



Camp Whittier

2010 Counselor in Training (CIT)

Application

A CIT is a young adult between the age of 14-17 that is the “in-between” of camper & Counselor. During camp sessions they participate in their own leadership program, as well as assist with setting up and facilitating camper activities. A CIT is still technically a camper and therefore still bound by most of the same rules and code of conduct as regular campers. CIT programs teach management and leadership skills and can provide basic training in such skills as group leadership, time management, and a variety of outdoor skills. CIT programs can lead to leadership opportunities at school, in extracurricular activities, and at future jobs.

Completed applications must be turned in by July 1 2010 and will be reviewed by our Summer Camp Director and CIT Director. One of our Director’s will call those whom have passed the application process, to conduct an over the phone interview, interviews will be conducted during the month of June, as applications are received.

Which Session are you applying for? (You may apply for more than 1)

- Operation Purple week July 11-17 Session 1 July 19-23 Session 2 July 26-30 Session 3 August 2-6

Camper Information

Last Name _____ First Name _____ Age as of 7/21/10 _____ Sex _____ DOB _____

Primary Parent/Guardian Information

Name _____ Main Phone# _____ Alternate Phone# _____

Email Address _____ Address _____

City _____ Zip _____

Emergency Contact

Secondary Parent/Guardian Name _____ Main Phone # _____ Alternate Phone# _____

Alternate Adult Contact Name _____ Main Phone # _____ Alternate Phone # _____

CIT/Camper CODE OF CONDUCT

Parents: The following are Camp Whittier’s behavior expectations for CIT/campers during the camp session. Please read through the Code of Conduct with your child before camp starts.

While at Camp Whittier I agree to:

★ Be a responsible member of the camp community	★ Resolve differences in a respectful manner
★ Be considerate & respectful of others’ feelings & needs	★ Protect the natural environment
★ Think in advance about consequences of my actions	★ Commit to honesty
★ Assure my own and others’ safety	★ Commit to try

Camper Signature: _____

I have read the Camper Code of Conduct with my camper and ensure that he/she understands these expectations.

Parent/Guardian Signature _____ Date _____

ALLERGIES

Please list all known allergies, including reaction and treatment to be given:

-
- No known allergies
-
- Food allergies
-
- Medication
-
- Environmental/seasonal
-
- Other

DIET and NUTRITION Please check all that apply, please give specifics so we may accommodate your camper to the best of our ability

-
- Camper eats a normal diet
-
- Vegetarian
-
- Other (specify): _____

HEALTH HISTORY Does the camper have a history of any of the following? Check all that apply:

-
- Asthma
-
- Hospitalization
-
- Migraines
-
- Diabetes
-
- Surgery
-
- Seizures
-
- Sleepwalking
-
-
- Chronic illness
-
- Mononucleosis
-
- Physical disabilities
-
- Bed Wetting
-
- Heart Problems
-
-
- Other (specify): _____

Please explain any items checked above:

Any restrictions on the camper's activity while at camp? If yes, please explain:

-
- Yes
-
- No

MENTAL & EMOTIONAL HEALTH Has the camper been diagnosed or treated for any of the following?

-
- ADD
-
- AD/HD
-
- Anxiety
-
- Learning disability
-
- PTSD
-
- OCD
-
- ODD
-
- Eating disorder
-
- Depression
-
-
- Developmental disability
-
- Other psychiatric (specify): _____

Please explain any items checked above:

Does the camper see a mental health professional? Yes No

Any home, family or family or life experiences or circumstances that camp staff should know about? Please explain:

Anything Else?**CONSENT TO TREATMENT**

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed Camp activities except as noted by the examining physician and me. I hereby give permission to the physician selected by the Camp Director to order x-rays, routine tests and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for my child as named above. This authorization is given pursuant of Section 25.8 of the Civil Code of California. This authorization shall remain effective until December 31, 2010, unless sooner revoked in writing delivered to said agent. Also, for good and valuable consideration, I hereby consent to and authorize the reproduction, publication and use by the UNITED BOYS AND GIRLS CLUBS OF SANTA BARBARA, CAMP WHITTIER, and the American Camping Association, and their successors and assigns, for advertising, commercial, or any other purposes, of any photograph, picture or likeness of my child.

HOLD HARMLESS CLAUSE

I further agree that the UNITED BOYS AND GIRLS CLUBS OF SANTA BARBARA COUNTY and CAMP WHITTIER, its Board of Directors, Officers and Staff are hereby relieved of all liability in the event of accident or injury to the said minor. Camp activities include: Rock Climbing, Ropes Course, Hiking, Swimming, Archery, Arts & Crafts, Native American Studies, Fishing, Games, Campfires and Boating.

