Enclosed please find:

- Camp Schedule & Pricing
- General Information & Policies
- Registration Form Parent
- Photo/Video Release Health
- Information Form and Special Health Conditions
- Voluntary Activities Participation Form

Whiskeytown Environmental School
1644 Magnolia Avenue
Redding, CA 96001
Tel: 530.225.0111
Fax: 530.225.0114
wes@shastacoe.org
# CAMP SCHEDULE AND PRICING

<table>
<thead>
<tr>
<th>Dates</th>
<th>Camp</th>
<th>Price</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 6-9 (4-day)</td>
<td>Spring Break Camp</td>
<td>$185</td>
<td>Cost Includes Morning &amp; Afternoon Snacks, Arts &amp; Crafts Supplies, Field Trips</td>
</tr>
<tr>
<td>June 8-12</td>
<td>Outdoor Adventure Camp</td>
<td>$200</td>
<td></td>
</tr>
<tr>
<td>June 16-19 (4-day)</td>
<td>Outdoor Adventure Camp</td>
<td>$185</td>
<td></td>
</tr>
<tr>
<td>June 22-26</td>
<td>Outdoor Adventure Camp</td>
<td>$200</td>
<td></td>
</tr>
<tr>
<td>July 6-10</td>
<td>Outdoor Adventure Camp</td>
<td>$200</td>
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</tr>
<tr>
<td>July 27-31</td>
<td>Outdoor Adventure Camp</td>
<td>$200</td>
<td></td>
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</tbody>
</table>

**Program**

- Camp Hours: 9:00 am–5:00 pm
- Staff available 7:30-5:30 pm

- *Must be going into the 4th grade or higher to participate in archery & kayaking.
- No beach day or kayaking during Spring Break

**Optional Extras:**

- Bus - $30 per week, per person
- Thursday Overnight (includes Thursday dinner and Friday breakfast & lunch) - $30
- WES Logo Shirt, Tote or Bandana for Tie-Dying - $15 child, $20 adult, $10 Tote, $7 Bandana
- (or you can bring a small apparel item from home)

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## CAMP GENERAL INFORMATION AND POLICIES

### REGISTRATION

Please register only one camper per form. You may photocopy the original form for additional copies or print additional forms from our website. Spaces will be filled online, by mail or fax on a first-come-first-served basis. Early registration is encouraged because camp sizes are limited and fill quickly!

### SNACK

Morning and afternoon snacks and beverages are provided.

### LUNCH

Please send a sack lunch to camp with your child/ren.

### COSTS / REFUND POLICY AND CAMP CANCELLATION POLICY

Full payment must be received at least two weeks prior to participating in camp. **No refunds will be made after camp begins.** Whiskeytown Environmental School reserves the right to cancel any camp not meeting the minimum registration requirements. If this is necessary you will be contacted prior to the first day of camp and your fees will be refunded in full.

### BEHAVIOR CODE

We expect the same respect and concern that we will show your children to be returned in-kind when they are enrolled in WES Summer Camp. We reserve the right to dismiss from camp any child who is disruptive or disrespectful, or who jeopardizes her/his safety or the safety of other camp participants (WES Summer Camp retains the camp fee). Parent and Student signatures are required at the bottom of the registration form acknowledging that you have read and understand the Behavior Code.
Please indicate week(s) of attendance:
___ April 6-9, 2015
___ June 8-12, 2015
___ June 16-19, 2015
___ June 22-26, 2015
___ July 6-10, 2015
___ July 27-31, 2015

Whiskeytown Environmental School
SUMMER CAMP
ENROLLMENT/HEALTH INFORMATION
FORM 2015

Please Return with Payment

This form will need to be fully filled out and returned to complete registration. Only one completed packet is needed per student per season.

