PSWD JUNIOR HIGH CAMP SUMMER 2016



CAMPER PACKET

CAMP DE BENNEVILLE PINES

June 2016

Dear Junior High Campers and Parents,

We are writing to you let you know what to expect before you get to camp! Deans of Jr. High camp 2016: Kathleen is the Director of Children and Family Ministry at the Palomar UU Fellowship in Vista, CA where she creates a dynamic RE program for K-12th graders each week! Marianne has been an active member at PUUF for 9 years and been on staff for elementary and junior high camps in the past 4 years! We are both eager to create an inclusive and creative space for all of our campers this July!!

Our theme this year is "Camp Journeys"! Being a Unitarian Universalist means acting in a way that reflects our beliefs and our principles. Because ours is a creedless faith, defining what it means to be a UU can be challenging. We often welcome such a challenge! We will

be exploring how Unitarian Universalism translates into life choices and everyday actions. In small groups, we will take journeys together in nature, art, creating worship, fun and what it means for each of us as individuals to be UU.

Campers should plan to bring props for themed dinners: Inside Out, Crazy Hair, Crazy hats and sunglasses, and Favorite Color/T-Shirt. Campers will participate in all their camp favorites; dress your counselor night, movie night, HUUP groups (small discussion groups), hiking to Jenks Lake, archery, Night Crossing (a nighttime version of "tag"), games, music, swimming, arts and crafts, Friday Night 1st annual Dinner Theater/Variety Show. We look forward to campers bringing their talents of all kinds; Music, Dancing, Singing, Magic, Comedy, Theater, Martial Arts or other (Kendama, Yoyo, Juggling, etc...)!! Your talents are unique to you!

Important things you need to know before you come to camp!

Campers will be signing up for room assignments when they get to camp, so be there on time. If you want to room with a specific person, please make sure you are checking in at the same time. This was very successful last year!

Please remember to bring: a reusable water bottle (we all have higher water consumption needs at higher altitudes, and camp staff will proactively have campers drink water often), good hiking shoes, items for tie dyeing (100% cotton pre-washed and please include a ziploc plastic bag as well, so the dyed item can go home safely. Even if your camper says they

don't want to tie-dye, please send something just in case), dark colored clothes for Night Crossing, a flashlight, musical instruments or other props for Variety Show, dress clothes (optional) for the dinner theater, and fun props for Dress your Counselor Night!

Please do not send electronics with your campers! It is fine to bring something to listen to music at bedtime, but it needs to include ear buds, and it will be put away in a counselor room during the day. No video games, cell phones, laptops, iPads, CD players, etc. are allowed. We do encourage campers to bring cameras and ask that they bring only actual cameras, not phone cameras.

No food is allowed in the cabins, including gum. Please don't send food with your camper or mail it to them during camp. If your camper has special dietary needs or may require

additional snacks, please give all food supplements to the camp nurse at check-in so your child will have access to it as needed.

*****We will be having henna workshops this year at camp. Everyone who wants to participate <u>MUST</u> have a permission slip on file. Permission slips will be added into the camper packet.****

*****Please take time to read over the enclosed <u>Camp Covenant</u> and discuss it with your camper. It contains some very important information about camp expectations and the community we intend to create. It will need to be signed by both camper and parent/guardian before any camper can be fully checked-in.*****

This summer, like the last two, we will be participating in a special service project! We are asking that each camper brings one OR MORE non-perishable canned food items to camp. At the end of the week, we will take the food to a local food bank close to camp, so that we are giving back to our beloved mountain community!

Check-in time is between 2pm - 5pm on Sunday, July 17. Please give yourselves time to get acquainted with the property and get your camper all moved in by 5pm. Once your camper is checked-in, you will be able to leave. Please allow at least 30 minutes for the check-in process, although sometimes longer lines move more slowly (the check-in process includes turning in paperwork, going to the cabin, making a name tag, etc.) Please do not check-in prior to 2pm! Sunday is also staff training time and we are often setting up minutes before check-in opens.

REMEMBER: Campers will be signing up for room assignments when they get to camp, so be there on time. If you want to room with a specific person, please make sure you are checking in at the same time. This was very successful last year!

Final check-out is between 11am and Noon on Saturday, July 23rd.

