

# Summer Camp 2010

## Camp Whittier

### Resident Camp



Cost is \$350.00 per session for United Boys & Girls Clubs of Santa Barbara County members & \$475.00 per session for the general public and includes 5 days, 4 nights, all meals and all supplies for the camp programs. Campers are between the ages of 6 and 13 years old. We have a special Counselor in Training program for older campers that want to have the camp experience and build their skills as a camp counselor.

#### **Session Dates:**

- #1 Monday, July 19 – Friday July 23
- #2 Monday, July 26 – Friday July 30



- Campfires
- Nature Education
- Arts & Crafts
- Teambuilding
- Ropes Course
- Self Discovery
- Games
- Hiking
- Archery
- Swimming
- Rock Wall
- Adventure

**Camp Whittier** is a beautiful 55 acre camp located among the rustic setting of oak trees, sits directly across from Cachuma Lake, 15 miles north of Santa Barbara.



**BOYS & GIRLS CLUBS**  
UNITED BOYS & GIRLS CLUBS  
OF SANTA BARBARA COUNTY  
CAMP WHITTIER

**Full & Partial Scholarships available and are generously provided by The Santa Barbara Foundation & The Orfalea Foundation**

*Camp Whittier*  
2400 Hwy 154, Santa Barbara, Ca 93105  
For More Information Call (805) 962-6776  
[www.campwhittier.org](http://www.campwhittier.org) ~ [whittieroffice@aol.com](mailto:whittieroffice@aol.com)



**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 Name \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

<b>MEDICATIONS</b> <i>List ALL medication the camper is bringing to camp, including vitamins, prescriptions and over-the-counter meds. All medication must have:</i> <ul style="list-style-type: none"> <li>• Original pharmacy or manufacturer containers</li> <li>• Child's name (meds belonging to a sibling or other family member are not accepted)</li> <li>• Current date (expired meds are not accepted)</li> <li>• Written directions from pharmacy or physician (parent instructions for prescription medications are not accepted)</li> </ul> <p><i>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.</i></p>	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
Bendadryl 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  <b>Other</b> Lice comb Breath RxAmmonia Inhalants	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:

<b>TO</b>	<b>WHICH CLUB</b>	<b>FROM</b>	<b>WHICH CLUB</b>
<input type="checkbox"/> Club Van _____		<input type="checkbox"/> Club Van _____	
<input type="checkbox"/> Private Car _____		<input type="checkbox"/> Private Car _____	

**Cabin Mates (optional)**

Choose 1 or 2 friend(s) eligible (age, gender, etc) for the same session.

1. \_\_\_\_\_

2. \_\_\_\_\_

**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 \_\_\_\_\_ Date \_\_\_\_\_

**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, Carpinteria, 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 not 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

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 (\_\_\_\_) \_\_\_\_\_

M.I.

First

Last

Name:

**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: \_\_\_\_\_

