

June 13, 2016

Dear CIT Applicant,

Congratulations! You've been accepted to the Counselor-In-Training program at Camp de Benneville Pines. Your application and references have given us an idea of where your strengths are and where you need to improve. We are very excited to have you join our intensive training program to put you on your way to becoming an amazing counselor!

Attached is your camper packet, which will include all of your paperwork. Please make sure you arrive with all of your forms filled out, and please pay extra attention to the Camp Code of Conduct and Behavior Policies. CITs and counselors are bound by all the same rules that apply to campers, but moreover you are expected to role-model great camp behavior and attitude all week long. This includes appropriate wardrobe (closed-toed shoes, no visible undergarments, etc), clean language, and refraining from electronics use except at designated times.

CIT is an intensive leadership-development program, so be prepared for something very different from your past camp experiences. You will be expected to be in the cabins with campers at **7am**, followed by multiple sessions of trainings in Cabin 6 as well as helping out with campers during workshops, meals and other activities. You must come up to camp ready to rise, to work, to play and yes, to sleep. Remember that an important camp-counselor skill is the ability to give energy and enthusiasm to any situation, so practicing good self-care is a must!

Of course, we also anticipate plenty of fun, laughter, and group-bonding during your week of training. CIT programming takes place largely in Cabin 6, which gives us access to a full kitchen. Meals are still provided, but as a CIT you're allowed to bring your own snacks which will remain in Cabin 6 at all times. The snacks you decide to bring are up to you, and sharing is highly encouraged!

We look forward to seeing you on the mountain. The more of yourself you bring to this program, the more rewarding it will be, so come prepared to give your all and have an amazing, transformative week! Feel free to email us if you have any further questions.

Yay camp!

Mary Carter-Vail
Emmalinda MacLean
CIT Co-Facilitators
SummitDRE@gmail.com
emmalindamaclean@gmail.com

PACIFIC SOUTHWEST DISTRICT YOUTH CAMP BEHAVIOR POLICIES

1. All camper housing is in single-sex cabins.
2. Curfew is defined as the time after which all campers are to be in their own cabins. Lights Out for Elementary youth Camp is 9:00 p.m. To 7:30 a.m.
3. Campers may not leave the campgrounds at any time during camp without the permission and supervision of adult staff. No group smaller than four people may leave the premises for any reason.
4. The water tower, staff housing, interior kitchen, pool pump room, maintenance buildings, propane tanks, sewer plant/leach fields and any construction sites are off limits to all campers. Use of a camp landline and/or wood burning stove requires adult permission and supervision. There is no use of the *First Aid Station* without the supervision of a trained adult staff member.
5. No visitors are allowed during camp. This includes unannounced family members, former campers, and former staff members. Any visits must be pre-arranged and approved by the Dean and/or Camping Ministries Director. All pre-arranged visitors must check-in upon arrival and wear a VISITOR BADGE while in camp.
6. Attendance at workshops, worships and meals is expected.
7. Campers are asked to respect each other and the belongings and privacy of other campers and staff. The campgrounds and camp equipment should be used in the intended manner. NO PRANKS.
8. Dangerous or disruptive behavior of any kind will not be tolerated; any camper engaging in such will be immediately sent home. This includes the use of rude and abusive language.
9. **Closed toed shoes must be worn when a camper is outdoors.** Open toed shoes are only permitted in showers and at the pool. Campers may walk to and from the pool in open toed shoes yet carry closed toe shoes with them in case of emergency evacuation, or schedule change.
10. No tree climbing or rock throwing.
11. No youth camper may use the hot tub at any time, under any circumstances. Proper swimsuit attire is required for swimming; no street clothes are permitted in the pool.
12. No one is allowed in the kitchen without a valid food handler's card.
13. No drugs, alcohol or weapons are allowed at camp. All prescription and over-the-counter medications must be turned in to our Camp Nurse during camp check-in. The use of all medications is to be monitored by the camp health professional and adult staff. Medications must be in their original packaging.
14. Campers may not engage in sexual activities while at camp.
15. All campers must sign the *Youth Code of Conduct Agreement*. (NOT REQUIRED FOR ELEMENTARY CAMPERS)
16. All parents must sign the *Parent Accountability Statement*. (NOT REQUIRED FOR ELEMENTARY CAMPERS)
17. **PSWD Youth Camps are SMOKE FREE. Campers and staff may not smoke at camp. This includes vape pens and e-cigarettes.**
18. **No hair dye or permanent inks or hennas allowed inside cabin bedrooms, bathrooms or kitchens. Use only at the arts/crafts area.**

Any camper unable to abide by these policies will be asked to leave camp immediately, without benefit of any refund, and may be restricted from participating in future PSWD events.