<u>ONE MORE THING</u>: We have created a CLOSED Facebook Group for Families to see what's going on at camp during the week; staff will be uploading pics periodically! You will need to agree or opt out for this when signing the camp covenant. If you do not want your child photographed, then please make that clear when signing the covenant. Remember, the posts and photos can only be accessed by Jr. High Camp Staff and families of Jr. High Campers once parents ask to join and are accepted. Access to the group can be found at: Camp de Benneville Pines Jr High Summer Camp 2016 at: https://www.facebook.com/groups/JrHigh2016/

Please feel free to contact us about any specific questions you may have about Jr. High Summer Camp! We are looking forward to seeing you soon :)

Your Jr. High Summer Camp Co-Deans, Kathleen Moscato <u>kathleenmoscato@gmail.com</u> (760-521-9757) and Marianne Swift-Gifford <u>mswiftqifford@yahoo.com</u> (760-908-1799) call or text:)

YOUTH CODE OF CONDUCT AGREEMENT Junior High Summer Camp 2016

I have read and understand the rules of camp and agree to abide by them while in attendance at camp. I agree to accept established consequences in the unfortunate event I violate these rules or engage in any activity or behavior which is disruptive to the camp community. Furthermore, I pledge to be an active participant in the building and nurturing of a loving spiritual community and to conduct myself in a manner which is respectful of myself and others.

	Signature of Camper	Date	Age	Birth date
	Camper Email:	Camper Cell:		
	PARENT ACCOUNTABILITY S	TATEMENT		
Ju rul no	am aware my child/ward will be attending the PSWD Junior High Youth aly 23, 2016. As parent/guardian of, les for camp and am aware that there are set consequences for the violation comply with the rules of camp as published and posted at camp, I will athout refund of any camp fees.	I have completed ion of these rules. I a	ly read and u gree that if	inderstand the my child does
	Furthermore, should my child be responsible for damaging property of another camper, I will pay to repl			
no	nould my child, for any reason, need to be sent home prior to the tavailable to pick up my child, the name of the responsible adult hild is:			
	Full Name of Adult in case of Parent/Guardian not available	Rel	ationship	
	Best Contact Phone Number(s):	TCI.	штопыпр	
	I have contacted said person, and they have agreed	to he responsib	le in my	ahsence
	Thave conducted said person, and they have agreed	To be responsible		7
	Signature Parent/Guardian		Date	-
	Email:			
	give my permission for my child to be photographed or videotaped photos/video to be used in Camp de Benneville Pines and PSWD publications.		np activities	and for the
	Initials		Γ	Date
_	give permission for my child to be contacted by Camp de Benneville Pinewsletter and camp related information.	es via email and/or F	acebook to	receive camp
	Initials		I	Date

PACIFIC SOUTHWEST DISTRICT YOUTH CAMP BEHAVIOR POLICIES

- 1. All camper housing is in single-sex cabins.
- 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 pm to 7:30 am
 Lights Out for Junior High Youth Camp is 11:00 pm to 7:30 am
 Lights out for Senior High Youth Camp is midnight to 7:30 am
- 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 (4) 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 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. (INCLUDED IN CAMPER PACKET)
- 16. All parents must sign the Parent Accountability Statement. (INCLUDED IN CAMPER PACKET)
- 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.

Camp de Benneville Pines Jr High Summer Camp 2016 Camp Covenant

In the spirit of maintaining a healthy camp community, all campers and staff who participate in Junior High Summer Camp at Camp de Benneville Pines are asked to agree to the following expectations. We will refer back to this covenant throughout camp as necessary to ensure that we maintain a safe and loving space for everyone.

Jr High campers are expected to:

- * Treat other campers and camp staff with respect
- * Allow other campers to have the physical space they need to feel comfortable
- * Talk to their counselors and/or the Deans if they feel uncomfortable
- * Not physically hurt any other camper or staff member
- * Respect the property of all others and not touch other people's things without permission
- * Use kind and thoughtful language when expressing how they feel
- * Stay within approved areas for camp activities
- * Travel around camp in groups of three or more
- * Ask for help if they need some time to themselves
- * Listen to and follow the guidance of their counselors and other staff
- * Challenge themselves to try something new every day.