CAMPER INFORMATION (Please type or print clearly)

Full Name: ________________________________

Address: ___________________________________________________________

Date of Birth: _____/_____/______ Age: _____ Sex: _____ Grade (in Sept.): _____

PARENT/GUARDIAN INFORMATION

Guardian's Name: ________________________________

Home Address: ____________________________________________

Home Phone: ___________________________ Cell phone: ___________________________

Email Address: ________________________________

Employer/firm: ___________________________ Business Phone: ___________________________

DESIGNATED EMERGENCY CONTACT

Name: ________________________________ Name: ________________________________

Relationship: ________________________________ Relationship: ________________________________

Phone: ___________________________ Phone: ___________________________

Parent/Guardian Signature ___________________________ Date ___________________________

Parents: Your child will NOT be released to anyone for any reason if they are not listed on this form!
REQUIRED MEDICAL INFORMATION

Physician: ____________________________  Phone: ____________________________

ASTHMA:  Yes: ☐  No: ☐  If yes, please check the severity boxes below:

☐ MODERATE ASTHMA: child uses inhaler on an AS NEEDED basis.

☐ MORE SEVERE ASTHMA: child must carry inhaler on him/her at all times. Two inhalers must be provided in this case – one for the child to carry and one to be kept in the medication cabinet and carried by the naturalist on hikes.

ALLERGIES

| Food: ____________________________ |
| Drug: ____________________________ |
| Other (i.e. bee, medication): ____________________________ |

Please explain: ____________________________

Note: WES staff is certified in first aid and CPR. The National Park Service has an EMT on call at all times.

MEDICATIONS:

Is your child currently on any medication?  ☐ Yes  ☐ No

If yes, please complete a “School Medication Authorization Form” for EACH medication (pg. 5)

We do not have over the counter medicine to give out for any pains, fever, or colds (i.e. aspirin, Tylenol, Ibuprofen etc). If your child needs medications, prescription or non-prescription, the “School Medication Authorization Form” must be completed and signed by parent and physician (see pg 5). You can fax the forms to your doctor’s office to obtain the signature (often an appointment is not required to do this).

MEDICAL CONDITIONS: (e.g., heart condition, epilepsy, diabetes, recent injury or illness). Include any information for which your child may require special attention or may need to follow a limited program of physical activity.

Please explain: ____________________________
REQUIRED MEDICAL INFORMATION

**EPI-Pen Policy** (Guardian must read and initial)

1. WES staff is in-serviced in EpiPen administration by a Shasta County School Nurse. The in-service follows procedures in accordance with California Education Code 49423.5

2. According to Shasta County Office of Education Guidelines, we cannot administer an EpiPen under directions which say, “Wait to see if symptoms develop and then, if necessary, administer the EpiPen.” **We will administer the EpiPen as soon as the child is exposed to something that has triggered an anaphylactic reaction as diagnosed by their medical provider.**

3. If possible, the student should be responsible for administration of his/her own EpiPen. If student is unable to administer the EpiPen, a Whiskeytown Environmental School staff person who has received training in this procedure will administer the EpiPen.

**PARENT/LEGAL GUARDIAN AUTHORIZATION SIGNATURE FORM**

In the unlikely event that a serious emergency arises, it may become necessary for a physician to attend to your child before the staff can get in touch with you. Your signature on the AUTHORIZATION FOR MEDICAL TREATMENT form is needed to ensure proper emergency care is provided. This authorization must be signed in order for your child to attend camp.

**Authorization for Medical Treatment**

I hereby authorize the Shasta County Office of Education to provide first aid, medical, nursing, or surgical care, including care rendered through the facilities of the nearest physician or hospital for any emergency which may arise while he/she is in attendance camp. I will assume full financial responsibility for all medical, nursing, or surgical care, including transportation of my child. I have carefully reviewed the health procedures information. The information I have provided on the front page of this booklet and the Special Health Conditions form (attached) is accurate to the best of my knowledge.

X
Parent/Legal Guardian Signature

Date
SCHOOL MEDICATION AUTHORIZATION FORM

Name of child: ___________________________ Date of birth: ______________

School ____________________ Phone: ______________ FAX#: ______________

California Ed Code 49423 allows the school nurse or other designated school personnel to assist students who are required to take medication during the school day. This service is provided to enable the student to remain in school or maintain or improve the potential for education and learning.

Medication must be in the container. No medication (including over-the-counter medication and supplements) will be given at school without a current "School Medication Authorization Form" completed by a California licensed physician.