Amended 06/2016



Notes from the Camp Nurse

Hello!

Camp is only a few days away and here are some reminders:

1. Remember to bring a copy of your child's complete immunization record (or waiver form) AND a copy of the front and back of your child's insurance card. These items must accompany "Health History Form & Authorization to Treat".

2. **MEDICATION** – Please bring all prescription and over-the-counter medications in original, properly labeled containers. Bring medications with you to the registration table so they can be registered with the Camp Nurse and transferred to the infirmary. Rescue inhalers (Albuterol) may be kept with the camper, but please notify the nurse that the camper has the inhaler.
3. **ALLERGIES** - If your child has an allergy, especially bee stings or peanuts, make sure you bring a supply of Benadryl[®] and an Epi-Pen (twin pak)[®]. The EMS response time is 30 minutes so each camper needs two (2) Epi-pens for safety.
4. **ASTHMA & HAYFEVER** – Even if your child has not had to use their Albuterol inhaler or Antihistamine for some time, camp is the place they will probably need them. Inhalers can be kept with the camper or in the Infirmary. Antihistamine medication is kept in the infirmary.
5. **BEDWETTING** – It happens! No worries. If your child requires special accommodations, please feel free to call me at the number below to discuss your camper's unique needs. And send along a plastic sheet to protect the mattress.
6. **ADHD/MENTAL HEALTH NEEDS** – I recommend that campers continue medications for ADHD and mental health needs while at camp. We are quite busy at camp, with planned activities throughout the day and evening, so medications that are useful at school and home can also help your child be successful at camp.
7. **SPECIAL DIETS** – While the fabulous kitchen crew can accommodate many dietary needs or preferences (i.e. vegan, vegetarian, gluten-free), it's always a good idea to send food items to camp to supplement a limited diet plan (i.e. Gluten free breads and cereals). These items can be stored in the kitchen and lodge refrigerator. Please don't send food to camp unless your child has dietary issues. We feed kids well! Multiple food allergies can be difficult to accommodate, so please send some favorite alternatives.
8. **PHONE CALLS** – Please allow your camper to play and explore camp without having to check in with you each day. Keep cell phones at home, and we will call you if there is a problem.

And, speaking of calling.....during camp, please feel free to call me at the number below, from 7 am through 10 pm, Pacific Standard Time. If there is no answer, leave a message and I will call you back. If you would like to call me before camp begins, feel free to reach me from 7:00 am through 10:00 pm CST. I live in Wisconsin which is two hours ahead of Pacific Standard Time.

Thanks!

Rebecca Swenson, APNP, MSN, Camp Nurse Phone: 262-909-5415

Health History Form & Authorization to Treat for children attending Camp de Benneville Pines

The information on this form is gathered to assist us in identifying care your child may need while at camp. Please provide complete information so that the camp can be aware of your campers needs.

Camper Name _____ Birthdate _____ Age at camp _____
Last First Middle

Address _____
Street Address City ST Zip

Custodial Parent/Guardian _____ Home phone _____

Cell phone _____ Business phone _____

Will you be out of town while your child is at camp? Y / N

Additional Parent/Guardian or Emergency Contact (Required) _____

Home Phone _____ Cell phone _____ Business phone _____

If not available in an emergency, notify: _____ Relationship _____

Home Phone _____ Cell phone _____ Business phone _____

Insurance Information Is camper covered by family medical/hospital insurance? YES / NO

If yes, carrier or group name _____ Group# _____

Attach photocopy of front and back of health insurance card to form

IMPORTANT - These boxes must be complete for attendance *

Parent/Guardian Authorizations: This health history is correct and complete as far as I know. The camper described has permission to engage in all camp activities except as noted. I hereby give permission to the camp 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 treatment, referral, billing or insurance purposes. I give permission to the camp to arrange necessary related transportation for my child. 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 child named above. This complete form may be photocopied for trips out of camp.

Signature of parent/guardian _____

Printed name _____ Date _____

I understand and agree to abide by any restrictions placed on my participation in camp activities.