Camp counselors, program staff and Deans will:

- * Listen to campers when they have concerns
- * Do everything they can to ensure the safety of all campers
- * Respect campers' rights to privacy when sharing their feelings and concerns
- * Speak directly to campers who have violated the covenant
- * Remove campers from activities when they put others in physical or emotional danger
- * Provide an inclusive and encouraging community to all campers

Camper parents/guardians will:

- * Speak to their camper about the covenant to ensure that expectations are understood
- * Be available to the Deans for phone conversations during the week of camp
- * Communicate openly with the Deans about specific needs of their camper and any concerns they may have about attending a sleep-away camp

We understand the convenant and agree to what it says. We know that there can be consequences when campers break the covenant, which may include time to sit out of an event or activity, a call home to a parent, or in more extreme cases, being sent home. We agree to be engaged in a compassionate camp community and to act in ways that are respectful to ourselves, to other campers, and to camp staff.

Camper Printed Name:	Camper Signature:	
Date:		
Parent/Guardian		
Signature:		
Camp de Benneville Pines/PSWD publications, pro	d or videotaped participating in camp activities and for the photos/videos to be us notions, and on the Closed (for Jr High staff and campers' families only) Facebook p 2016 at: https://www.facebook.com/groups/JrHigh2016/	
Signature of parent/Guardian:		
Date updated 6/29/16		

Junior High Camp Summer 2016

Arrival and Departure Times:

Check-in will be from 2:00pm to 5:00pm on Sunday, July 17, 2016. Please be sure to bring all completed forms with you at that time.

If your camper is riding with another family, be doubly sure that all the forms are completed and that they arrive with your child. No camper may remain in camp without all forms completed and signed by parent or guardian.

Please pick up your camper between 11:00am and 12:00pm on Saturday, July 23, 2016. Attending the camp closing is an important part of the camp experience. Please do not pull your camper out of the closing. Coffee and restrooms are available at the lodge if you arrive before the closing has wrapped up. The last meal served on Saturday will be breakfast, so please feel free to pack a snack or picnic lunch for your camper to enjoy in the car. There will be no supervision provided at camp after 12:30pm on the day of departure.

Arranging Transportation:

If your camper needs a ride to camp or you can offer another camper a ride, please send a message to the camp registrar explaining your need. The registrar can be reached via email at registrar@uucamp.org or via a phone message, 909-794-1252. She will send your request out via email to families coming from your area. Please do not wait until the last minute to arrange a ride for your camper.

Health and Safety:

Enclosed are several forms. **The forms must be filled out completely.** No camper may check in without having **ALL** forms completed and signed by a parent or guardian. Please fill out the appropriate health form. Two choices are included in this packet. Campers without completed forms will not be allowed to stay at camp. **NO EXCEPTIONS.**

De Benneville Pines Camp Policy:

We are dedicated to providing a safe and fun community for youth and staff. Disruptive items and behaviors threaten the peace and safety of the community. We therefore have rules that we ask all campers and staff to adhere to. Please review with your camper the "PSWD Youth Camp Behavior Policies", included in this packet, then have your camper read and sign the "CODE OF CONDUCT". The guidelines and rules will be reviewed on the first day of camp.

Registration Refund Policy:

Should your camper need to cancel camp prior to arrival for any reason, the \$75 deposit is non-refundable. If your camper needs to leave camp early for any reason, the full camp fee is non-refundable. In some instances, camp fees may be transferable to a future Youth Camp. This generally pertains to a camper who has to leave camp due to illness or injury.

Theft and Missing Articles Policy:

Neither the camp, nor its employees will be held financially responsible for any lost or stolen clothing, articles or money. Please send only used or worn equipment to camp. We encourage campers to leave valuable items and new clothing at home. Should your camper have a tendency to misplace things, please mark their name on all items. Any Lost & Found articles are held at camp for four weeks, and if claimed, will be shipped to camper at the owner's expense. All unclaimed L & F items will be donated to local families in need or Goodwill.

Telephone Policy:

Please <u>do not send electronics or cell phones</u> with your camper. Music players with earbuds will be allowed at bedtime only. No video games, cell phones, laptops, iPads, CD players, etc. will be allowed. We UNPLUG at camp. Please have your camper bring an actual camera. We encourage photo taking, but since cells phones are not allowed, do not send a cell phone for its camera feature.

Please allow your camper time to adjust to camp without phone calls from home. Campers are rarely near a phone and it can be difficult to locate them quickly. Non-emergency calls are highly discouraged. Please do not ask your camper to call home routinely, and do not send your camper to camp with a cell phone. Unnecessary phone calls can disrupt your camper's emotional state and make them feel homesick. Encourage your camper to write a postcard or letter, and send them mail from home.