PHYSICIAN'S ORDER (To be completed by health care provider) **Only one medication per form**

Name of medication / strength of tablet, capsule or liquid ________________________________________

This medication is a controlled substance □ yes □ no

Dosage: ___________________________ How Often? ______________________

Time to be given at school: Route to be given: ______________________

Reason for medication/Diagnosis: ___________________________

Possible side effects: _______________________________________

Student has been instructed by physician in self-administration and may carry the inhaler with them

Student has been instructed by physician in self-administration and may carry the Epi-Pen with them

Comments: _______________________________________

It is necessary for this medication to be taken during the school day at the time(s) indicated above.

Print Name of Licensed Physician ___________________________ Signature of Licensed Physician ___________________________

Address ___________________________ Phone ___________________________ Date ______________

******************************************************************************

TO BE COMPLETED BY PARENT BEFORE GIVING FORM TO DOCTOR

I request that my child, ___________________________ , be assisted in taking the above prescribed medication at school by authorized persons. I will comply with the school’s policies and procedures. I will notify the school if there are changes in my child's health status, changes in medication or change in health care provider.

I authorize exchange of information between my child’s Physician, District Nurse, or site administrator with regard to this medication request.

Parent/Guardian Signature ___________________________ Date ______________

Phone (home) ___________________________ Phone (emergency) ___________________________

Name of medication to be given at school ___________________________ Time to be given at school ______________

Form must be renewed every 12 months or whenever the prescription changes.
Whiskeytown Environmental School
RELEASE FROM LIABILITY

Please complete a permission slip for each child attending in your family

Shasta County Office of Education - Whiskeytown Environmental Camp
1644 Magnolia Avenue Redding, CA 96001 530-225-0111
VOLUNTARY ACTIVITIES PARTICIPATION
Acknowledgement and Assumption of Risk Form

I. I authorize my son/daughter to participate in the Shasta County Office of Education sponsored activities offered at the Whiskeytown Environmental School.

II. I (we) recognize the element of risk in any adventure, sport, or activity associated with the outdoors. I (we) are fully aware of the risks and dangers inherent in such activities.

III. I understand and acknowledge that some of the injuries/illnesses which may result from participating in these activities include, but are not limited to, the following:
   1. Sprains/strains
   2. Fractured bones
   3. Unconsciousness
   4. Head and/or back injuries
   5. Paralysis
   6. Loss of eyesight
   7. Lacerations and amputations
   8. Death

IV. Knowing the risks and dangers, I (we) understand the possible consequences of participating in such activity are as follows: (Please see paragraph III)

   I hereby expressly agree to indemnify, defend and hold harmless Shasta County Office of Education, its elected or appointed officials, employees, agents, and volunteers for any injury/illness suffered by my son/daughter which is incident to and/or associated with preparing for and/or participating in this activity.

V. I (we) certify that our child has the necessary skills and ability to participate in this activity and assume full responsibility for our child for bodily injury, death and loss of personal property and expenses thereof as a result of our child’s negligence in participating in this activity except to the extent such damage or injury may be due to the negligence of the Shasta County Office of Education.

VI. I (we) also agree to that our child will abide by the rules or instructions given to our child either verbally or in writing by the Shasta County Office of Education. I (we) further understand that the Shasta County Office of Education reserves the right to refuse to allow any person to participate who is judged to be incapable of meeting the rigors and requirements of participating in said activity.

VII. I (we) have read, understood, and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon me and my (our) child during the entire period of participation in the activity of backpacking in a national forest.

VIII. In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical of the hospital or facility furnishing medical or dental services

Medical Insurance Carrier
____________________________________________________________________
Policy Number
____________________________________________________________________
Address
____________________________________________________________________
Phone Number
____________________________________________________________________

Parent/Guardian ___________________________ Date ___________________________

Student ___________________________ Date ___________________________
Please complete a permission slip for each child attending in your family

WES sponsored events & camps provide outstanding opportunities for children to increase their sense of self-worth and to learn responsibility and cooperation through group participation. Children who come with a positive attitude and are ready to share, cooperate, and work in a group will have a successful fun week. It is necessary for each child to be aware of our safety and respect rules for an enjoyable experience.

Behavior Standards = Respect, Responsibility, Reliability

SAFETY RULES
- Stay within the facility boundaries; remain with your assigned leader at all times.
- Walk; do not run (to prevent injuries from tripping on loose rocks). Do not slide down banisters.
- Keep your shoes on and securely tied at all times.
- Do not throw objects (rocks, sticks, etc.) or squirt water.
- Stay on the trails to avoid poison oak and other hazards.

