

Dear Camper,

We're glad that you will be joining us for **Epic: A 10-Day Adventure, July 19 – 29, 2017!** You will share, learn, and grow with your small group, all while doing new activities, building new, lasting friendships, and having fun.

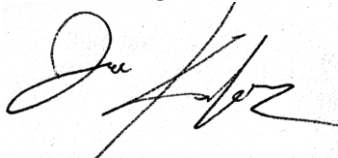
During the session, you will have the opportunity to go on short and long hikes, explore the woods, cook and camp under the stars, share in group discussions, play games, do archery, go swimming, explore the gardens, and so much more. Come with lots of energy, ideas, a desire to share and learn with others, and enthusiasm for exploring nature.

Please review the information in this packet with your parent/guardian.

- Check-in begins at **3:00pm** on **Wednesday, July 19th**. Please arrive between 3:00 and 3:30pm.
 - Parents are invited to an Orientation Session at 3:15 pm to include a tour of camp and a discussion on frequently asked questions regarding the camper experience.
- The session ends at **9:00am** on **Saturday, July 29th**.
 - Families are invited to an Open House on Saturday from 8 - 9am for coffee and muffins, and to chat with the camp directors and watch the slideshow.
- **Please note:** There is no bus option for the trip to camp on Wednesday; however, there is a bus leaving camp on Saturday.
- You will be staying in an open-air cabin with your counselor and 5 to 7 other campers of your same gender and age group.
 - You may request to be in the same cabin with one friend of about the same age and gender. We'll try to honor your written request, but **ONLY** if you both ask to be together and your requests are received at least three weeks prior to the session. Please do not request groups of three.
- An important part of the camp experience is living simply and in harmony with nature. Please leave money, cell phones, MP3 players, hair dryers, electronic games and all other electrical appliances at home. Also, please leave at home all skateboards, bikes, and anything that could qualify as a weapon. Digital cameras – *standalone digital cameras, not phones* – are permitted.
- The following pages include important information for your parents, a suggested packing list, frequently asked questions about health and wellness, bus transportation, and important forms.

Special opportunity! Part of the experience for our Japanese campers is a homestay with Southern California families for two days following their session. This wonderful opportunity for cultural exchange is always a hit among the homestay families and homestay families receive \$50 off a registration! Sign up to host 2-3 campers from August 12th to the morning of August 14th by emailing registrar@campstevens.org, or calling the Camp Stevens office at 760/765.0028.

We're looking forward to seeing you in August!



Joe Kiefer
Summer Camp Director



Trevor Graham-Wilcox
Associate Director

INFORMATION FOR PARENTS/GUARDIANS

Please make sure to return the following at least two weeks prior to the session.

- ❑ **Medical Information Form:** Please complete the entire form (including having the backside completed by a doctor if necessary), make a copy for your records and return the original to Camp Stevens. It is very important that you provide us with any and all relevant information, including medications and behavior information, so we can provide the best experience for your child. Certain medical conditions, including being under a doctor's care, require that we have a copy of a medical examination within the last two years for admission to camp. One medical form is good all summer, if the consent form is dated through September 2017.
- ❑ **Release and Indemnification Form:** Parents/guardians must initial and sign the top section of this form. The camper is to sign the lower section of the form. While at Camp Stevens, a camper may have an opportunity to participate in one of our high ropes course activities (for campers over 10) or the climbing wall (as an all-ages free time activity in which your camper may choose to participate). These courses are designed with the safety of the participants in mind, and include such safety precautions as harnesses and trained staff. Campers who do not have a completed form will **NOT** be able to participate in these activities.
- ❑ **Transportation Plan:** If you have not already registered for bus or van transportation and would like to, please contact the Camp Stevens office at (760) 765-0028 or registrar@campstevens.org.
- ❑ **Camp Fee:** Full payment is due by May 31, 2017. Make checks payable to Camp Stevens and mail to: Registrar, P.O. Box 2320 Julian, California 92036. To pay with a debit/credit card, return to your online registration or call the Camp Stevens office at (760) 765-0028. We accept Visa, MasterCard, American Express and Discover.

Please review the following policies, and contact our office if you have any questions or concerns.

