

Outdoor Science Camp

Offered by United Boys & Girls Club

At Camp Whittier
Fall 2018- Spring 2019

CAMPER PACKET



Office Use Only

Date: _____ Paid: Yes No

Amount: \$ _____

Received by: _____



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

Office Use Only

New or Renewal

Camper CIT Counselor

Date: _____

Club: _____ Membership #: _____

Camper Information Form

Name: _____ / _____ / _____ / _____
First Middle Last Nickname

Address: _____ / _____ / _____ Phone: _____
Street City Zip Code

Date of Birth: ___/___/___ Age: _____ Gender: ___M___F E-Mail: _____

Parent/Guardian Information:

Name: _____ Relationship: _____ Employer: _____

Phone (Cell): _____ (Work): _____ Email: _____

Name: _____ Relationship: _____ Employer: _____

Phone (Cell): _____ (Work): _____ Email: _____

Additional Emergency Contacts:

Name: _____ Relationship: _____ Phone : _____

Name: _____ Relationship: _____ Phone : _____

Parent Release:

I, the parent/guardian of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the United Boys & Girls Clubs, Camp Whittier, and Boys & Girls Clubs of America, their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death and any claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Club.

I give my permission to the United Boys & Girls Clubs of Santa Barbara County and Camp Whittier to seek emergency medical treatment for my minor child if I cannot be reached. I will be responsible for any/all costs of medical attention and treatment. It is understood, however, that this membership includes a secondary insurance while taking part in the UBGC and Camp Whittier activities

I give my permission for my child's picture, moving pictures, or any other graphic depiction or likeness, to be used by the United Boys & Girls Club, Camp Whittier, American Camping Association, and its activities.

All United Boys & Girls Clubs of Santa Barbara County staff and members are expected to uphold the code of conduct including; show respect to staff, volunteers, and peers, respect the facility and equipment, play fairly and be honest, avoid the use of improper language, protect the natural environment, resolve arguments positively, and maintain a bully-free zone.

Parent/ Guardian Signature: _____ Date: _____

CAMP WHITTIER RELEASE AND INDEMNITY AGREEMENT

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

1A. Acknowledgment: I acknowledge that: I intend 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: _____

1B. The Camp Whittier Courses involve a number of risky activities, including backpacking, hiking, rock climbing, high ropes course, initiative games, new games, team building activities, and other physical activities. These 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: _____

1C. Participation: The Camp Whittier Course facilitators will encourage and ask me to Participate in the Camp Whittier Courses, I have no duty or obligation to participate, and I am and at all times solely responsible for deciding whether to participate, in each, any or all of the Camp Whittier Courses or activities.

PLEASE INITIAL TO INDICATE THAT YOU READ AND UNDERSTOOD PARAGRAPH 1C: _____

2. Release: I Release, 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 acknowledge and agree 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: I agree to indemnify, defend, and hold the corporations, their respective officers, directors, trustees, employees, and other agents, and each facilitator of 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 Courses.

PLEASE INITIAL TO INDICATE THAT YOU READ AND UNDERSTOOD PARAGRAPH 3: _____

4. Miscellaneous. I further understand, acknowledge, and agree that: **A.** This Agreement supersedes all prior and contemporaneous understandings, whether oral or Written, between myself and the Corporations and the Camp Whittier Course facilitators, and may not be modified or amended, except by a written instrument executed by an authorized representative of the Corporation and the myself. **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.

PLEASE INITIAL TO INDICATE THAT YOU READ AND UNDERSTOOD PARAGRAPH 4: _____

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.

Printed Name of Parent or Legal Guardian; _____

Signature of Parent or Legal Guardian: _____

Date ____/____/____

AUTHORIZATION AND CONSENT TO TREAT

Camper or Staff Name: _____ / _____ / _____
First Middle Last

Birth Date _____ / _____ / _____ M F

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

I attest that _____ is in good health and able to actively participate in camp activities except as
(Camper/ StaffName)
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 UBGC to provide routine health care, administer prescribed and over-the-counter medications that I am sending to camp. I authorize UBGC 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 UBGC to arrange and/or provide necessary related transportation for me. I agree to be responsible for expenses incurred during the care and treatment.

Printed Name of Parent or Legal Guardian; _____

Signature of Parent or Legal Guardian: _____ Date ____/____/____

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: (____)____ - _____

ALLERGIES / HEALTH HISTORY

ALLERGIES

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

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

DIET/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
 OCD PTSD Learning disability
 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:

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)
- Youth will be responsible to taking medication themselves in front of UBGC staff

<i>Name of Medication</i>	<i>Reason for Taking</i>	<i>Amount / Dose Given</i>	<i>Time Given</i>	<i>How's It Given</i>
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Evening	
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Evening	
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Evening	
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Evening	

IMMUNIZATIONS

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

Has camper / staff had chicken pox? Yes No

Tetanus Booster: ___/___/___ Chicken Pox: ___/___/___ Hepatitis A: ___/___/___ Influenza: ___/___/___

HPV: ___/___/___ Hepatitis B: ___/___/___ Measles, Mumps, Rubella: ___/___/___

HEALTH CARE & TREATMENT RECORD - For Camp Use Only

Date	Time	Complain/Condition	Assessment	Treatment	Staff Signature
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____