If you have an emergency, please call the camp office at 909-794-2928 or reach the Camp Manager, Janet James, directly on her cell phone 909-435-6298.

Camp Mailing Address:

Camp de Benneville Pines 41750 Jenks Lake Rd W Angelus Oaks, CA 92305

Camp Store:

During summer camp, the store will be open daily for campers, and again during check out for parents, so please only send a modest amount of money with your camper for the store. Any T-shirt or hoodie purchases can take place with your credit card on the day of pick up.

If you have any questions or need clarification about the policies and procedures in this packet, please feel free to contact Geoff Anderla, the camping ministries director at pswdcmd@gmail.com or call Geoff on his cell phone: 623-252-5619.

Camp de Benneville Pines Junior High Camp

July 17 to 23, 2016

Henna Art Workshop Permission Form

I give consent for my child/youth to participate in the Henna Art Workshop sponsored by Camp de Benneville Pines/PSWD Junior High Camp. Henna is an herb that can be used to create temporary coloring on the skin that can last three days to three weeks.

Youth Name:	
Signature of parent/guardian:	Date:

W.

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

Camp Dates_

	(1	
	٤		
	2	Ţ	
	2	2	
	5		
	9	1	
	۶	=	
	Š		
	١	'	
١			

Camper Name	Eirot	Middle	Birthdate		Age at car	mp
Address						
Street Address			City		ST	Zip
Custodial Parent/Guardian _			Home phone			
Cell phone			Business pho	ne		
	Will you be	out of town wh	ile your child is at ca	amp? Y /	N	
Additional Parent/Guardian of	or Emergency Contac	ct (Required)				
Home Phone	Cell pl	hone	Bı	usiness phon	ne	
If not available in an emerg	ency, notify:			Relatio	onship	
Home Phone	Cell pl	hone	B	usiness phor	ne	
nsurance Information			nedical/hospital insu			
f yes, carrier or group name _				-		
	Attach photocopy of					
IMP0 Parent/Guardian Authorizati	DRTANT - These		<u> </u>			
administer prescribed medica the release of any records ne arrange necessary related tra permission to the physician s named above. This complete	ntions, and seek emer cessary for treatment insportation for my ch elected by the camp to form may be photoco	rgency medical t, referral, billing nild. In the eve to secure and a opied for trips o	treatment, including g or insurance purpont I cannot be reach administer treatment out of camp.	g ordering x-ranses. I give placed in an emet, including he	ays or routin permission to ergency, I he ospitalization	e tests. I agree the camp to reby give a, for the child
permission to engage in all ca administer prescribed medica the release of any records ne arrange necessary related tra permission to the physician s named above. This complete Signature of parent/guardian	ntions, and seek emer cessary for treatment insportation for my ch elected by the camp t form may be photoco	rgency medical t, referral, billing hild. In the eve to secure and a opied for trips o	treatment, including or insurance purpornt I cannot be reach administer treatment out of camp.	g ordering x-r oses. I give p led in an eme t, including ho	ays or routin permission to ergency, I he ospitalization	e tests. I agree to the camp to reby give a, for the child
administer prescribed medica the release of any records ne arrange necessary related tra permission to the physician s named above. This complete	ntions, and seek emer cessary for treatment insportation for my ch elected by the camp t form may be photoco	rgency medical t, referral, billing hild. In the eve to secure and a opied for trips o	treatment, including or insurance purpornt I cannot be reach administer treatment out of camp.	g ordering x-r oses. I give p led in an eme t, including ho	ays or routin permission to ergency, I he ospitalization	e tests. I agree to the camp to reby give a, for the child
administer prescribed medica the release of any records ne arrange necessary related tra permission to the physician s named above. This complete Signature of parent/guardian	ntions, and seek emer cessary for treatment insportation for my ch elected by the camp t form may be photoco	rgency medical t, referral, billing hild. In the eve to secure and a opied for trips o	treatment, including g or insurance purpoint I cannot be reach administer treatment out of camp.	g ordering x-rapses. I give pled in an emet, including he	ays or routin permission to ergency, I he ospitalization	e tests. I agree to the camp to reby give a, for the child
administer prescribed medicathe release of any records nearrange necessary related trapermission to the physician snamed above. This complete Signature of parent/guardian Printed name	tions, and seek emer cessary for treatment insportation for my ch elected by the camp t form may be photoco	rgency medical t, referral, billing hild. In the eve to secure and a opied for trips of	treatment, including or insurance purpornt I cannot be reach administer treatment out of camp.	g ordering x-riposes. I give pled in an emet, including he	ays or routin permission to ergency, I he ospitalization	e tests. I agree to the camp to reby give a, for the child
administer prescribed medica the release of any records ne arrange necessary related tra permission to the physician s named above. This complete Signature of parent/guardian Printed name I understand and agree to ab Signature of minor	tions, and seek emer cessary for treatment insportation for my ch elected by the camp t form may be photoco	rgency medical t, referral, billing hild. In the eve to secure and a opied for trips of	treatment, including or insurance purpornt I cannot be reach administer treatment out of camp.	g ordering x-ripses. I give pled in an emet, including he Date	ays or routin permission to ergency, I he ospitalization	e tests. I agree to the camp to reby give a, for the child