Childs First Name _____

PARENT/GUARDIAN SIGNATURE_____
DATE_____
PRINT PARENT/GUARDIAN NAME

MEDICATIONS

List ALL medication the camper is bringing to camp, including vitamins, prescriptions and over-the-counter meds. All medication must have:

- Original pharmacy or manufacturer containers
- Child's name (meds belonging to a sibling or other family member are not accepted)
- Current date (expired meds are not accepted)
- Written directions from pharmacy or physician (parent instructions for prescription medications are not accepted)

Note: If your child takes medication during the school year, we highly recommend that he/she continues to take the medication during the summer and at camp.

Name of Medication	Reason for taking medication	Amount or dose given	When is it given	How is it given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> 4pm <input type="checkbox"/> Dinner <input type="checkbox"/> 8pm	
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> 4pm <input type="checkbox"/> Dinner <input type="checkbox"/> 8pm	
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> 4pm <input type="checkbox"/> Dinner <input type="checkbox"/> 8pm	
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> 4pm <input type="checkbox"/> Dinner <input type="checkbox"/> 8pm	
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> 4pm <input type="checkbox"/> Dinner <input type="checkbox"/> 8pm	

The following over-the-counter medications (or their generic equivalents) may be stocked in the camp Med Lodge and administered as needed. Cross out any medications that the camper should not be given

Pain Illness & Allergy

Digestion/Upset stomach

Topical/Skin Products

Bendaryl
 Sinu-Cleanse
 Claritin
 Saline Solution
 Cough Drops
 Advil
 Robitussin
 Calcium/Magnesium/Zinc Preparation H

Emergen-C
 Orajel
 Eye Wash
 Ibuprofen
 Acetaminophen
 Icy Hot

Electrolyte Tablets
 Calcium Antacid
 Anti Diarrheal
 Gatorade

 Lice comb
 Breath RxAmmonia Inhalants

Other

Calamine Lotion
 Aloe Vera
 Burn Cream
 Hydrocortisone
 Bug Spray
 Sun block
 Baby Oil
 Petroleum Jelly
 Baby Powder

MEDICAL EXAMINATION

We require that campers have a medical examination and physician's authorization within the last 24 months prior to camp. You may also attach a copy of a school or sports physical exam.

Physician's statement - I find the camper to be in good health and able to take part in outdoor activities at Camp Whittier with the following exceptions:

Physician's signature _____ Date of exam _____
 Print Name _____ Phone (____) _____

Transportation

My child's transportation to and from camp will be:

- | | |
|--------------------------------------|--------------------------------------|
| To | From |
| <input type="checkbox"/> Club Van | <input type="checkbox"/> Club Van |
| <input type="checkbox"/> Private Car | <input type="checkbox"/> Private Car |

CIT's must be dropped off by a parent or guardian or an adult that has been pre-approved by the parent or guardian.

CAMPER CHECK-OUT – This section to be completed at check-out

The person picking up the camper MUST be listed as either parent or emergency contact on this form. Pick-up person is required to sign and show photo ID when picking up the camper.

Camper Name: _____

Name of adult Pick- Up _____ Signature _____

CAMP WHITTIER RELEASE AND INDEMNITY AGREEMENT

THIS CAMP WHITTIER RELEASE AND INDEMNITY AGREEMENT (the "Agreement") is being executed by the undersigned Participant (the "Participant"), who hereby:

1. **Acknowledgment.** Acknowledges that:

A. The Participant intends to participate in one or more team and leadership building courses operated under the name "CAMP WHITTIER" and sponsored by or at a facility owned, operated, or otherwise connected with the United Boys and Girls Clubs of Santa Barbara, Inc. ("United"), and each of the separate Boys and Girls Club corporations affiliated with that entity (including but not limited to those for Camp Whittier, Carpenteria, Westside Santa Barbara, Goleta, and Lompoc) (United and all such other corporations are collectively referred to herein as the "Corporations"). **PLEASE INITIAL TO INDICATE THAT YOU READ AND UNDERSTOOD PARAGRAPH 1A: ____.**

B. The Camp Whittier Courses involve a number of risky events; including backpacking, hiking, rock climbing, high ropes course, initiative games, new games, team building activities, and other physical activities. The latter pose risks and dangers to participants, including but not limited to those arising from (1) the negligence of other program participants and spectators; (2) the negligence of equipment manufacturers or defects in their products; (3) the failure or negligent use of equipment; (4) slips, trips, falls, collisions, and other encounters with training equipment, trails, rocks, plant life, animal life, falling rocks, and other objects at or around the area where the Camp Whittier Courses are conducted; and (5) the negligence or inadequate training of those persons at the Camp Whittier Courses who seek to assist with medical care or other help for the Participant either before or after an injury has occurred. **PLEASE INITIAL TO INDICATE THAT YOU READ AND UNDERSTOOD PARAGRAPH 1B: ____.**