RESPECT THE ENVIRONMENT
- Stay on the trails – this prevents erosion of areas outside of the trail.
- Leave plant life, wildlife, and their homes (nests, etc.) in their original places.
- Keep a safe distance between yourself and wildlife and respect their territory.

RESPECT OTHERS AND THEIR FEELINGS
- Be a good listener; follow directions.
- No fighting, name calling, or bad language.
- Be considerate of others’ belongings.
- Respect other people’s personal space.

GENERAL FACILITY RULES
- If children need to call home in non-emergency situations, we will call the parent.
- Parents are asked to call only in the event of emergencies.

VIOLATIONS OF BEHAVIOR POLICIES
- Children may be disciplined for violations by non-participation in camp events, time outs, etc.
- Serious violations, e.g., fighting, may include discipline up to and including immediate dismissal from the camp or event, by the WES Director, Assistant Director, or designees.
- Refunds of any fees paid will be determined on a case-by-case basis.

Parent/Guardian Signature and Date  Student Signature and Date
Please complete a permission slip for each child attending in your family

Occasionally we have local news (Channel 7, Channel 12, and the Record Searchlight) spotlight our program here at Whiskeytown Environmental School. We also use photos/video footage for promotional efforts including posting photos of children participating in activities at camp on our website.

This form serves as our permission to use your child’s/children’s picture for promotion efforts. We will not use their names.

Photos/Video for Promotional Activities

☐ I give permission to Whiskeytown Environmental School to use my child’s photo/video for promotional efforts, such as flyers and brochures.

☐ I DO NOT want photo or video footage of my child to be used for any promotional efforts.

Photos/Video for Web Site

☐ I give permission to Whiskeytown Environmental School to use my child’s photo/video for the school web site.

☐ I DO NOT want photo or video footage of my child to be used for the school web site.

Photos/Video for News Releases

☐ I give permission to Whiskeytown Environmental School to use my child’s photo/video for news releases (e.g., channel 7, channel 12, Record Searchlight)

☐ I DO NOT want photo or video footage of my child to be used for any news releases.

Student’s Name: ________________________________

Parent/Legal Guardian Signature: X ________________________________

Parent/Legal Guardian (print name): ________________________________

Date: ________________________________
Whiskeytown Environmental School
Special Activity Permissions

Please complete a permission slip for each child attending in your family. Please print and sign this form in addition to e-mailing your camper’s information, utilizing the convenient print button.

CAMPER’S NAME: ____________________________

CAMP ATTENDING: __________________________

DAYS ATTENDING: __________________________

EDIBLE PLANTS: As part of the activities at the WES sponsored events/camps, we give the children the choice of tasting some of the wild edible plants in the area, i.e., Manzanita berries, wild onions, and Douglas fir needles. Some parents have expressed that they are not comfortable with this. Please indicate your preference.

☐ I DO want my child to participate in the activities of tasting wild, edible plants, if he/she wishes.

☐ I DO NOT want my child to participate in the activity of tasting wild, edible plants.

OVERNIGHT: All students at WES on Thursday are welcome to stay overnight with their fellow campers. There is an additional charge of $30.00 which is to be remitted with this completed form.

☐ I DO give permission for my child to participate in the summer camp overnight.

☐ I DO NOT give permission for my child to participate in the summer camp overnight.

TIE-DYE: Join the fun tie-dying a t-shirt, a tote, or bandana. You may bring a small white or light colored item from home to tie-dye or purchase a t-shirt or tote with our WES logo at camp. Our tie-dye shirts are $15 for youth sizes and $20 for adult. The tote is $10 and the bandana is $7.

☐ I DO want my child to participate in tie-dye. I will be purchasing a WES logo Item.

☐ I DO want my child to participate in tie-dye. I will be providing a small item from home.

☐ I DO NOT want my child to participate in tie-dye.

OPTIONAL BUS TRANSPORTATION to/from WES Camp: ☐ $30 Pickup/drop off is at park on Orange Street (behind Planetarium). Transportation is NOT available on the first morning of the first day of each week of camp.