administer prescribed medica the release of any records ne arrange necessary related tra permission to the physician s named above. This complete Signature of parent/guardian Printed name I understand and agree to ab Signature of minor * If for religious rea	ations, and seek emer cessary for treatment insportation for my che elected by the camp to form may be photoco	rgency medical t, referral, billing hild. In the eve to secure and a opied for trips of	treatment, including or insurance purpornt I cannot be reach administer treatment out of camp. To participation in came amp for a legal waiver was a legal waiver wa	g ordering x-ripses. I give pled in an emet, including he Date	ays or routin permission to ergency, I he ospitalization	e tests. I agree to the camp to reby give a, for the child
administer prescribed medica the release of any records ne arrange necessary related tra permission to the physician s named above. This complete Signature of parent/guardian Printed name I understand and agree to ab Signature of minor * If for religious rea Restrictions (the following restrictions)	ations, and seek emer cessary for treatment insportation for my che elected by the camp to form may be photoco	rgency medical t, referral, billing hild. In the eve to secure and a ppied for trips of s placed on my his, contact the ca	treatment, including or insurance purpoint I cannot be reach administer treatment out of camp. To participation in came amp for a legal waiver work.	g ordering x-ripses. I give pled in an emet, including he pate Date Date Date	ays or routin permission to ergency, I he ospitalization	e tests. I agree to the camp to reby give a, for the child
administer prescribed medica the release of any records ne arrange necessary related tra permission to the physician s named above. This complete Signature of parent/guardian Printed name I understand and agree to ab Signature of minor * If for religious rea Restrictions (the following restrictions)	itions, and seek emer cessary for treatment insportation for my chelected by the camp to form may be photocodide by any restrictions asons you cannot sign the consapply to this individual - one apply to this individua	rgency medical t, referral, billing hild. In the eve to secure and a opied for trips of s placed on my his, contact the ca- circle items that app ets Poultry	treatment, including or insurance purpornt I cannot be reach administer treatment out of camp. To participation in came amp for a legal waiver work.	g ordering x-ripses. I give pled in an emet, including he pate Date Date Date Other (describ	ays or routin permission to ergency, I he ospitalization	e tests. I agree to the camp to reby give a, for the child
administer prescribed medica the release of any records ne arrange necessary related tra permission to the physician s named above. This complete Signature of parent/guardian Printed name I understand and agree to ab Signature of minor * If for religious rea Restrictions (the following restriction Does not eat: Red Meat	itions, and seek emer cessary for treatment insportation for my chelected by the camp to form may be photocodide by any restrictions asons you cannot sign the consapply to this individual - one apply to this individua	rgency medical t, referral, billing hild. In the eve to secure and a opied for trips of s placed on my his, contact the ca- circle items that app ets Poultry	treatment, including or insurance purpornt I cannot be reach administer treatment out of camp. To participation in came amp for a legal waiver work.	g ordering x-ripses. I give pled in an emet, including he pate Date Date Date Other (describ	ays or routin permission to ergency, I he ospitalization	e tests. I agree to the camp to reby give a, for the child
administer prescribed medica the release of any records ne arrange necessary related tra permission to the physician s named above. This complete Signature of parent/guardian Printed name I understand and agree to ab Signature of minor * If for religious rea Restrictions (the following restriction Does not eat: Red Meat Explain any restrictions to active	ations, and seek emer cessary for treatment insportation for my ch elected by the camp to form may be photoco dide by any restrictions asons you cannot sign the ons apply to this individual - on Pork Dairy Product wity (what cannot be done,	rgency medical t, referral, billing hild. In the eve to secure and a ppied for trips of s placed on my his, contact the ca circle items that app what adaptations or	treatment, including or insurance purport I cannot be reached administer treatment out of camp. Transport participation in came amp for a legal waiver was seafood Eggs limitations are necessary	g ordering x-ripses. I give pled in an emet, including he pate	ays or routin permission to ergency, I he ospitalization	e tests. I agree to the camp to reby give a, for the child
administer prescribed medica the release of any records ne arrange necessary related tra permission to the physician s named above. This complete Signature of parent/guardian Printed name I understand and agree to ab Signature of minor * If for religious rea Restrictions (the following restriction Does not eat: Red Meat Explain any restrictions to active Allergies - List all known	itions, and seek emer cessary for treatment insportation for my chelected by the camp to form may be photocodide by any restrictions asons you cannot sign the ons apply to this individual - one wity (what cannot be done, Describe	rgency medical t, referral, billing hild. In the eve to secure and a ppied for trips of s placed on my his, contact the ca circle items that app what adaptations or	treatment, including or insurance purpornt I cannot be reach administer treatment out of camp. To participation in came amp for a legal waiver work.	g ordering x-ripses. I give pled in an emet, including he pate	ays or routin permission to ergency, I he ospitalization	e tests. I agree to the camp to reby give a, for the child