Signature of minor _____ Date _____

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

Restrictions (the following restrictions apply to this individual - circle items that apply)

Does not eat: Red Meat Pork Dairy Products Poultry Seafood Eggs Other (describe) _____

Explain any restrictions to activity (what cannot be done, what adaptations or limitations are necessary)

Allergies - List all known

Describe reaction and usual management of reaction

Medications: _____

Foods: _____

Other: (include insect stings, hay fever, asthma, animal dander, etc)

If your child requires an epi pen to be close at all times, please be sure to send one to camp

Camp Dates

Cabin

Camper Name

Medications being taken

Please list ALL medications (including over-the-counter or non-prescription 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 (if a prescription drug), the name of the medication, the dosage and the frequency of administration.

Circle one: the camper **takes NO medications** on a routine basis the camper **takes medications** as follows:

Med #1 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med #2 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Attach additional pages for more medications

General Questions (explain "yes" answers below)

1	Had any recent injury, illness or infectious disease?	Y / N	16	Ever had a back problem?	Y / N
2	Have a chronic or recurring illness/condition?	Y / N	17	Ever had problems with joints (e.g. knees, ankles)?	Y / N
3	Ever been hospitalized?	Y / N	18	Have an orthotic appliance being brought to camp?	Y / N
4	Ever had surgery?	Y / N	19	Have any skin problems (e.g. itching, rash, acne)?	Y / N
5	Have frequent headaches?	Y / N	20	Have diabetes?	Y / N
6	Ever had a head injury?	Y / N	21	Have asthma?	Y / N
7	Ever been knocked unconscious?	Y / N	22	Had mononucleosis in the past 12 months?	Y / N
8	Wear glasses, contacts, or protective eyewear?	Y / N	23	Had problems with diarrhea/constipation?	Y / N
9	Ever had frequent ear infections?	Y / N	24	Have problems with sleepwalking?	Y / N
10	Ever passed out during or after exercise?	Y / N	25	If female, have an abnormal menstrual history?	Y / N
11	Ever been dizzy during or after exercise?	Y / N	26	Have a history of bed-wetting?	Y / N
12	Ever had seizures?	Y / N	27	Ever had an eating disorder?	Y / N
13	Ever had chest pain during or after exercise?	Y / N	28	Waived or missed any scheduled immunizations?	Y / N
14	Ever had high blood pressure?	Y / N	29	Ever had emotional difficulties for which professional help was sought?	Y / N
15	Ever been diagnosed with a heart murmur?	Y / N			

Please explain any "yes" answers, noting the number of the questions: _____

Name of family physician _____ Phone _____

Name of family dentist/orthodontist _____ Phone _____

Use this space to provide any additional information you believe the camp staff should be aware of regarding the campers behavior and physical, emotional, or mental health: _____

Authorization to Treat During Transportation/Carpooling to Camp

Permission Form:

My child/ward has permission to travel to and from Camp de Benneville Pines near Angelus Oaks, California. I understand that the camp is not responsible for the safety of my child until my child has been properly checked in at the time of registration. Furthermore, once my child checks out of camp on the final day, the camp is no longer responsible for the safety of my child. Unless otherwise contacted by me, my child has permission to carpool to and from camp with the following adults (**please include names of all adults permitted to pick your child up from camp, including parents**):

Name _____	Home Phone _____	Cell Phone _____
Name _____	Home Phone _____	Cell Phone _____
Name _____	Home Phone _____	Cell Phone _____
Name _____	Home Phone _____	Cell Phone _____

Emergency Authorization to Treat:

I hereby give permission to the medical personnel selected by my child/ward's driver to order x-rays, routine tests and treatment for my child/ward; and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the driver of my child/ward to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child/ward named above. This form may be photocopied. I recognize that neither de Benneville Pines, Inc., nor the Pacific Southwest District of the Unitarian Universalist Association is responsible for persons car pooling to or from camp.

Signature of parent/guardian _____ Date _____

During the times my child will be transported to and from camp, you should be able to reach me:

To Camp - Phone _____ Alternate Phone _____

From Camp - Phone _____ Alternate Phone _____

Emergency Information Form – Adults at Camp de Benneville Pines

Name _____ DOB _____

Address _____ City _____ ST _____ Zip _____

Home Phone# _____ Cell Phone# _____

Medical Insurance Company _____ Phone# _____

Policy# _____ Group# _____

Emergency Contact (not at camp)

Name _____ Phone#1 _____

Phone#2 _____ Email/SMS _____

My immunizations are up-to-date YES NO Date of last tetanus shot _____

Known allergies to food, medication and/or anesthetics, environmental factors (use other side for additional information):

Known medical problems/conditions and medical treatment that may be needed at camp (use other side for additional information):

Please list all medications; OTC & RX that you will be taking while at camp (use other side for additional information):

I understand that if I become injured or ill while at camp, the Health Supervisor is authorized to determine if I require care outside the bounds of that available in our wilderness setting. Due to de Benneville’s isolation and elevation, any camper remaining ill for more than 12 hours may be asked to leave camp, and may return only with authorization from a physician. I have been made aware that it can take 45 minutes or more for paramedics to respond to a 911 emergency call. If road conditions are icy or hazardous, it can take substantially longer. I agree to follow the safety rules of the camp.

