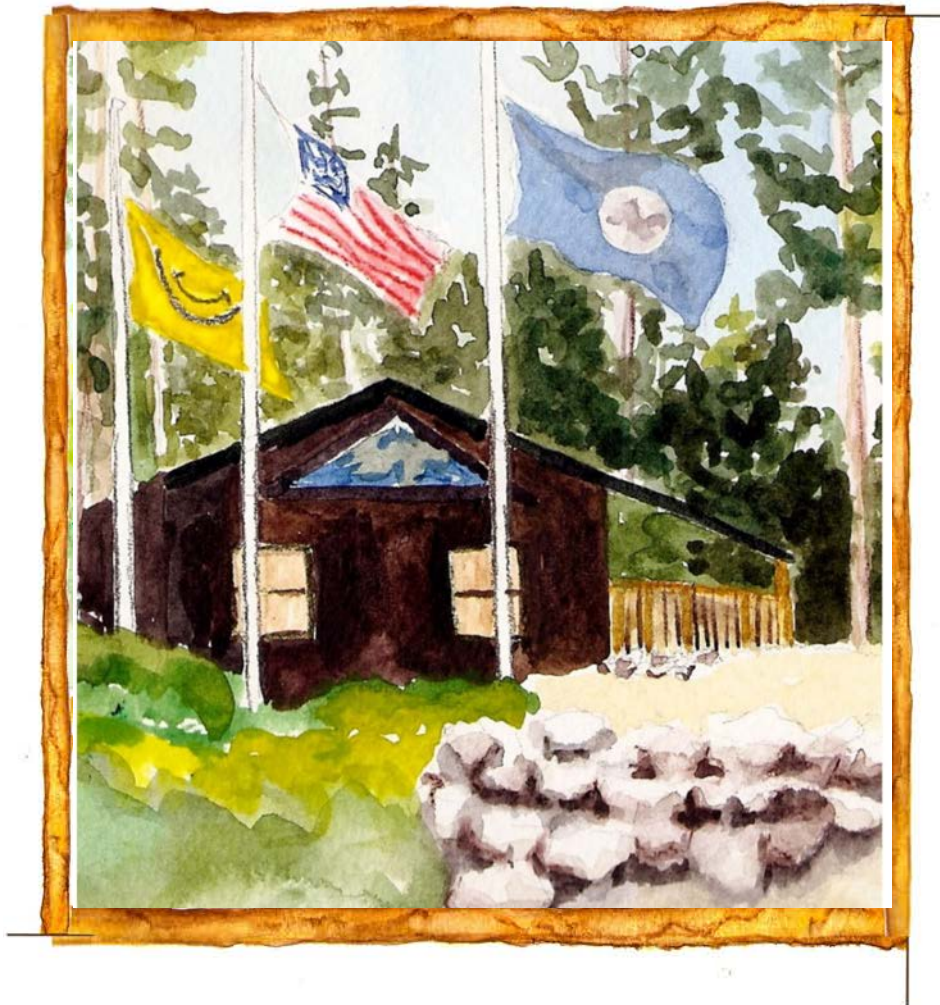


PSWD FAMILY CAMP  
SUMMER 2016



CAMPER PACKET  
CAMP DE BENNEVILLE PINES

July 4, 2016

Dear Family Campers,

It's not long now...

We trust you are as excited as we are about our upcoming Family Camp "Active Hope." Not only will be returning to our beautiful camp in the pines, but we will be immersing ourselves in our community of family for fun, fellowship, and hope. We are looking forward to all of this with all of you.

We create camp together. While our fantastic program staff orchestrates camp programming, you bring the ideas and energy to power our workshops and activities. In addition to all that camp has to offer--archery, hiking, tie dyeing, etc.--you bring your favorite crafts, projects, games and all-the-stuff-you-love-to-do and share with others. Our banquet theme this year is "...Among the Stars," an invitation to costume in science, sci-fi, or other futuristic, astronomical wonders!

We create community together. We have a diverse and multigenerational camp. Ours are diverse beliefs, perspectives, and backgrounds. Our ages range from exploring toddler to wise elder. Family camp offers us all the opportunity to share in a great family of many needs, but with one common goal.

We create active hope. In addition to bringing along activities to share and our loved ones, we are bringing our social, environmental and spiritual concerns for the world. Up at camp we sometimes hold our concerns at arm's length, but we cannot leave them behind. This is why we have chosen "Active Hope" as our theme. We cannot imagine a more beloved group to share in the steps of learning to live by active hope - so that when we all return to our daily lives, we have the means to live out new hope.