BUS TRANSPORTATION: To participate in some or all of the activities your child may need to be transported by a school bus (in addition to optional transportation above). I understand that my child may have to ride the bus to participate in camp activities and I give my permission.

__________________________________________________________________________

Parent/Guardian’s Signature and Date

HARD ROCK MINE: One of the activities at camp involves entering a hard rock mine. This mine has been checked for safety by a certified inspector. Children entering the mine are required to wear hard hats (provided by WES) and snugly fitting shoes with good soles. Shoes will get wet so bring at least one extra pair of shoes.

☐ I DO give permission for my child to enter the mine, if he/she wishes.

☐ I DO NOT give permission for my child to enter the mine.

SWIMMING: Swimming is offered during warm weather and all students will be going to Whiskey Creek Beach for a day of fun and sun.

☐ I DO give permission for my child to swim under the supervision of a certified lifeguard.

☐ I DO give permission for my child to swim with a life jacket. ☐ All the time ☐ Only when in water over his/her head.

☐ I DO give permission for my child to WADE ONLY under the supervision of a certified lifeguard.

☐ I DO NOT give permission for my child to swim or wade under the supervision of a certified lifeguard.

**KAYAKING:** All students going into the fourth grade or higher who know how to swim may kayak at Whiskeytown Lake. We will be taking a bus from WES and will be at the lake from approximately 10 am – 3 pm. Your child will need bathing suit, towel, sunscreen, hat, water bottle.

☐ I DO give permission for my child to kayak.

☐ I DO NOT give permission for my child to kayak.

PLEASE NOTE: Any section left unchecked will be treated as an I DO NOT give permission response.
As the parent/guardian of the above child, I recognize that too much sunlight may increase my child’s risk of getting skin cancer. Therefore, I give my permission for the staff at Whiskeytown Environmental School Summer Camp to apply a sunscreen product to my child, as specified below, when he or she will be playing outside, especially during the months of March through October and between the daily times of 10:00 AM to 4:00 PM. I understand that sunscreen may be applied to exposed skin, including but not limited to the face (except the eyelids), tops of the ears, nose, bare shoulders, arms, and legs.

Whiskeytown Environmental School will provide a sunscreen that is SPF 30/PABA Free/Hypoallergenic to children who do not have sunscreen unless otherwise indicated by parent below.

- I have provided sunscreen for use on my child. The product is SPF 15 or higher and does not contain DEET or other mosquito repellent. I have clearly labeled the product with my child’s name.
- I do not know of any allergies my child has to a sunscreen that is SPF 30/PABA Free/Hypoallergenic and would like the school to apply the sunscreen following the SCOE Guidelines.
- For medical or other reasons, please do not apply sunscreen to the following areas of my child’s body: ________________________________________
- I do not want the school to apply sunscreen.

Parent/Guardian Full Name (Print): __________________________________________

Parent/Guardian Signature: ____________________________ Date: ________________
PREPARATION FOR CLOTHING AND EQUIPMENT FOR WES

*Please do not buy or send new clothing with your child; old clothing is fine.*

CHECKLIST OF THINGS RECOMMENDED TO BRING TO WES

*Pack necessary items according to the weather.*

- 1 towel
- 1 plastic water bottle (for hikes)
- Sunscreen Lotion (UVA/UVB)/chapstick
- Insect repellent (*pump, lotion or stick ONLY*)
- Extra pair of socks
- Extra pair of shoes (*children are not allowed to hike in open-toed shoes*)
- 1 Sun cap or hat
- Shorts
- Small daypack/fanny pack
- Camera/film (optional)
- Binoculars (optional)
- If spending the night
  - Sleeping Bag
  - Pillow
  - Toiletries

*Please mark all items with child’s name*

ITEMS NOT TO BRING TO WES

- Stereos/radios
- Candy/Gum/Sodas or other food
- Knives of any kind (including pocket or fishing)
- No cell phones

*These items will be collected and not made available during the week. Any food items (candy, soda, gum) will not be returned at the end of the week.*

Lost and Found: Using a permanent marker, label each item of clothing and equipment with your child’s name. Every week children leave items behind at WES. We display all lost and found articles on Friday, but many are still left unclaimed. Clothes are kept for at least one month, and then distributed to Goodwill, missions, etc. We are not responsible for lost or stolen items.