This form is for use by the Health Supervisor during camp only. After camp, it will be shredded. We do not retain medical records for adult campers.

Option 1

I hereby give permission for the camp first aid person to provide routine health care and emergency medical treatment, including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. I give permission to the retreat organizers or the camp staff to arrange necessary related transportation. In the event of an emergency, I hereby give permission to the physician selected by the retreat organizers or camp staff to secure and administer treatment, including hospitalization.

Signature of Adult Camper/Participant _____ Date _____

Option 2

Although I understand that my medical information is being requested only so that medical treatment can be provided in case of an emergency, loss of consciousness or inability to make a decision on my own, and that not having this information may make it impossible for the Health Supervisor to provide appropriate medical care, I wish to decline to provide the requested medical information.

Signature of Adult Camper/Participant _____ Date _____

Camp de Benneville Pines



What to Bring

Please pack the following items to ensure you have a safe and enjoyable time at camp:

- Hat with brim, sunglasses
- Long pants
- Long-sleeved shirts, T- Shirt
- Comfy pants
- Sweatshirt, sweater, jacket
- PJ's
- Tank top/ Shorts/ Skirts
- Clean underwear
- At least 6 pair of socks
- **Two pairs of closed toed shoes suitable for hiking**
- Sleeping bag or sheets & blanket
- Pillow
- Bug Spray/ repellent
- Talent show items
- Dress-up clothes for Friday dance
- 2 towels- 1 for swimming pool
- Bathing suit
- Dirty clothes bag
- Prescription meds in original med bottle
- Soap, shampoo, comb & hairbrush
- Toothbrush & toothpaste
- **Sunscreen and lip balm**
- Books, jokes, skits, stories, games
- Camera and fresh batteries
- Flashlight and fresh batteries
- WATER BOTTLE- to refill
- Flip flops for pool
- Costumes, silly hats, etc for themed meals

Bring two (2) all white 100% cotton items in large ziplock baggie for tie-dying.

Leave cell phones and electronic games at home!

If you need to reach camp, here are some handy numbers:

Janet James, Camp Manager, cell phone (909) 435-6298

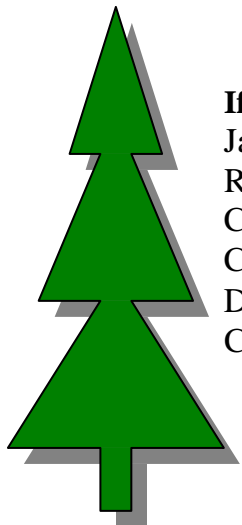
Randy Carroll-Bradd, Camp Caretaker, cell phone (210) 216-6125