Fun, community and active hope will be woven in and out of our programming - through everything we do. In ways both traditional and new, we will be carrying the steps, as we continue to enjoy the camp setting, all camp events, learning, exploration and most of all the joy of being with our families in our camp community. Finding and creating hope with our precious camp community can help us move beyond the pain and despair we see and experience in the world and to create a beautiful, loving life of hope for ourselves and our families.

In preparation for all of this, ask yourself, "What am I bringing?" We are inviting you to bring your activities and your family, but we want to invite your concerns and your hopes too. If you have not yet picked up a copy of Joanna Macy and Chris Johnstone's book **Active Hope: How to Face the Mess We're In Without Going Crazy**, then we invite you to. Read it ahead of time, or wait until you get to camp and use it as reference. We would love to discuss it with any of you interested.

In gratitude for our beloved time in our blessed woods (not long now...),

Matthew and Stephanie Funke Crary  
Co-Deans

## **Information about Family Camp:**

**Check-in:** will begin on Sunday, July 31, 2016 at 2:00 pm. Meet in Homet Lodge to check-in with our staff. Please bring completed medical forms to the check-in table. Once you unload your luggage at your cabin, you are required to leave your car in the parking lot below the flag poles. The car should be facing out for a quick exit if necessary. **Please keep your keys on you at all times! Bring a clip to clip your car keys to your belt loop. Bring 2 keys! We have had lost and misplaced keys in camp, and people stuck on exit day!** Our first meal together will be Sunday dinner at 5:00 pm.

**Cabins** are comfortable, but rustic-enough that you feel like you're visiting the forest. Most families have their own room. All bathrooms are located down the hall from your room and have hot showers and flush toilets. Water conservation efforts are always practiced at camp. Please be flexible about shower times and mindful of water use. Please report leaks and/or plumbing issues to our camp liaison ASAP. Limit all showers to 5 minutes.

Plenty of snacks and family-friendly meals are provided throughout the week; however, if you have special dietary needs, you may wish to bring food to supplement what is prepared in the camp's kitchen. Any food you bring must be kept in the lodge, Craig's Cabin or Cabin 6, which have refrigerators. Do not bring any food into any of the other cabins, drop food or trash on the trails or leave any food wrappers or soda cans in your car. Food is kept in designated areas to keep the critters--including bears, raccoons and mice--out of our sleeping and playing areas. Yes, bears will look for food in your car!

At times the de Benneville staff may remind us of certain **safety rules**. Please respect their requests, as they are assuring the safety of our entire community.

**Childcare** is not provided at Family Camp. Parents are responsible for their children and for knowing where they are at all times. If you need some time off during the week to attend a workshop or activity without your children, there are often opportunities to share parenting or hire youth to babysit. There will be sign-up sheets to help organize co-operative and paid babysitting arrangements. *In case of an emergency we would need you to be able to bring your children to the volleyball court in under 5 minutes.*

**Workshop and activity leaders are not childcare providers.** During youth activities, each child between the ages of five and 12 must have an adult responsible for them at the activity. Teens may participate in activities without adult supervision as long as they remain respectful of the workshop/activity leader. Teens must know where their parents are at all times and must know what to do in an emergency. No adult may be responsible for more than 6 children (of any age) at an activity. Please help the activity leaders by ensuring that there is at least one adult for up to every six children at the activity, not including the activity leader.

**The Swimming Pool** is a very popular feature at camp. Children under the age of seven are required to have an adult with them in the shallow end of the pool, no matter their swimming ability. Adults may be responsible for up to three children at the pool. Children wishing to swim in the deep end must take a swim assessment given by the Lifeguard. Wrist bands for swimming level must be worn in the pool. Often the children who have only moderate ability do not pass the test to go into the deep end. Please prepare your youth ahead of time of the pool and its rules. There is no flexibility in the standards, and that can be disappointing to campers who feel they are better swimmers than demonstrated during their assessment.

No person under the age of 14 may use the **hot tub**. Youth ages 14-17 must have an adult over the age of 25 with them when using the hot tub. A Teen Hot tub time has been set up each evening. Volunteer adults take turns chaperoning the Teen Hot tub throughout the week.

