

Whispering Winds Child Care Assistant Information and Expectations

- **Event:** Whispering Winds Family Camp
- **Location:** Whispering Winds Catholic Conference Center, Julian, California
- **Family Camp Preferred Date(s):** _____
(2012 Family Camp dates: FC1: June 15-17, FC2: June 22-24, FC3: July 13-15, FC4: July 20-22)

Name: _____ **Phone:** _____

Email: _____

- **Mode of transportation to and from event:** Carpool or to be arranged by family
- **Arrival: 7:00 PM Thursday Departure: 6:00 PM Sunday (FC4 departure 1pm Sunday)**

Participant Name: _____ Age: _____ Gender: _____

Parish: _____ School/Grade (fall 2012) _____

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

Parent/Guardian Name: _____

Home Phone: _____ Cell Phone: _____ Parent Email: _____

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

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.
2. If you have a discipline issue or personality conflict with the child you are caring for, 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 (exception: emergency evacuation) other than unpacking/packing.
4. No boys are allowed in the girls' sleeping area and no girls are allowed 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 and not a couple's retreat!
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. Shorts must be fingertip length. Camp CCA t-shirts 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, ipod, or other electronic device use is allowed during "working" hours.
10. Absolutely no alcohol, tobacco or illegal drug use by any CCA will be tolerated. Violations will result in you being sent home immediately. There will be no exceptions.
11. 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 if we have reason to believe contraband exists. The reason is to keep everyone at camp safe and protected.

12. All CCAs will attend the teen program on Friday and Saturday evenings, all team meetings and the closing Mass.
13. CCAs will be held accountable for all forms of media communication (Facebook, Twitter, YouTube, etc.) they post. 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.
14. REFUND POLICY (REGARDLESS OF THE REASON): Whispering Winds will keep the first \$50 as a non-refundable deposit. Cancellations made before June 1 will have the balance of the fee refunded. Cancellations made June 1 and after will receive 50% *of the balance* refunded. Cancellations made less than 7 days from the start of the Family Camp will receive NO REFUND. This will help us not to lose money on t-shirts, food, etc. that have already been purchased.

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 14 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 earned.

CCA Signature

I have read the 14 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.** If I am unavailable, I will designate someone who will be available to pick up my child.

Parent or Guardian Signature

CCA

What to Bring to Camp

- Refillable water bottle
- Pillows and sleeping bags or bed linens
- Toiletries, including bath and pool towel
- Bathmat, if desired
- Flashlight
- “Play” clothes (NO “short shorts” allowed. Shorts must be at least “fingertip length”)
- Swimsuits (one-piece or tankinis only! No exposed tummies.)
- Tennis shoes (required for Zip Line, Climbing Wall and Challenge Course)
- Sunscreen & Insect Repellent
- Hat & sunglasses, optional
- Black pants and white blouse or dress shirt for serving dinner Saturday evening
- USA attire (something you’d wear on 4th of July) for Saturday evening activity
- Small amount of money – there is a gift shop at camp and snack bar at the pool
- Horseback riding may be available – please check website

Please label all hats, jackets, pool towels, cameras, water bottles, etc!

****Bring valuables (laptops, I-pods, cell phones, etc.) at your own risk – we do not assume liability for any lost or missing personal items.***

Directions

Whispering Winds
17606 Harrison Park Rd
Julian, CA 92036

From San Diego:

I-8 East
Exit Hwy 79 North to Julian
Make a left turn approx. two miles along the highway to stay on 79N
Turn left on Harrison Park Rd (about 4 miles north of Lake Cuyamaca) and follow signs into Whispering Winds

From North County:

Hwy 78 East (Ash St.) or Hwy 67 North to Hwy 78 East through Ramona to Julian
Turn right on Main St
Turn right on Hwy 79 South
Turn right on Harrison Park Rd (about 4 miles south of Julian) and follow signs into Whispering Winds

From West Los Angeles County:

I-5 South to 78 East
Turn right on Ash St. / Rte 78
Continue on Hwy 78 East through Ramona to Julian
Turn right on Main St
Turn right on Hwy 79 South
Turn right on Harrison Park Rd (about 4 miles south of Julian) and follow signs into Whispering Winds

From East Los Angeles County, Riverside:

I-15 or I-215 South to Temecula
Exit Hwy 79 South and turn left
After approx. 60 miles to Santa Ysabel, turn left onto 78 East to Julian
Turn right on Main St
Turn right on Hwy 79 South
Turn right on Harrison Park Rd (about 4 miles south of Julian) and follow signs into Whispering Winds

From Imperial Valley:

I-8 West to Sunrise Highway
Turn right on Hwy 79 North
Turn left on Harrison Park Rd and follow signs into Whispering Winds



Whispering Winds Medical History and Release Form for Minors

Child's Name: _____ Birth date: _____ Sex: ____ Age: ____
First Middle Last

Parent or Guardian: _____ Relationship: _____

Home Phone: () _____ Cell Phone: () _____ Other Phone: () _____
Optional

Second Parent or Guardian: _____ Relationship: _____

Home Phone: () _____ Cell Phone: () _____ Other Phone: () _____
Optional

Emergency Contact Name: _____ Relationship: _____

Home Phone: () _____ Cell Phone: () _____ Other Phone: () _____

Preferred Hospital: _____
Optional

Please be aware of my child's physical condition:

- | | | |
|-----------------------------------|--|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Heart condition | Please Explain _____