Camp Office (909) 794-2928 Camp Lodge (909) 794-8712

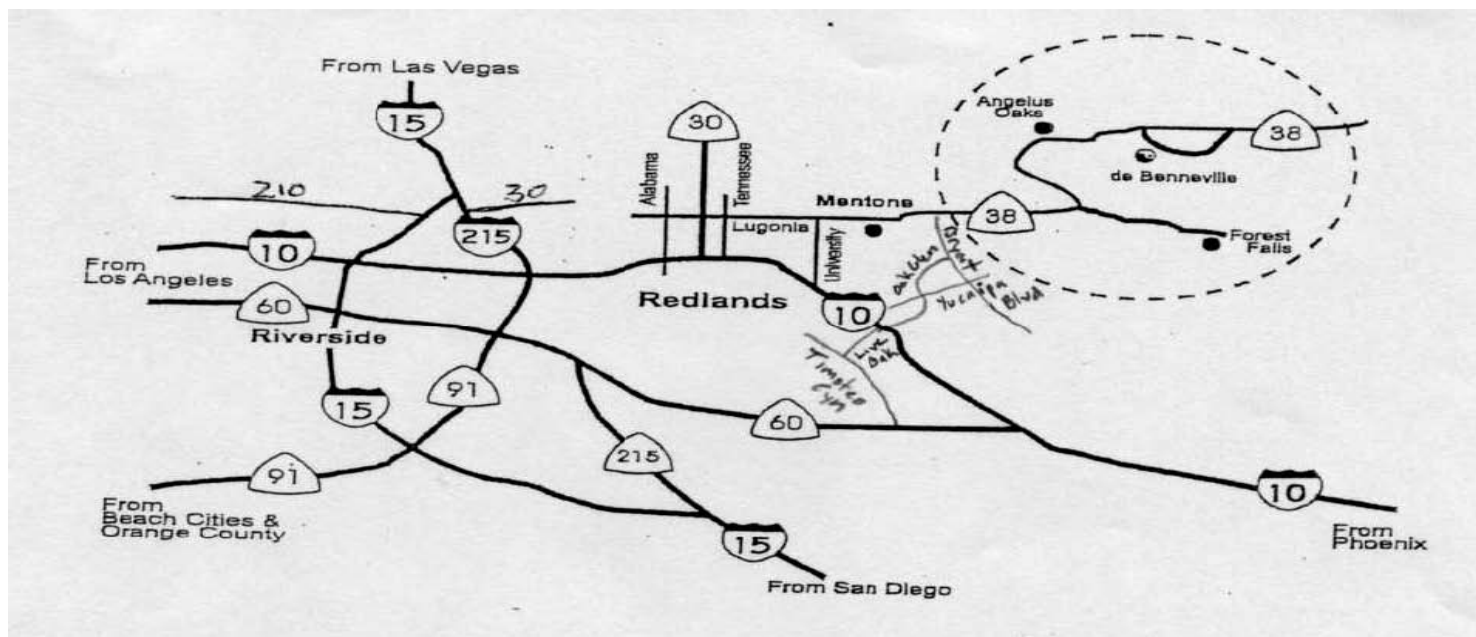
Camp email: uucamp@aol.com Camp website: www.uucamp.org

Directions on website: <http://www.debenneville.org/Information/Directions2Camp.html>