C. Although the Camp Whittier Course instructors will encourage and challenge me to participate in the Camp Whittier Courses, I have no duty or obligation to participate, and I am and at all times will be solely responsible for deciding whether to participate, in any or all of the Camp Whittier Courses. **PLEASE INITIAL TO INDICATE THAT YOU READ AND UNDERSTOOD PARAGRAPH 1C: ____.**

2. **Release.** Releases, as a condition of my participation in any Camp Whittier Course, the Corporations, their respective officers, directors, trustees, employees, and other agents, and each instructor in the Camp Whittier Courses from any and all claims, costs, damages and expenses arising from or in any way related to my participating in any one or more of the Camp Whittier Courses, and further acknowledges and agrees that (a) this Release extends to all claims of every nature and kind whatsoever relating to the Camp Whittier Courses and the matters described in Section 1, above, whether such claims be known or unknown, suspected or unsuspected, concealed or otherwise, and (b) expressly waives all rights under California Civil Code 1542, which reads as follows:

"A general release does no extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor."

PLEASE INITIAL TO INDICATE THAT YOU READ AND UNDERSTOOD PARAGRAPH 2: ____.

3. **Indemnity** Agrees to indemnify, defend, and hold the corporations, their respective officers, directors, trustees, employees, and other agents, and each instructor in the Camp Whittier Courses, free and harmless from any and all costs, claims, damages, and expenses arising from or in any way related to my participating in any one or more of the Camp Whittier Course. **PLEASE INITIAL TO INDICATE THAT YOU READ AND UNDERSTOOD PARAGRAPH 3: ____.**

4. **Miscellaneous.** Further understands, acknowledges, and agrees that:

A. This Agreement (1) supersedes all prior and contemporaneous understandings, whether oral or written, between the Participant, on the one hand, and the Corporations and the Camp Whittier Courses instructors, on the other, and (2) may not be modified or amended, except by a written instrument executed by an authorized representative of the Corporation and the Participant.

B. Prior to signing this Agreement, I have had sufficient time to read, understand, and consider this Agreement, and to ask any questions I deem appropriate concerning the Camp Whittier Courses and this Agreement, and that I have not been coerced in any way into signing this Agreement against my wishes.

IN WITNESS WHEREOF, the Participant (or, if the Participant is a minor child, the parent or legal guardian of the Participant) has signed this Release on the date set forth below.

SIGNATURE OF PARTICIPANT (OTHER THAN MINOR CHILD)

Date

Participant's Printed Name

Participant's Signature

SIGNATURE OF PARENT OR LEGAL GUARDIAN OF MINOR CHILD/PARTICIPANT

The undersigned represents and warrants to the Corporations and each instructor in the Camp Whittier Courses that the undersigned is the parent or legal guardian of the Participant, and has read, understood, and hereby consents to and executes this Agreement on behalf of the Participant.

Date

Printed Name of Participant

Printed Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Essay Questions to be answered by CIT applicant:

What motivates you?

What do you enjoy about camping and the outdoors?

Define Leadership:

Define teamwork:

What are you looking forward to most about being a part of the CIT program?

HEALTH
HISTORY FORM
CAMP WHITTIER



BOYS & GIRLS CLUBS
UNITED BOYS & GIRLS CLUBS
OF SANTA BARBARA COUNTY

**Camper / Staff
Name** _____

_____ Last First M.I.

Male Female

Birthdate: ____ / ____ / ____

AUTHORIZATION and CONSENT TO TREAT

If for any reason you wish not to authorize treatment, please attach a letter of explanation.

I attest that (*camper / staff name*) _____ is in good health and able to actively participate in camp activities except as noted in this form. I take full responsibility to see that camper / staff is properly prepared for camp including having proper clothes and equipment and being in good health.

I authorize the camp to provide routine health care, administer prescribed and over-the-counter medications that I am sending to camp, as well as any medications recommended by the camp's health care staff for various problems, except as I have noted in this form. I authorize the camp to share information on this Health History document with selected camp staff (health care, etc.) and professional health care providers on a need-to-know basis.

In case of medical emergency or need for medical treatment, after every reasonable effort has been made to contact me, the family physician, or one of the alternates listed on this form, or my application form, I hereby give my permission to the physician secured by the camp to hospitalize, secure treatment for and order injection, anesthesia or surgery for me. I authorize the camp to arrange and/or provide necessary related transportation for me. I agree to be responsible for expenses incurred during the care and treatment.

Signature _____

Print Name _____ Date _____

Signature of Parent/Legal Guardian (if under 18) _____

MEDICAL INSURANCE and PHYSICIAN INFORMATION

Insurance Company _____ Policy Number _____

Name of primary insured person _____

Name of primary physician _____

Name of clinic/hospital _____

City & State _____ Phone (____) _____

PARENT/GUARDIAN CONTACT INFORMATION

Name _____
Last First M.I.