administer prescribed medica the release of any records ne arrange necessary related tra permission to the physician s named above. This complete Signature of parent/guardian Printed name I understand and agree to ab Signature of minor * If for religious rea Restrictions (the following restriction Does not eat: Red Meat Explain any restrictions to active Allergies - List all known	itions, and seek emer cessary for treatment insportation for my chelected by the camp to form may be photocodide by any restrictions asons you cannot sign the one apply to this individual - or Pork Dairy Productivity (what cannot be done, Described)	rgency medical t, referral, billing hild. In the eve to secure and a ppied for trips of s placed on my his, contact the ca circle items that app what adaptations or	treatment, including or insurance purport I cannot be reached administer treatment out of camp. Transport participation in came amp for a legal waiver was seafood Eggs limitations are necessary	g ordering x-ripses. I give pled in an emet, including he pate	ays or routin permission to ergency, I he ospitalization	e tests. I agree to the camp to reby give a, for the child
administer prescribed medica the release of any records ne arrange necessary related tra permission to the physician s named above. This complete Signature of parent/guardian Printed name I understand and agree to ab Signature of minor * If for religious rea Restrictions (the following restriction Does not eat: Red Meat Explain any restrictions to active Allergies - List all known Medications:	itions, and seek emer cessary for treatment insportation for my chelected by the camp to form may be photocodide by any restrictions asons you cannot sign the ons apply to this individual - one pork Dairy Productivity (what cannot be done, Described Descri	rgency medical t, referral, billing hild. In the eve to secure and a ppied for trips of s placed on my his, contact the ca circle items that app what adaptations or	treatment, including or insurance purport I cannot be reached administer treatment out of camp. Transport participation in came amp for a legal waiver was seafood Eggs limitations are necessary	g ordering x-ripses. I give pled in an emet, including he pate	ays or routin permission to ergency, I he ospitalization	e tests. I agree to the camp to reby give a, for the child
administer prescribed medica the release of any records ne arrange necessary related tra permission to the physician s named above. This complete Signature of parent/guardian Printed name I understand and agree to ab Signature of minor * If for religious rea Restrictions (the following restriction Does not eat: Red Meat Explain any restrictions to active Allergies - List all known Medications: Foods:	itions, and seek emer cessary for treatment insportation for my chelected by the camp to form may be photocodide by any restrictions asons you cannot sign the ons apply to this individual - or Pork Dairy Productivity (what cannot be done, Described)	rgency medical t, referral, billing hild. In the eve to secure and a opied for trips of s placed on my his, contact the ca- circle items that app ots Poultry what adaptations or he reaction and	treatment, including or insurance purpornt I cannot be reach administer treatment out of camp. To participation in camp amp for a legal waiver work of the color	p ordering x-ripses. I give pled in an emet, including he pled in an emet, including he pled in a pled in	ays or routin permission to ergency, I he ospitalization signed for attent be)	e tests. I agree to the camp to reby give a, for the child
administer prescribed medica the release of any records ne arrange necessary related tra permission to the physician s named above. This complete Signature of parent/guardian Printed name I understand and agree to ab Signature of minor * If for religious rea Restrictions (the following restriction Does not eat: Red Meat Explain any restrictions to active Allergies - List all known Medications: Foods: Other: (include insect stings, hay feve	itions, and seek emer cessary for treatment insportation for my chelected by the camp to form may be photocodide by any restrictions asons you cannot sign the ons apply to this individual - or Pork Dairy Productivity (what cannot be done, Described)	rgency medical t, referral, billing hild. In the eve to secure and a opied for trips of s placed on my his, contact the ca- circle items that app ots Poultry what adaptations or he reaction and	treatment, including or insurance purport I cannot be reached administer treatment out of camp. Transport participation in came amp for a legal waiver was seafood Eggs limitations are necessary	p ordering x-ripses. I give pled in an emet, including he pled in an emet, including he pled in a pled in	ays or routin permission to ergency, I he ospitalization signed for attent be)	e tests. I agree to the camp to reby give a, for the child
administer prescribed medica the release of any records ne arrange necessary related tra permission to the physician s named above. This complete Signature of parent/guardian Printed name I understand and agree to ab Signature of minor * If for religious rea Restrictions (the following restriction Does not eat: Red Meat Explain any restrictions to active Allergies - List all known Medications:	itions, and seek emer cessary for treatment insportation for my chelected by the camp to form may be photocodide by any restrictions asons you cannot sign the ons apply to this individual - or Pork Dairy Productivity (what cannot be done, Described)	rgency medical t, referral, billing hild. In the eve to secure and a opied for trips of s placed on my his, contact the ca- circle items that app ots Poultry what adaptations or he reaction and	treatment, including or insurance purpornt I cannot be reach administer treatment out of camp. To participation in camp amp for a legal waiver work of the color	p ordering x-ripses. I give pled in an emet, including he pled in an emet, including he pled in a pled in	ays or routin permission to ergency, I he ospitalization signed for attent be)	e tests. I agree to the camp to reby give a, for the child

