

CCA

What to Bring to Camp

- Refillable water bottle - this is a must!
- Pillows and sleeping bags or bed linens
- Toiletries, including bath and pool towel
- Shower sandals, if desired
- Flashlight
- “Play” clothes (NO “short shorts” allowed. Shorts must be fingertip length and boys’ pants/shorts must fit at the hips/no sagging or bagging!)
- Swimsuits (Girls: one-piece or t-shirt over bikini only! No exposed tummies.)
- Must wear closed-toed shoes when on duty.
 - Flip flops/sandals only allowed during your free time.
- Sunscreen & Insect Repellent
- Hat & sunglasses, optional
- Sweatshirt or jacket - mountain eves may be cool
- Small amount of money – there is a gift shop at camp and snack bar at the pool
- Horseback riding available – see website for fees
- Prescription medication
 - Must be provided in original pharmacy bottle. Place medicine in a Ziploc bag with your CCA’s name on it. Give the medicine to our Health Supervisor at check-in.

Please DO NOT bring:

Pets, personal sports equipment (basketball, bow and arrows, surfboard), knives of any kind. Whispering Winds has a ***zero tolerance*** policy for cigarettes, drugs, alcohol and weapons.

Please label all hats, jackets, pool towels, cameras, water bottles, etc!
Lost and Found is located at the camp store.

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 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: 3:00 PM Sunday**

Family Camp Preferred:

1. June 16-19____ 2. June 23-26____ 3. July 7-10____ 4. July 14-17____
5. Special Needs Family Camp July 21-24____

Participant Name: _____ Age: _____ Gender: M/F

Parish: _____ School and Grade (fall 2016) _____

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

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

Parent/Guardian Name: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Parent Email: _____

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

In the event of an emergency, if you are unable to reach me at the above number 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: _____ Telephone: (____) _____

2.Name: _____ Relationship: _____ Telephone: (____) _____

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. CCA's 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 CCA's. 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. 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. No 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 CCA's will attend the teen program on Thursday, Friday and Saturday evenings, all team meetings and the Mass.
14. All medicine must be turned into the CCA Health Supervisor, including Advil, Allergy pills, Tums, etc...
15. CCA's 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.

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 15 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 15 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

Office Use Only:

Fee _____ Amount _____ Method of payment _____ Scholarship _____

Waiver _____ t-shirt size _____ Medical release _____

***Notes:**



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 _____

_____ |
| <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 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.

Camp staff is CPR, First Aid and AED certified. I understand that I will be notified if my child breaks a bone, has extensive bleeding, a head injury, or any other medical need that necessitates staff seeking outside help or calling 911. Camper medication must be checked in with the Camp Director, in the original bottle upon arrival. CAMP WILL NOT ACCEPT MEDICATION THAT IS NOT IN ITS ORIGINAL BOTTLE.

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.