Parent/Guardian with legal custody to be contacted in case of emergency:

Name: _____ Relationship to Staff: _____

Home (____) _____ Work (____) _____ Cell (____) _____

Second parent/guardian to contact:

Name: _____ Relationship to Staff: _____

Home (____) _____ Work (____) _____ Cell (____) _____

Additional contacts in event parents cannot be reached:

Name: _____ Relationship to Staff: _____ Phone (____) _____

Name: _____ Relationship to Staff: _____ Phone (____) _____

Name: _____

Last

First

M.I.

ALLERGIES*Please list all known allergies, including reaction and treatment to be given:*

- No known allergies
- Food allergies
- Medication
- Environmental/seasonal
- Other

DIET and NUTRITION*Please check all that apply, and give any specifics that will help the kitchen staff provide the best possible nutritional support.*

- Eats a normal diet
- Vegetarian
- Other (specify): _____

HEALTH HISTORY*Does camper / staff have a history of any of the following? Check all that apply:*

- Asthma
- Hospitalization
- Migraines
- Diabetes
- Surgery
- Seizures
- Sleepwalking
- Chronic illness
- Recent injuries
- Nightmares
- Mononucleosis
- Physical disabilities
- Bed wetting
- Heart problems
- Other (specify): _____

*Please explain any items checked above:**Any restrictions on your activity while at camp? If yes, please explain:*

- Yes
- No

MENTAL & EMOTIONAL HEALTH*Has camper / staff been diagnosed or treated for any of the following?*

- ADD
- AD/HD
- Anxiety
- Learning disability
- PTSD
- OCD
- ODD
- Eating disorder
- Depression
- Developmental disabilities
- Other psychiatric diagnosis (specify): _____

*Please explain any items checked above:**Does Camper / Staff see a mental health professional? Yes No**Any home, family or other life experiences or circumstances that we should know about? Please explain:***ANYTHING ELSE?***Is there anything else we should know about camper / staff?*

MEDICATIONS

List ALL medication that are coming with camper / staff to camp, including vitamins, prescriptions and over-the-counter meds. All medication must have:

- Original pharmacy or manufacturer containers
- Name (meds belonging to anyone else are not accepted)
- Current date (expired meds are not accepted)
- Written directions from pharmacy or physician (your instructions for prescription medications are not accepted)

Name of medication	Reason for taking medication	Amount or dose given	When it is given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> 4 p.m. <input type="checkbox"/> Dinner <input type="checkbox"/> 8 p.m.	
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> 4 p.m. <input type="checkbox"/> Dinner <input type="checkbox"/> 8 p.m.	
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> 4 p.m. <input type="checkbox"/> Dinner <input type="checkbox"/> 8 p.m.	
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> 4 p.m. <input type="checkbox"/> Dinner <input type="checkbox"/> 8 p.m.	
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> 4 p.m. <input type="checkbox"/> Dinner <input type="checkbox"/> 8 p.m.	

The following over-the-counter medications (or their generic equivalents) may be stocked in the camp Med Lodge and administered as needed. Cross out any medications that should not be given:

Pain, Illness & Allergies

Bendaryl
 Sinu-Cleanse
 Claritin
 Saline Solution
 Cough Drops
 Advil
 Robitussin
 Calcium/Magnesium/
 Zinc

Preparation H
 Icy Hot
 Acetaminophen
 Ibuprofen
 Eye Wash
 Emergen-C
 Orajel

Digestion/Upset Stomach

Electrolyte Tablets
 Calcium Antacid
 Anti Diarrheal
 Gatorade

Other

Lice comb
 Breath Rx
 Ammonia Inhalants
 Tecnu

Topical/Skin Products

Wart Remover (Freeze Away, Clear Away & Liquid)
 Calamine Lotion
 Aloe Vera
 Burn Cream
 Hydrocortisone
 Bug Spray
 Sunblock
 Baby Oil
 Petroleum Jelly
 Baby Powder

MEDICAL EXAMINATION

We require that camper/staff have a medical examination and physician's authorization within the last 24 months prior to camp. You may also attach a copy of a school or sports physical exam.

Physician's statement - I find the camper/staff member to be in good health and able to take part in outdoor activities at Camp Whittier with the following exceptions:

Physician's signature _____ Date of exam _____

Print Name _____ Phone (_____) _____

IMMUNIZATIONS

Give the dates of the last immunization or booster, or attach a copy of official immunization record:

Have you had chicken pox? Yes No

Tetanus/Booster: _____ Chicken Pox: _____ Hepatitis A: _____ Influenza: _____
 HPV: _____ Measles, Mumps, Rubella: _____ Hepatitis B: _____ Other: _____