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

ı	FO	R٨	Λ.	1 (2	Λf	2
		nιν	"	41	_	9 1	_

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 o	ne:	the camper takes NO medica	ations o	n a r	outine	e basis the camper <i>takes medications</i> as follows	:		
	Med #1		Dosage	е		Specific times taken each day			
Reason for taking									
-		Dosage	e		Specific times taken each day				
		for taking							
				h addit	ional pa	ages for more medications			
Genera	l Questic	ons (explain "yes" answers below)							
1	Had any re	cent injury, illness or infectious disease?	Y /	N	16	Ever had a back problem?	Υ	/	N
2		onic or recurring illness/condition?	Υ /	N	17	Ever had problems with joints (e.g. knees, ankles)?	Υ	/	N
3	Ever been	hospitalized?	Υ /	N	18	Have an orthotic appliance being brought to camp?	Υ	/	N
4	Ever had s	urgery?	Υ /	N	19	Have any skin problems (e.g. itching, rash, acne)?	Υ	/	N
5	Have frequ	ent headaches?	Υ /	N	20	Have diabetes?	Υ	/	N
6		head injury?	Υ /		21	Have asthma?	Υ		
7		knocked unconscious?	Υ /		22	Had mononucleosis in the past 12 months?		/	
8		ses, contacts, or protective eyewear?	Υ /	_	23	Had problems with diarrhea/constipation?		/	
9		requent ear infections?	Υ /		24	Have problems with sleepwalking?		/	
10	-	ed out during or after exercise?	Υ /	_	25	If female, have an abnormal menstrual history?	Υ		
11		dizzy during or after exercise?	Y /		26	Have a history of bed-wetting?	Y		
12	Ever had s		Y /		27	Ever had an eating disorder?		/	
13		hest pain during or after exercise?	Y /		28	Waived or missed any scheduled immunizations?	Υ	/	N
14		igh blood pressure? diagnosed with a heart murmur?	Y /		29	Ever had emotional difficulties for which professional help was sought?	Υ	/	N
Dlagge			mah ar a	f tha	au o o t	iona			
riease	explain a	my yes answers, noting the nu	illibei o	ııne	quesi	ions:			
Name of	of family	physician						_	Phone
Name	of family	dentist/orthodontist						_	Phone
						ne camp staff should be aware of regarding the campers b			rand
	-		-				CHA	VIO	i ana
physica	ıl, emotior	nal, or mental health:							
		Authorization to T	reat [Duri	ng 1	Fransportation/Carpooling to Camp			
Dannel	! - -								
	ssion Fo				_				
						neville Pines near Angelus Oaks, California. I understand			
						as been properly checked in at the time of registration. For			
						o longer responsible for the safety of my child. Unless oth			
		e, my child has permission to ca i ck your child up from camp, i				camp with the following adults (please include names o	t all	ad	ults
permi	itea to pi	ick your crind up from camp, i	iriciuali	ny pa	<u>irents</u>)].			
Name						Home Phone	Cell	Pł	<mark>none</mark>
Name						Home Phone	Cell	Pł	none
Name				Ho	ome F	Phone Cell Phone			
Namo						Phone Cell Phone			
<u>ivame</u>				п	ome F	rione Celi Prione			
Emore	τορονν Λ	uthorization to Treat:							
-			امما مما	4 1	h			- 1 6	
						y child/ward's driver to order x-rays, routine tests and trea			
						rgency, I hereby give permission to the physician selected			
						d to order injection and/or anesthesia and/or surgery for			
						neither de Benneville Pines, Inc., nor the Pacific South	wes	יט	istrict 0
		niversalist Association is respon		-					
	•					Date			_
During	the times r	my child will be transported to and fro	om camp	o, you	should	d be able to reach me:			
To Car	mp - Phor	ne				Alternate Phone			
						Alternate Phone			