- **SPECIAL NEEDS**, such as dietary, medical and behavioral needs and recent major life changes, are something we'd like to know about prior to campers' arrival. This enables us to prepare and provide the best possible experience for every child.
- **STAYING OVER BETWEEN SESSIONS** is not possible, as staff needs time and space to prepare for the next session.
- **MAIL** from home is welcome and can be sent to: Your Child c/o Camp Stevens, P.O. Box 2320, Julian, CA 92036. Emails can also be sent to camper@campstevens.org, with your camper's name in the subject line (Note that these will be opened and printed by Camp Stevens staff.) Please phone the camp in emergencies only.
- **ARRIVING AT CAMP** We reserve the right, through our nurse, to refuse admission to anyone who: Does not have a medical form, or whose report indicates camping would be harmful to the camper's health or to the health of others; Is not physically able to participate in camp activities; Is ill upon arrival at camp.
- **NUTRITIOUS, DELICIOUS MEALS** and snacks are provided at camp. Please help us keep critters out of the cabins and do not to pack or send any food, including candy and gum.
- **PERSONAL ITEMS** and clothes should be appropriate for camp. Older clothing that can get dirty is ideal. **Please be sure that all of your child's belongings – and their bag/suitcase -- are well-marked.** Leave all electronics and valuables at home (Standalone digital cameras are the only electronic permitted at camp). Camp Stevens is not responsible for lost items.
- **CANCELLATION POLICY** Cancellations by that date will receive a full refund, less the \$100 deposit. There will be no refunds after May 31, 2017 except in medical emergencies when 50% will be refunded.
- **RETURNED CHECKS** A \$20.00 fee will be applied for all returned checks.
- **EARLY DEPARTURE** for a camper for either medical or behavioral reasons requires that parents or guardians are responsible for picking up the camper immediately upon notification. There is no refund for campers who leave early.
- **CAMPERS MAY NOT BRING** illegal drugs, alcohol, pets, money or electronics of any nature (Cameras are allowed.).

SUGGESTED PACKING LIST

- | | | |
|--|--|--|
| <input type="checkbox"/> Jeans, or other long pants | <input type="checkbox"/> Camping Sleeping Bag | <u>OPTIONAL</u> |
| <input type="checkbox"/> Shorts | <input type="checkbox"/> Pillow | <input type="checkbox"/> Journal |
| <input type="checkbox"/> Shirts or T-shirts | <input type="checkbox"/> Soap, shampoo, towel | <input type="checkbox"/> Camera |
| <input type="checkbox"/> Changes of underwear & socks | <input type="checkbox"/> Toothbrush, toothpaste | <input type="checkbox"/> Non-aerosol insect repellent |
| <input type="checkbox"/> Pajamas | <input type="checkbox"/> Heavy Sweatshirt or Jacket | <input type="checkbox"/> White/light-colored cotton t-shirt for tie-dying. |
| <input type="checkbox"/> Swimsuit & Sunscreen | <input type="checkbox"/> Lip Balm | |
| <input type="checkbox"/> Tie shoes | <input type="checkbox"/> Hat, Cap or Bandana | |
| <input type="checkbox"/> Flashlight w/ extra batteries | <input type="checkbox"/> Paper, Stamps, Pen, Envelopes | |
| <input type="checkbox"/> Non-disposable water bottle | (pre-addressed for younger campers) | |

Frequently Asked Questions Regarding Health and Wellness

Our friendly, qualified and experienced nursing staff wants to work with your family to make sure your campers have a positive experience at camp. Here are some frequently asked questions about our health care philosophy:

What if my child doesn't feel well before they come to camp?

It's probably better if your child stays home and gets better. Camp is a hard place to feel sick as well as an easy place to spread sickness to others.

If my child gets sick at camp, will I be notified?

Absolutely. If your child is not feeling well for more than a couple of hours, we will give you a call to let you know what's going on. If your child's symptoms persist for more than 24 hours, we will recommend he/she goes home to get better.

How does treatment of injury or illness work at camp?

While the staff handles minor cuts and scrapes out on the trails, the nurse will be consulted on anything beyond that. The nurse keeps a log of treatment so that we can monitor campers closely. If the injury or illness requires a trip to the doctor you will be immediately contacted and we will work with you to make the best plan possible.

Are the other people at camp trained in First Aid and CPR?

Yes! All resident counselors, staff and directors are trained and certified with at least basic First Aid and CPR.

If my child has a special behavioral or medical need, what should I do?

