



Dear Parents,

October 8, 2012

Thank you for allowing your child to join us for the Nov. 30 – Dec. 2, 2012 Confirmation Retreat! We are praying for you and your child, and we are looking forward to the retreat. Plan to arrive at Whispering Winds between 5 and 5:30 PM on Friday, Nov. 30. To make alternate arrangements, (only if *absolutely* necessary, please!) contact Joyce Mendez, Program Director, at 619-316-2997. The retreat will end on Sunday, Dec. 2, by 11:30 AM.

As a mother of a teenager, I too want my daughter's faith to develop and grow. I ask you to join with me in praying for the young people who will be on the mountain. Subjects may come up which deal with the real issues teens are faced with daily and our goal is to give them faith tools to use while dealing with these difficulties. As with all activities, adults will always be present during these discussions.

To help foster a retreat atmosphere, **all cell phones will be collected at check-in** and returned at departure. Please notify your teen of this policy or better yet, keep cell phones at home. Leaders and camp staff have cell phones in the rare event you need to be contacted regarding your child. In case of an emergency, you may call director Joyce Mendez at 619-316-2997 or our camp manager Annie Korn at 619-916-9552.

Attached are documents that include some important information for you and your child. Please complete the **Whispering Winds Waiver and General Release, Medical History & Release and Code of Behavior** forms. These forms will be collected upon arrival on Friday! Also included is a list of what to bring to camp and directions. We strongly encourage you to check the weekend's forecast before coming out – make sure you pack appropriate clothing for mountain weather!

Please note that we have a Camp Store for your child's convenience. They can purchase sweatshirts, snacks and drinks. All food will be provided for the weekend, but it is suggested that campers bring a snack or flat of water to share with the group. It will be collected at check-in.

If you or your child have any questions, we would be happy to answer them; please contact our office at [office@whisperingwinds.org](mailto:office@whisperingwinds.org) or 619-464-1479.

God Bless you!

Paula Bott  
Director of Programs  
[paula@whisperingwinds.org](mailto:paula@whisperingwinds.org)



## 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.*

## 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: ( ) \_\_\_\_\_  
Optional

### Please be aware of my child's physical condition:

- |                                   |  |  |
|-----------------------------------|--|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Heart condition               | Please Explain _____<br>_____<br>_____ |
| <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 _____<br>_____ |
| <input type="checkbox"/> Poison Oak/Ivy        | <input type="checkbox"/> Other Drugs |                            |
| <input type="checkbox"/> Bees                  | <input type="checkbox"/> Peanuts     | Please List _____<br>_____ |
| <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 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.*

*I understand that I will be notified by the camp if my child wants to speak with me in an extreme case of homesickness, breaks a bone, has extensive bleeding, a head injury, or any other medical need that necessitates calling 911.*

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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

Signature of Minor: \_\_\_\_\_ Date: \_\_\_\_\_

# Diocesan Confirmation Retreat 2012

## Code of Behavior

**\*\*To be read and signed by youth participants and their parents \*\***

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We are happy and excited that you are joining us as part of our Diocesan Confirmation Retreat 2012. The *Code of Behavior* has been developed as a way of helping participants understand what is expected of them during the weekend, and of making the learning experience a healthy and growth-filled one for all involved. Please read through the *Code* carefully, as you will be expected to honor and uphold it throughout your time with us.

- As necessary as rules are to maintain order, they can't and won't guarantee a successful retreat experience. Success depends on people's willingness to work together for the common good.
- Participants take part in the retreat as part of a parish. The adult chaperone of each parish maintains primary responsibility for the actions of his or her parish members. The parish and families of the participants assume responsibility for any damage done to the facilities.
- Participants are expected to attend all sessions unless explicitly excused by the Program Director.
- Name badges should be worn during all program activities.
- Dress throughout the retreat experience is casual; however shirts and shoes must be worn at all sessions and meals. No low-slug pants, short shorts, halter tops or tube tops. Modesty is important.
- Socializing should take place only in the designated public areas of the housing facility. No visiting is allowed in sleeping areas occupied by the opposite sex.
- Each day will be a busy one, making adequate sleep a necessity. Participants must be in their respective rooms by curfew time. The noise level in the sleeping areas should be kept at a minimum. Scheduled quiet and silent times must be honored. Only the Program Director can alter curfew times or the timing of any other scheduled activity.
- The purchase, possession or consumption of alcohol or drugs by participants will result in immediate dismissal from the program. Major infractions of the *Code of Behavior* will be met with the same consequences.

**Parent or Guardian:** I agree that my child shall abide by the rules and regulations outlined in the Confirmation Retreat *Code of Behavior*. I have reviewed it and discussed the *Code* with my child prior to signing this form. I agree that if my child fails to consistently abide by the *Code* or engages in a serious infraction of the *Code*, he or she may be immediately dismissed from the Confirmation Retreat program and sent home at my expense.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Youth Participant:** I understand and agree to the Confirmation Retreat *Code of Behavior*. I also understand that my parent(s) or guardian will be notified at the time of any infractions requiring my dismissal from the program and that I will be sent home at my own or their expense. (Your signature must appear below in order to participate in the Confirmation Retreat program.)

Signature \_\_\_\_\_ Date \_\_\_\_\_



# Whispering Winds Confirmation Retreat

## What to Bring to Camp:

### **Waiver & Medical Release!**

Pillow and sleeping bag  
Towel  
Flashlight  
Refillable water bottle  
Chapstick or other lip balm  
Clothes  
Sleepwear  
Jacket  
Toiletries  
Tennis shoes and/or hiking boots  
Sunscreen, if desired  
Hat or visor, if desired  
Sunglasses, if desired  
Extra blanket, if desired  
Snack/drinks to share with group, if desired  
Camera, if desired  
Any prescription medication  
Bible, if desired  
Money for Camp Store, if desired. (Money is not required at camp!)

**Please label jacket, flashlight, camera, hat, water bottle, etc.**

### Prior to Camp

Fill out your **Waiver** and  
**Medical Release Form!**

## Please DO NOT Bring:

Inappropriate clothing  
Valuables  
Cell phones  
iPods  
Laptops

There will be **zero tolerance** for any drugs, alcohol, or weapons. We reserve the right to search guests' belongings if we have reason to believe these items are in their possession. We will call parents for immediate pick-up of any child possessing or under the influence of these items. The reason for this policy is to keep all guests safe and protected.

Please keep in mind that Whispering Winds is a non-smoking facility.

# 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