Emergency Information Form – Adults at Camp de Benneville Pines

Name		DOF	3
Address	City	ST	Zip
Home Phone#	Cell Phone#		
Medical Insurance Company	Pho ne#		
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, envi	ronmental factors (use other side	e for additional infor	mation):
Known medical problems/conditions and medical treatment to	that may be needed at camp (use	e other side for addit	ional information):
Please list all medications; OTC & RX that you will be takin	g while at camp (use other side for	or additional inform	ation):
I understand that if I become injured or ill while at camp, the bounds of that available in our wilderness setting. Due to de 12 hours may be asked to leave camp, and may return only take 45 minutes or more for paramedics to respond to a 911 can take substantially longer. I agree to follow the safety runties form is for use by the Health Supervisor during camp only. After	Benneville's isolation and elevate with authorization from a physic energency call. If road conditionless of the camp.	tion, any camper re cian. I have been a ons are icy or hazai	emaining ill for more than made aw are that it can rdous, it
Option 1			
I hereby give permission for the camp first aid person to pr x-rays or routine tests. I agree to the release of any records I give permission to the retreat organizers or the camp sta hereby give permission to the physician selected by the r hospitalization.	s necessary for treatment, referr ff to arrange necessary related	al, billing or insura transportation. In	nce purposes. In the event of an emergency, I
Signature of Adult Camper/Participant		Date	
Option 2			
Although I understand that my medical information is bei emergency, loss of consciousness or inability to make a impossible for the Health Supervisor to provide approp information.	decision on my own, and that	t not having this	information may make it
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/ repellant
- 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!



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

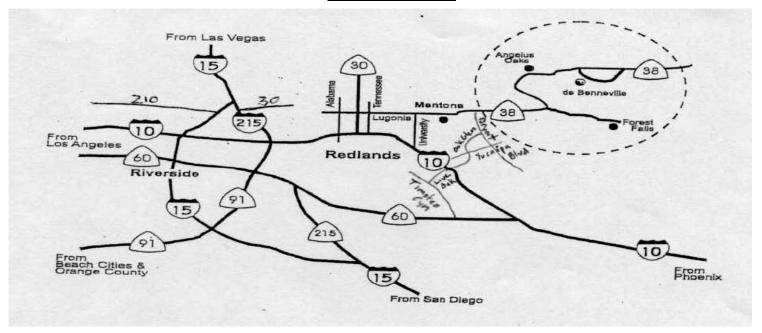
Camp email: uucamp@aol.com Camp website: www.uucamp.org

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

Take the 101 East to the 134 East to the 210 East. In Redlands, exit at San Bernardino Avenue.

Fernando Go through the light to the next street, Lugonia/Hwy 38. Turn left. Follow the directions IN BOLD

below from Hwy 38.

Valley:

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 $5\frac{1}{2}$ miles. Turn right on West Jenks Lake Road. The sign for Camp de Benneville Pines will be on the right approximately $1\frac{1}{2}$ 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.)