Special needs, including dietary, medical and behavioral needs, as well as recent major life changes are something we'd like to know about prior to your camper's arrival. Contact the Camp Stevens office at (760) 765-0028 or registrar@campstevens.org and we'll be happy to talk to you about the needs of your child.



Suggested Packing List for Summer Camp

Clothing

- Shorts
- Shirts or t-shirts
- Jeans or other long pants
- Changes of underwear and socks
- Pajamas
- Swimsuit
- Tie shoes (Shoes with Laces)
- Heavy sweatshirt or jacket
- Hat, cap or bandana

Personal Care & Comfort

- Sunscreen
- Soap, shampoo, towel
- Toothbrush and toothpaste
- Lip balm

Comfort

- Pillow
- Camping sleeping bag
- Flashlight with extra batteries
- Non-disposable water bottle
- Paper, stamps, pen, envelopes (pre-addressed for young campers)

Optional:

- Journal
- Bible
- Camera
- Non-aerosol insect repellent
- White or light-colored blank t-shirt for tie-dying
- Digital cameras are permitted when used appropriately

Things to Leave at Home:

An important part of the camp experience is living simply and in harmony with the natural surroundings. To fully enjoy the experience, please do not bring:

- Cell phones
- MP3 players
- Hair Dryers
- Electronic Games
- Electronic Devices
- Money
- Skateboards and Bikes
- Anything that could qualify as a weapon

**Wilderness Sessions may require additional supplies.
Please refer to the session letter for additional information.**

Bus & Van Information

Camp Stevens is 165 miles from Los Angeles. The bus is provided at cost and gives campers an opportunity to make friends before arriving at camp. You can take the bus round-trip or one-way. Space is limited so send your reservation in early.

Los Angeles Area: \$50 roundtrip or \$25 each way

Region	Location / Address	To Camp (Sun)	Return (Sat)
Burbank	McCambridge Park: 1515 N. Glenoaks Blvd, Burbank south corner at Andover Dr.	Not Available for Epic!	2:30 PM
Los Angeles	Bank of America: 2703 S. Figueroa St. southwest corner at 27th St.		1:45 PM
Anaheim	St. Michael's Episcopal Church: 311 W South St., Anaheim northwest corner Lemon St.		12:45 PM
Corona	St. John's Episcopal Church: 526 Magnolia Ave., Corona Exit 15S at E. Ontario turn right on Magnolia Ave. right to church lot		11:30 AM

San Diego Area: \$30 roundtrip or \$15 each way

Region	Location / Address	To Camp (Sun)	Return (Sat)
San Diego	St. Paul's Episcopal Church: 2728 6 th Ave., San Diego parking area at Olive St.	Not Available for Epic!	11:00 AM
La Mesa	St. Andrew's Episcopal Church: 4816 Glen St., La Mesa		10:30 AM

Bus Procedures:

REGISTRATION: If you would like your camper to take the bus or van to and/or from camp and have not yet paid for a reservation, [please return to your online registration](#) and add bus transportation, or contact Camp Stevens: 760.765.0028 | registrar@campstevens.org.

LUGGAGE: Space is minimal so we must limit you to 1 sleeping bag/pillow and 1 duffel bag or suitcase. **Mark them well** with your camper's name and home address.

THE BUS DOES NOT STOP: To minimize the risk of a camper getting lost, the bus does not stop en route. Additionally, campers will not be allowed to leave the bus except in case of an emergency. **Parents should provide a lunch for their children** if they are on the bus during the lunch hour or if they believe the camper will be hungry along the journey.

RETURN TRIP: On the return trip there is no lunch stop. A light snack will be provided after the Corona stop on the trip home.

BUS COUNSELORS: Camp Stevens provides a bus counselor for supervision and to take charge in an emergency. As campers arrive, the driver and bus counselor will each check-in campers. They will wait an additional 5 minutes for late arrivals. The San Diego-area van is driven by a Camp Stevens staff person. The bus counselor/van driver is responsible for the safety and well-being of the campers. It is imperative that campers listen to the bus counselor/van driver for safety procedures and guidelines. These include wearing seatbelts when provided, obeying the instructions of the counselor/driver, keeping the noise down to a reasonable level and knowing what the procedures will be at the next stop.