**The mountain weather** in August is usually very pleasant during the day, but can be cool at night. The camp is located at 6,800 feet, and the altitude may affect some family members until they adjust. Be sure to prepare by drinking plenty of water prior to arriving and while at camp. Give yourself 24 hours to get acclimated to breathing the thinner/dryer air. Bring a small fan to use in your room during the day or evening before it cools down. The hum of the fan also helps to block out other noise in the cabin (i.e. someone taking a shower).

**Electronics:** are discouraged at camp. If you need to bring a hand held game for your child, we suggest that you tell your child that they can play with it only in their room during rest times. Wireless accessibility for phones or laptops is extremely limited. We understand that some people will need to check in with work while in camp, but it is *family camp* and we prefer to have limited reminders of our wired lives. Should you need to be on your device, bring a Verizon hot spot with you to camp or make plans to go down the hill midweek to an internet café.



Camp de Benneville Pines  
Canoes at Jenks Lake

### **Dean's Addendum:**

Additional bits and pieces from Camp de Benneville Pines you'll want to know--  
*and we didn't mention yet.*

PSWD Family Camp is a unique week at Camp de Benneville Pines. We are a living and breathing intentional community focused on family. As you will find, this can be both a messy and an amazing opportunity to be loving human beings together.

## **Staff**

We have a talented all-volunteer Program Staff, and their families, creating camp with us. Our Program Staff members have worked many hours before campers arrive to thoughtfully prepare activities for families, and will continue to work throughout the week to ensure a genuine and purposeful camp experience for everyone. Our HQ will be located in Craig's Cabin. Carey Crabbs is our Events Coordinator. Caleb Crabbs is our Outdoor Events Coordinator. Wes Crary is our Environmental Coordinator. Tom Troccoli is our Music Director. Nancy Perez is our Camp Nurse. The Rev. Susan Frederick-Gray is our Minister-of-the-Week. Geoff Anderla is the Pacific Southwest District Camping Ministries Director. We are supported by the de Benneville staff led by Janet James, the camp's Executive Director.

As a camp we do our own set-up and clean up and the de Benneville staff makes the meals, monitors the pool, provides archery, fixes any broken down thing, and maintains the beautiful grounds!

Some of our planned programming includes: morning yoga, day & night hikes, folk dancing, movie night, canoeing/kayaking, pool Olympics, tie dye, archery, youth sleepovers, arts & crafts, and much, much more!

## **Technology**

We observe limited use of technology at camp. This is partially due to the Camp's extremely limited Wi-Fi access and partially due to our intention to be present with our families. So be prepared to "unplug yourself" for the week. In a bind, some of adults simply go down the hill midweek for a couple of hours to get internet access and catch up. Please narrow children's tech usage to your individual cabins and be mindful not to bring those electronics out into the open common areas. Many families strive to get their kids "unplugged" while at camp. Remember, there is no Wi-Fi access for downloading games, music or movies.

## **Alcohol & Smoking**

Some folks choose to bring beer and wine to camp. We ask you to be mindful to keep alcohol put away and to monitor the amount you imbibe. If you are a smoker, you may only smoke on the deck of your cabin. Never smoke inside any

camp building , and never smoke out on the trail or in the forest. All cigarettes must be discarded in the cigarette container on your cabin deck.

### **Fire Drill**

On Monday, there is a **MANDATORY FIRE DRILL** followed by our camp group photo. No camper is exempt from participating in the fire drill (even if they are napping). The alarm is loud and can be startling to young ones who don't expect it. We'll be sure to give lots of reminders and warnings ahead of time, but please talk to your children about the drill and help them anticipate what's coming.

### **Worship**

Each day we offer worship in the morning and vespers in the evening. Our Minister-for-the-Week, the Reverend Susan Frederick-Gray, will be giving us many opportunities to ponder our theme, "Active Hope". These sacred blocks of reflection, while in nature are unique in a too-busy world, and allow us to ponder Reverend Susan's message, share in music led by Tom Troccoli and just be in the awesomeness of the mountain.