_____ |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Eye, Ear, Nose, Throat issues | |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other | |
| <input type="checkbox"/> Epilepsy | | |

Allergies:

- | | | |
|--|--------------------------------------|----------------------------|
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Penicillin | Please List _____
_____ |
| <input type="checkbox"/> Poison Oak/Ivy | <input type="checkbox"/> Other Drugs | |
| <input type="checkbox"/> Bees | <input type="checkbox"/> Peanuts | Please List _____
_____ |
| <input type="checkbox"/> Other insects/animals | <input type="checkbox"/> Other Food | |

My Child has the following Medical Concerns / Limitations:

- | | |
|--|---|
| <input type="checkbox"/> Chronic Illness / Injury: _____ | <input type="checkbox"/> Other concerns: _____ |
| <input type="checkbox"/> Activity Restrictions: _____ | <input type="checkbox"/> Current Medications: _____ |
| <input type="checkbox"/> Dietary Restrictions: _____ | |

My child may be given over the counter medications (Tylenol, Advil, Benadryl, etc):

- ☐ Please contact me first! ☐ Yes ☐ No

Other suggestions, documents or health-related information for camp or emergency personnel: _____

Additional document(s) attached? _____
Check if yes

Immunization History: Please give date of last immunization or attach a copy of the record.

Diphtheria, Tetanus, Pertusis (DPT) _____	Polio _____	Flu _____
Haemophilus Influenzae type b (Hib) _____	Hepatitis A _____	Meningococcal _____
Measles, Mumps, Rubella (MMR) _____	Hepatitis B _____	Varicella _____
Pneumococcal _____	Chicken Pox _____	

Name of Physician: _____ Phone: () _____

Family Health Insurance Carrier: _____ Policy #: _____

Authorization:

This health history is correct to the best of my knowledge. My child has permission to engage in all camp activities except as noted. I give permission to the medical personnel selected by the camp administration to order X-Rays, routine tests, and treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child if I cannot be reached in an emergency. I give permission to the health professional selected by the camp administration to secure and administer treatment for my child, including hospitalization. This form may be photocopied and the photocopy may be used for all purposes.

I accept full responsibility for any injury my child might receive as a result of camp activities. I will provide my own health and accident insurance. I agree to pick up my child at anytime from camp if asked to by camp administration.

Signature of Parent/Guardian: _____ Date: _____

I also understand and agree to abide by the restrictions placed on my camp activities.

Signature of Minor: _____ Date: _____



WHISPERING WINDS WAIVER & GENERAL RELEASE

Whispering Winds Catholic Conference Center, Inc. ("WW") is a non-profit corporation that owns and operates the Whispering Winds Camp, 17606 Harrison Park Road, Julian, California 92036. In order to keep our operating costs reasonable, we ask all visitors, guests, volunteers and users of the camp, and the parents of all minor camp users, to sign this Waiver & General Release ("Agreement"). By signing this Agreement, you are waiving and generally releasing all present and future claims against WW, except for claims arising out of the gross negligence or intentional misconduct of WW.

1. Definitions:

- a. "Associated Persons" means present and former officers, directors, shareholders, partners, members, employees, agents, volunteers, accountants, attorneys, insurance carriers, trustees, beneficiaries, executors, administrators, heirs, predecessors-in-interest, and successors-in-interest. "Associated Entities" means affiliated entities, contractors, subcontractors, material suppliers, and professionals (collectively "AP&AE").
- b. "Claims" shall include all claims, rights, demands, damages, liabilities, and causes of action (whether asserted, unasserted, known, unknown, contingent, accrued, or otherwise).
- c. "Costs" shall include all costs, losses, expenses, attorneys' fees, expert witness fees and other fees, interest, and all other obligations.

2. Waiver and General Release:

On behalf of myself and my AP&AE, (i) I waive all present and future Claims and Costs against WW and its AP&AE, and (ii) I generally release WW and its AP&AE from all present and future Claims and Costs, arising out of or related in any way to my presence on or use of the WW camp, or participation in programs, excepting only such Claims and Costs arising solely and exclusively from WW's gross negligence, or knowing and intentional unlawful conduct.

3. Waiver of Civil Code Section 1542:

I acknowledge that the above Waiver and General Release includes Claims and Costs which I do not know or suspect to exist, and I waive all rights which may exist under California Civil Code Section 1542 which provides as follows:
A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor.

4. Photo Release:

I grant WW permission to use my name, likeness, photograph, and voice for all purposes, and without compensation to me.

Participant

Participant Signature: _____ Print Name: _____

Address: _____ Date: _____ Tel: _____

Email address of adult: _____

Signature of Parent or Legal Guardian (if Participant is under 18): _____

Print Parent Name: _____ Date: _____ Tel: _____

(One release per adult; for minors in one family, please list)

Minor Name: _____ Minor Name: _____

Minor Name: _____ Minor Name: _____

Authorization:

My child has my permission to engage in all camp activities except as noted. I give permission to the medical personnel selected by WW to order X-rays, routine tests, and treatment; to release records necessary for insurance purposes; and to arrange necessary transportation for my child if I cannot be reached in an emergency. I give permission to the physician selected by WW to administer treatment, including hospitalization. This form may be photocopied and the photocopy may be used for all purposes. I accept full responsibility for any injury my child might receive as a result of camp activities. I will provide my own health and accident insurance.