MEDICATIONS: Medication should be packed so it is accessible to give to the nurse upon arrival at Camp Stevens.

CAMPER RELEASE: On the return trip, campers will only be released to their parents or responsible guardian.

LATE PICK-UP: If you think you will be late, please call the emergency contact below. If a family does not arrive on time, the camper will remain with the counselor/driver on the bus. Five minutes after the designated drop-off time, the bus will leave **with the camper aboard**. The family will be notified and instructed to go to the next stop to pick up their camper. No camper will be left unattended. The last stop on the return trip is Burbank - the bus will remain in Burbank until a parent arrives or other arrangements are made. Please include your cell phone number in your registration information to facilitate contact.

ARRIVING EARLY TO DROP-OFF AND PICK-UP YOUR CAMPER HELPS KEEP THE BUS ON-TIME AT ALL STOPS.

Wilderness Program Release and Indemnification Form

Parents: Please read and initial alongside each paragraph and sign below,
and have your camper read and sign the Camper Agreement section.

I, the undersigned parent/person having legal custody/guardianship of _____, date of birth _____, hereby:

____ * Give permission for the minor to participate in a Camp Stevens wilderness program. I understand that during any transportation, there is a risk of traffic accidents. I understand that in hiking, backpacking and camping, there are risks of falling and other accidents, exhaustion, exposure to wild animals and harmful insects and plants, exposure to intense environmental conditions including extreme temperatures, sun and wind and dangerous topographical conditions such as mountains, deserts, canyons, rivers and oceans. I understand that in rock climbing and challenge/ropes course activities; there are risks of falling, equipment failure and being hit by falling objects dislodged by others or by forces of nature. Additionally, I understand that in all of these activities, there are risks of becoming ill or injured in a remote area without medical facilities. I have read the description of the program in the camp brochure or website, and agree that my minor is physically able and mentally prepared to participate in all camp activities/program.

____ * Voluntarily and knowingly assume all risks and dangers inherent and incidental to the activities of the camp program. I will not hold Camp Stevens, The Episcopal Diocese of San Diego, The Protestant Episcopal Church in the Diocese of Los Angeles, a corporation, liable for any injuries incurred during the program, whether caused by equipment or the acts of omission of others, excepting damage or injury solely caused by the willful misconduct or negligence of Camp Stevens or its employees or agents.

____ * Release Camp Stevens, The Episcopal Diocese of San Diego, The Protestant Episcopal Church in the Diocese of Los Angeles, a corporation, its directors, officers, employees, agents, successors and assigns from all liabilities, claims and causes of action, of any kind or nature whatsoever, whether caused by breach of contract or any other fault, in any way relating to or arising at any time out of my child's participation in any activity of Camp Stevens or use of Camp Stevens equipment or facilities.

____ * Assume liability for, and agree to indemnify, protect and hold harmless Camp Stevens, The Episcopal Diocese of San Diego, The Protestant Episcopal Church in the Diocese of Los Angeles, a corporation, its directors, officers, employees, agents, successors and assigns from and against any and all liabilities, losses, damages, expenses (including reasonable attorney fees), claims, suits and causes of action, of any kind or nature whatsoever, in any way relating to my child's participation in the program conducted at Camp Stevens.

____ Give permission for photographs or video footage of my child to be used by Camp Stevens for promotional purposes.
*** Items marked with an asterisk are mandatory for admission to Camp Stevens.**

If any provision of this agreement, as applied to either party or to any circumstance, shall be adjudged by a court to be void or unenforceable, the same shall in no way affect any other provision of this agreement or the validity or enforceability to this agreement.

I HAVE READ AND UNDERSTAND THIS AGREEMENT. I have read the sections above and understand the possible risks. I understand that by entering into this agreement I surrender valuable rights. I do so freely and voluntarily.

Date

Parent/Guardian Signature

Name (Please print)

Camper Agreement Section

I have read the letter for my wilderness session and am looking forward to participating in the program. I am willing and able to participate fully in all the activities. I will do my best to work with others, to respect the property of Camp Stevens, other campers and the camp staff. I understand that failure to live up to this agreement might result in early dismissal from the program without a refund.

I understand that the wilderness programs in which I may participate are strenuous physical activities presenting the risk of accident, injury, illness, or death. I also understand that no amount of supervision or care can eliminate the possible danger involved. For these reasons, I agree to be responsible for my own safety while participating in the program activities and to follow carefully all instructions and procedures.