If you have further questions or concerns, please contact us at:

[sfunkecrary@gmail.com](mailto:sfunkecrary@gmail.com)

Reverend Matthew & Stephanie Funke Crary

2016 Family Camp Co-Deans

# Camp de Benneville Pines Camp

## Family Camp RULES

1. All persons using the camp facilities must comply with all federal, state and local laws.
2. There is no smoking inside buildings or along trails. Smoking is only allowed on cabin decks or inside enclosed cars. Use the green cigarette containers to dispose of butts.
3. Do not bring non-prescription or recreational drugs (including marijuana) to camp.
4. Wear enclosed toe shoes or boots at all times, unless at the swimming pool.
5. After unloading at your cabin, park your car in the main lot with the back end of your car pointing into the woods. This will help you to leave camp quickly in an emergency. Keep your car keys on you at all times. Bring a spare key and keep in your luggage.
6. In the event of an emergency situation, an alarm will sound. Evacuate your cabin immediately and gather in the volleyball court. Check-in with the Camp Dean or Camp Manager for further instructions.
7. Camp dogs are never to leave the camp premises without permission of the Camp Manager.
8. No weapons or guns may be brought onto the camp premises.
9. No explosives, flammable liquids or poisonous substances shall be brought to camp.
10. Please keep any recorded or amplified music played in the Lodge turned down for background music only, unless it is being used for a workshop or talent show presentation.
11. Persons under the age of 18 may not use the Lodge or Coffee House between midnight and 6 am unless supervised by a person 25 years or older.
12. No one shall use tools, power tools or camp machinery without the permission of the Camp Management. This would include shop tools needed for craft projects.
13. All crafts using spray paint, glitter, wax or plaster must be done outside. These projects are not allowed inside Camp buildings.
14. Camp vehicles will not be used for the transportation of campers except in an extreme medical emergency. Campers and staff must wear seat belts while riding in camp vehicles.
15. The burning of candles, lanterns or incense is not allowed inside any building or recreational vehicle on camp property. Some exceptions may be made in the Lodge for workshop purposes.
- 16. DO NOT BRING YOUR PET TO CAMP. THE ONLY EXCEPTION WE MAKE IS FOR CERTIFIED AND TRAINED ASSISTANCE ANIMALS (such as a Seeing Eye Dog).**
- 17. There is no public WiFi access at camp. Please bring a Verizon Hot Spot if you need to be online.**
18. We DO ASSESS damage charges for graffiti, excessive wear and tear, chewing gum and other adhesives found in the carpet and furniture. Please be careful when using facilities. We want to keep things in good order for the next group.
19. Please close all cabin doors to keep the critters out (and the heat inside during winter)!
20. Carry chains October thru May while traveling in the San Bernardino Mountains.
21. Bring all prescription medications in their original bottle and keep out of reach of children.
22. Keep an eye on your children while in camp. They are always your responsibility. Know where they are playing and what they are doing.
23. Swimsuits are required at the pool and hot tub.
24. No one under the age of 14 is allowed in the hot tub. Youth ages 14-17 must be accompanied by an adult age 25 or older at the hot tub.
25. Never use the hot tub alone. No glass containers or alcoholic beverages allowed at the hot tub.
26. Please keep the following numbers in your wallet or pocket while in camp: Camp Manager's cell 909-435-6298; Maintenance Supervisor's cell 210-216-6125. TEXT or CALL.



# 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
- 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 Thursday banquet

**\*\*Bring all white, 100% cotton item or two (2) in large ziplock baggie for tie-dying!**

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

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

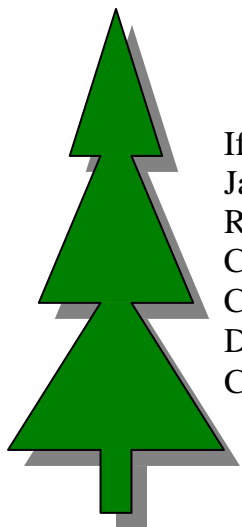
Randy Carroll-Bradd, Camp Caretaker, cell phone (210) 216-6125

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

Camp email: [uucamp@aol.com](mailto:uucamp@aol.com) Camp website: [www.uucamp.org](http://www.uucamp.org)

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

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



## Emergency Information Form - for Families attending Camp de Benneville Pines

This form is required to be completed and on file with the Medical Supervisor during camp only. After camp, the form will be shredded. Camp policy does not include retaining medical records for adult or family campers.