Camp Address: 41750 Jenks Lake Road-West, Angelus Oaks, CA 92305



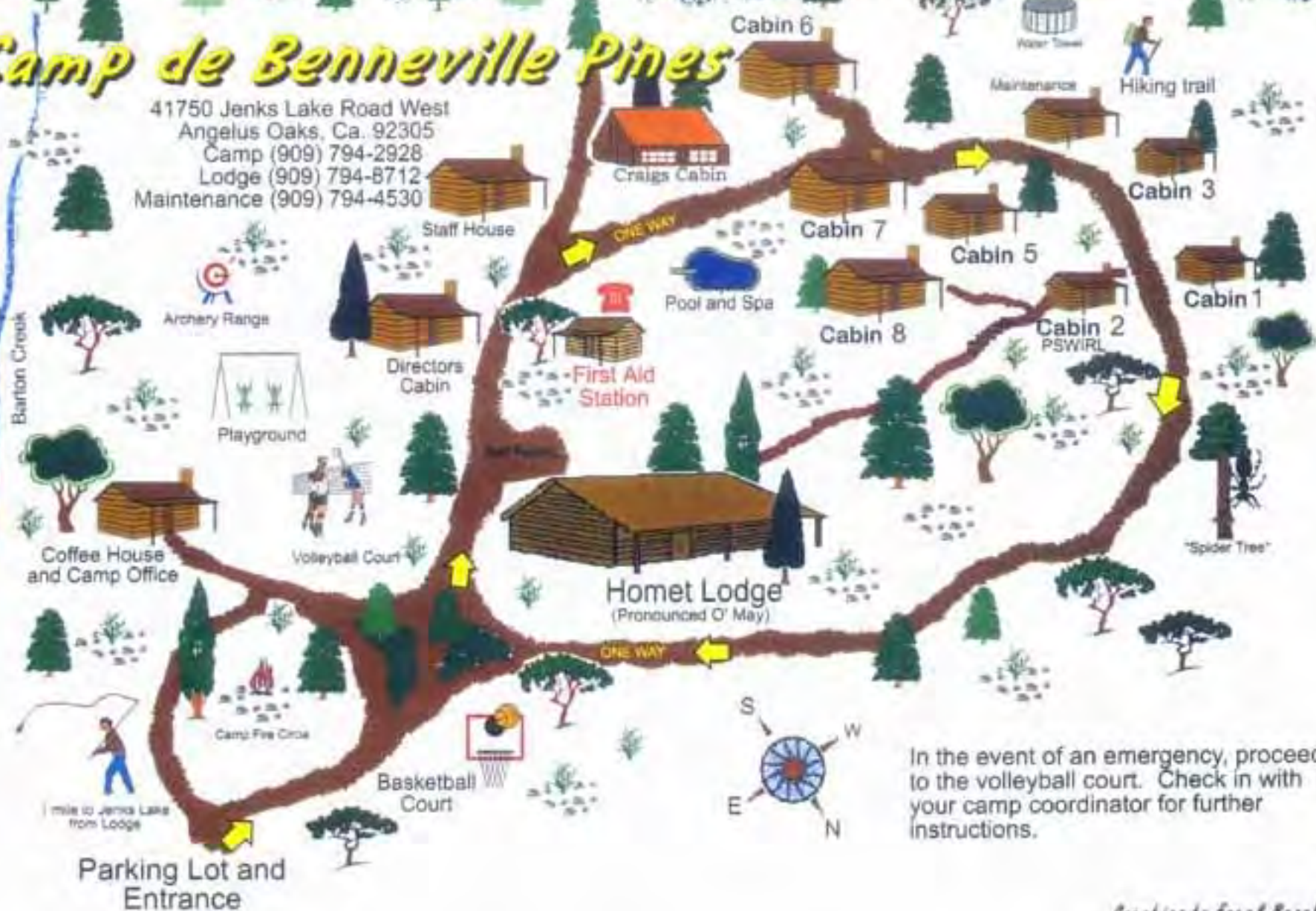
DIRECTIONS



- Arizona:** Take the I-10 West to Oak Glen/Live Oak Canyon Rd. Turn right on to Oak Glen Rd. Follow the road across Yucaipa Blvd and continue to Bryant St., turn left and go to Hwy 38. Turn right. Follow the directions **IN BOLD below** from Hwy 38.
- Orange Co:** Take the 91 Freeway toward Riverside until it becomes the I-215 East toward San Bernardino. Take the I-10 East to Redlands. Follow the instructions **IN BOLD below** from Redlands.
- Las Vegas:** Take the I-15 South to San Bernardino. Take the 210 (formerly Hwy 30) East to Redlands. Exit at San Bernardino Ave. Go through the light to the next street, Lugonia/Hwy 38. Turn left and follow the directions **IN BOLD below** from Hwy 38
- San Fernando Valley:** Take the 101 East to the 134 East to the 210 East. In Redlands, exit at San Bernardino Avenue. Go through the light to the next street, Lugonia/Hwy 38. Turn left. Follow the directions **IN BOLD below** from Hwy 38.
- San Diego:** Take the I-15 North to the I-215 East toward San Bernardino. In Moreno Valley take the 60 East to the Redlands Blvd exit. Turn left and go North on Redlands Blvd until it dead ends at San Timoteo Canyon Rd. Turn left and continue approximately 1 mile to Live Oak Canyon Rd. Turn right and continue over the 10 Fwy, where the name changes to Oak Glen Rd. Continue through Yucaipa to Bryant St. Turn left, continue to Hwy 38. Turn right. Follow the directions **IN BOLD below** from Hwy 38.
- Ventura:** Take the 26 East to the 5 South to the 14 East. Exit for Pear Blossom Hwy/138 East. Go to the I-15 South, taking the 210/30 East to Redlands. Exit at San Bernardino Ave. Go through the light to the next street, Lugonia/Hwy 38. Turn left. Follow the directions **IN BOLD below** from Hwy 38.
- Redlands:** From I-10, take the University exit. Turn left on University. Turn right on Lugonia/Hwy 38. **Follow Hwy 38 toward Big Bear, up into the mountains. At the road to Forest Falls, bear to the left, continuing on Hwy 38. At the top of the mountain, pass through the town of Angelus Oaks and continue another 5 ½ miles. Turn right on West Jenks Lake Road. The sign for Camp de Benneville Pines will be on the right approximately 1 ½ mile up. (If you see the sign for Seven Oaks on Hwy 38, you have missed the Jenks Lake turn. Go back to West Jenks Lake Road.)**

Camp de Benneville Pines

41750 Jenks Lake Road West
Angelus Oaks, Ca. 92305
Camp (909) 794-2928
Lodge (909) 794-8712
Maintenance (909) 794-4530



In the event of an emergency, proceed to the volleyball court. Check in with your camp coordinator for further instructions.