Office Use: Date Processed _____ By _____ Amount \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit Card

CREDIT CARD PAYMENTS

I agree to pay the total amount above according to cardholder agreement. Please refer to refund policy in brochure.

Signature _____ Date _____

Credit Card Number _____ - _____ - _____ - _____ Expiration Date ____/____