Parent (Primary Insured) at Camp \_\_\_\_\_ Birthdate \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street Address City ST Zip

Second Parent at Camp \_\_\_\_\_ Birthdate \_\_\_\_\_  
Last First Middle

Child Camper \_\_\_\_\_ Birthdate \_\_\_\_\_ Age at camp \_\_\_\_\_  
Last First Middle

Child Camper \_\_\_\_\_ Birthdate \_\_\_\_\_ Age at camp \_\_\_\_\_  
Last First Middle

Child Camper \_\_\_\_\_ Birthdate \_\_\_\_\_ Age at camp \_\_\_\_\_  
Last First Middle

Please include any additional family members on the back

**Please be sure to have your health insurance card with you and accessible to the Health Supervisor at camp**

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

Carrier/Group \_\_\_\_\_ ID or Group# \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone# \_\_\_\_\_

If you have no insurance, please provide Social Security numbers for each family member at camp so that care could be obtained at the County Hospital emergency room

Emergency Contact not at camp: \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Business phone \_\_\_\_\_

**Restrictions** (indicate which family member is affected)

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 & Illnesses** - List all known Describe reaction and usual management of reaction

**Current Medications** (OTC & RX)

If a family member requires an epi pen available at all times, please bring one to camp

I understand that if a family member or I become injured or ill while at camp, the Health Supervisor is authorized to determine if we require care outside the bounds of what is 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 only return with authorization from a physician. I have been made aware that it may take 45 minutes or more, for paramedics to respond to a 911 emergency call. If road conditions are icy or hazardous, it may take substantially longer.

I hereby give permission for the camp Health Supervisor to provide routine health care and emergency medical treatment, including ordering x-rays or routine tests to myself and my family members listed above. 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 to myself or my family members.

I agree to follow the safety rules of the camp and will ensure that my children also follow the rules.

Signature of Parent at Camp \_\_\_\_\_ Date \_\_\_\_\_

Signature of Second Parent at Camp \_\_\_\_\_ Date \_\_\_\_\_

Camp Dates

Cabin

Family Name

**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 \_\_\_\_\_

# 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

FORM 4 (2 of 2)

**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.

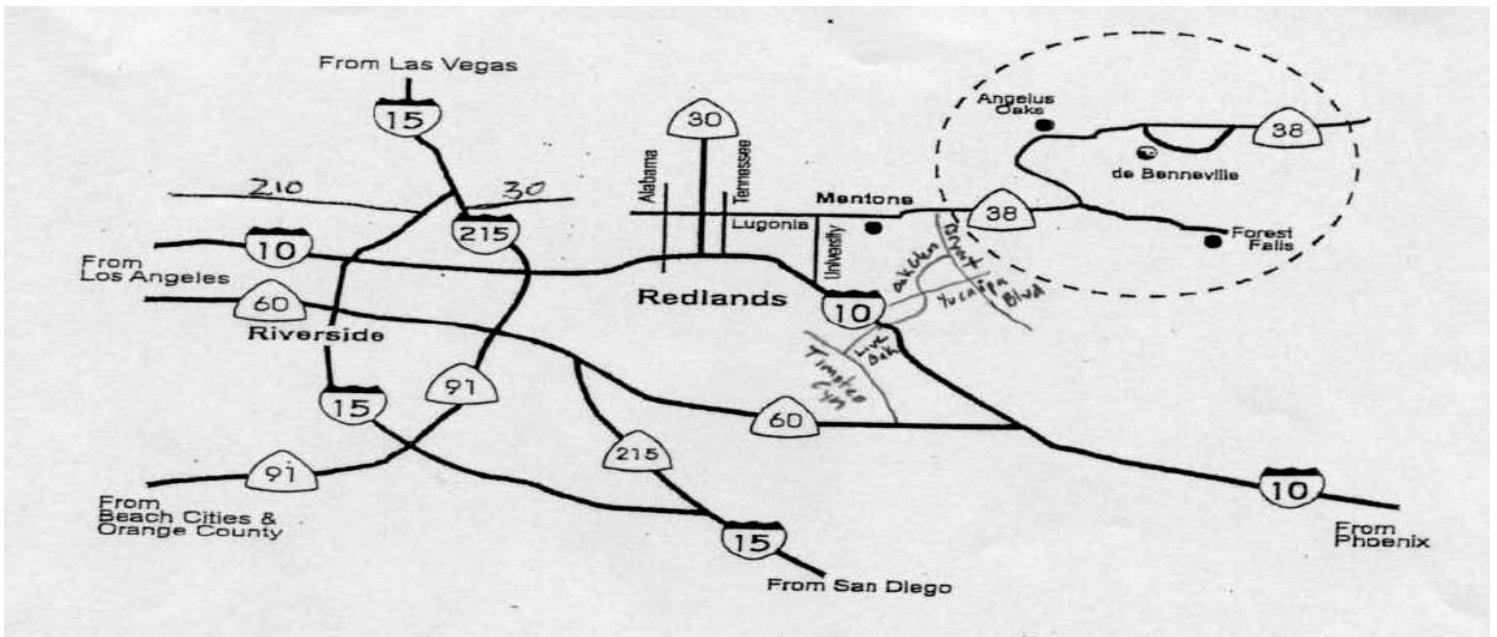
Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

