

Whispering Winds Child Care Assistant Application and Permission

- **Event:** Whispering Winds Family Camp
- **Location:** Whispering Winds Catholic Conference Center, Julian, California
- **Mode of transportation to and from event:** Carpool or to be arranged by family
- **Arrival: 7:00 PM Thursday Departure: 5:00 PM Sunday**

Please Check Family Camp Weekend Preferred:

1. June 15-18___ 2. June 22-25___ 3. July 6-9___ 4. July 13-16___ 5. Special Needs FC July 20-23___

Participant Name: _____ Age: _____ Gender: **Male/Female**

Parish: _____ School and Grade (fall 2017) _____

Participant E-mail **PRINT CLEARLY:** _____ T-Shirt Size (adult sizes) _____

First time serving as a CCA? Y/N _____ Participant cell phone:() _____

Parent/Guardian Name: _____

Cell Phone: () _____ Other Phone: () _____ Parent Email: _____

Home Address: _____ City/State: _____ Zip: _____

In the event of an emergency, if you are unable to reach me at the above numbers, contact the following person(s) who may be able to reach me and have my permission to pick up my child if needed.

1.Name: _____ Relationship: _____ Phone:() _____

2.Name: _____ Relationship: _____ Phone:() _____

Please find below a list of rules for you to review and sign. These rules are provided to help create a positive weekend experience for all those involved. If you have any questions, please contact your CCA Coordinator.

1. The children you are caring for are your first priority. You are not to leave the children during your assigned times unless approved by the parents and/or the CCA Coordinator. You are not to leave your assigned location whether or not you are responsible for a child at any time.
2. If you have a discipline issue or personality conflict, please bring it to the attention of the CCA Coordinator as soon as possible.
3. You may not leave the Whispering Winds Camp area once you arrive for the weekend. CCAs are not allowed to be in any vehicle after arrival for any reason other than unpacking/packing.
4. No boys are allowed in the girls' sleeping area and no girls in the boys' sleeping area at any time for any reason.
5. No displaying of affection between CCAs. Please remember that this is a community service weekend!
6. Proper attire is required at all times—modest swimsuits, shorts, tops, etc. No 2-piece suits for girls without a t-shirt worn over it. Camp CCA t-shirts and closed toed shoes are to be worn at all times while on duty.
7. Appropriate behavior and language is required at all times. You are setting an example for young children. Be respectful to them, their families, and each other.
8. 11:00 PM Curfew. You must be in your cabins and quiet. Please remember that families are sleeping and you need to be up for breakfast and team meetings by 7:00 AM.
9. NO cell phone or other electronic device use is allowed during "working" hours. Phones will be collected during working hours and returned during free time. If the phone is not turned in and CCA is found using any electronic device during working hours, it will be confiscated by staff until the end of the weekend.
10. Please do not bring any personal sports equipment, you may check out camp equipment during free time. No pets allowed!

11. Absolutely no alcohol, tobacco or drug use by any CCA will be tolerated, nor will weapons of any type, including knives. **Violations will result in you being sent home immediately.** There will be no exceptions.
12. Whispering Winds staff reserves the right to search personal belongings such as backpacks, suitcases, etc. and all lodge rooms at the discretion of the CCA Coordinator and Family Camp Director.
13. All CCAs will attend the teen program on Thursday, Friday and Saturday evenings, all team meetings and the Mass liturgy.
14. All medicine must be turned into the Health Coordinator, including Advil, allergy pills, Tums, etc.
15. CCAs are responsible for all forms of media communication (Facebook, Twitter, etc.) posted by themselves at all times. Any foul language, obscenity or postings deemed by the Whispering Winds staff to be inappropriate and/or inconsistent with our Christian values, will be grounds to refuse your participation as a volunteer at Whispering Winds indefinitely.
16. Destruction of property will be the responsibility of the CCA(s) involved.
17. Families who are Family Camp guests may choose to allow their CCA(s) to sleep in their lodge room. No other CCAs (who are not children of the adult campers) will be allowed to sleep away from the CCA assigned sleeping quarters.
18. Payment is due by June 1. For cancellations, only 50% payment will be refunded after June 1. There is no refund two weeks prior to camp.

If any of the above rules are violated it may result in notification of parents to pick you up and take you home at any time.

Thank you for your cooperation and for volunteering to help on this very special weekend.

I have read the 18 rules above and agree to abide by all of them. I understand that failure to comply with them and with any other directive given to me by camp staff will result in my parent or guardian being contacted, and that at the discretion of the CCA Coordinator and the Family Camp Director, my parent or guardian may be asked to pick me up immediately. I understand that this will also result in the forfeiture of my service hours.

CCA Signature

I have read the 18 rules above and understand that my son/daughter must abide by all of them. I also understand that if he or she should violate any of them, I may be contacted by the CCA Coordinator, Family Camp Director or other staff member to pick him or her up. **I agree that in this unfortunate event, I will pick my son or daughter up immediately and without unnecessary delay.**

I understand that Whispering Winds has a first-aid area staffed by camp personnel. I authorize staff to provide first-aid or medical care as deemed necessary or appropriate. I give permission to the representatives, volunteers and personnel of Whispering Winds Catholic Conference Center to transport my child to a hospital to receive emergency medical treatment should it be deemed necessary, and I relieve the afore mentioned from any responsibility and consequences that may arise as a result of any such first-aid or medical treatment. I will not hold any of the above named parties liable in the event of injury. Further, I agree to accept any and all financial responsibility as a result of medical treatment.

Parent or Guardian Signature

CCA PERSONAL NOTES:

Office Use Only:

Fee Received _____	Method of Payment _____	Scholarship _____
Waiver Received _____	Medical Received _____	T-shirt Size _____