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 \_\_\_\_\_

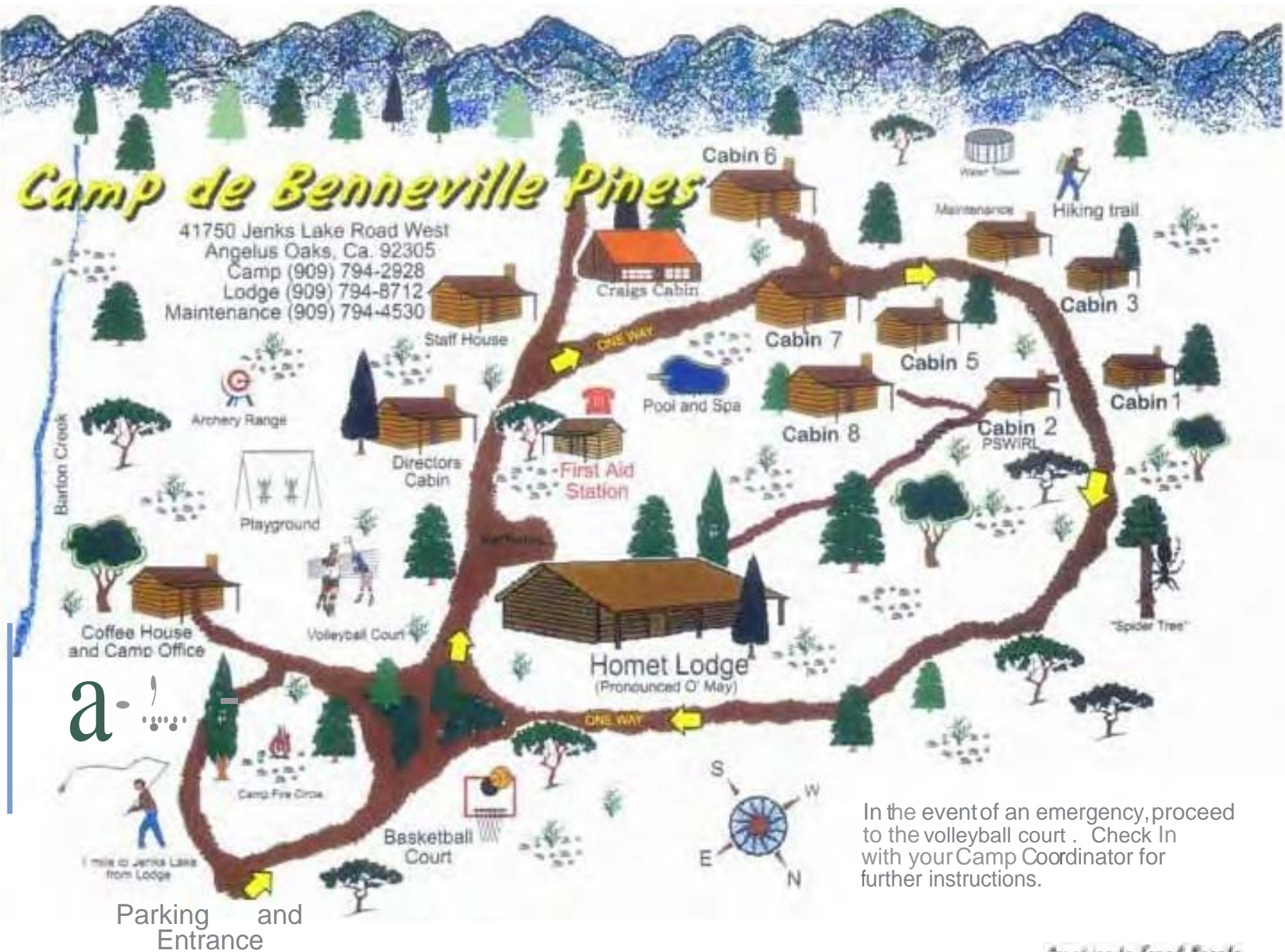
## DIRECTIONS



- 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.