Date

Camper Signature

Name (Please print)

MEDICAL INFORMATION FORM
PARENT/GUARDIAN SECTION (Please print)

CAMPER'S NAME _____ CAMP SESSION _____ DATES _____

Parent/Guardian _____
Last First I Address

City _____ State _____ Zip _____ Phone (____) _____ Emergency Phone (____) _____

M ___ F ___ Birth Date _____ Physician _____ Phone (____) _____

PARTICIPANT'S HEALTH HISTORY: Please check:

ASTHMA*	<input type="checkbox"/> Yes <input type="checkbox"/> No	ADD/ADHD	<input type="checkbox"/> Yes <input type="checkbox"/> No	Headaches	<input type="checkbox"/> Yes <input type="checkbox"/> No
HEART DEFECT/DISEASE*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Head Lice (recent)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fainting	<input type="checkbox"/> Yes <input type="checkbox"/> No
SEIZURES*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bed wetting	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ear Infections	<input type="checkbox"/> Yes <input type="checkbox"/> No
DIABETES*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sleepwalking	<input type="checkbox"/> Yes <input type="checkbox"/> No	UNDER DR.'S CARE*	<input type="checkbox"/> Yes <input type="checkbox"/> No
RECENT HOSPITALIZATION*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tuberculosis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other(explain below)	<input type="checkbox"/> Yes <input type="checkbox"/> No

* Note: If "Yes" for any BOLD* items above, a Doctor's written authorization is required prior to attending camp. (Form on back of this page.)

Childhood Diseases: _____

Date of last Tetanus injection _____ Date of last Physical Exam _____

List all reactions to any medications . _____)

Food allergies or other allergies? _____

List any recent operations or injuries which would be helpful to camp Medical staff _____

Any recent illness (past two months)? _____

List any medications being sent to camp (all medications must be in original container.) _____

Is there any special medical or dietary care needed? _____

Are there any restrictions in any of the physical programs (swimming, hiking, games, etc.?) _____

Use this space to provide any additional information about the participant's behavior and physical, emotional or mental health about which the camp should be aware. _____

Insurance Information

Medical Insurance Carrier _____ Policy and/or Group # _____

Signature of Parent/Guardian completing form; _____ Date _____

THE FOLLOWING MUST BE COMPLETED

Unless this form is signed by a parent or guardian, the Camp cannot get emergency help for your child in case of injury. This technical wording is controlled by the dictates of State Law. Thank you for your cooperation.

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

(I) (We), the undersigned, parents of _____, a minor, having legal custody of said minor and having entrusted said minor into the care of the agent(s) hereinafter named, do hereby authorize the staff of Camp Stevens as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is to be rendered under the general or special supervision and upon the advice of any physician and surgeon licensed under the provisions of the Medicine Practice Act or to consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a licensed hospital, or at any other place or places.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

The undersigned further agree(s) to indemnify and hold harmless the Protestant Episcopal Church in the Dioceses of Los Angeles and San Diego, each and any of its institutions, societies or subdivisions, and each employee or agent of any of them, from any loss, cost (including cost of investigation or defense of claims and legal fees), liability or damage which may be sustained or may rise out of the performance, non-performance or mis-performance of any examination, anesthetic, diagnosis, treatment or hospital care performed as a result of or following any consent or purported consent by said agent(s) hereunder.

It is understood that this authorization is given in advance of any specific examination, diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such examination, diagnosis, treatment or hospital care which the aforementioned physician may advise.

This authorization shall remain effective through _____ unless sooner revoked in writing delivered to said agent(s), no revocation shall render said agent(s) liable, nor place said agent(s) under any duty, with respect to any consent given hereunder prior to actual receipt by said agent(s) of such revocation.

Dated: _____

Parent/Guardian

NO ONE WILL BE ADMITTED WITHOUT THIS FORM
Complete Both Sides of this Form

PHYSICIAN'S SECTION

Required if a camper has a history of Asthma, Heart defect/disease, Seizures, Diabetes, has been recently hospitalized or is currently under a doctor's care.

Physician - please note: Because of the camper's medical history, we have asked for your written authorization prior to the campers attendance. The program consists of a variety of active life-style activities, including strenuous hiking, games and activities in the forest and grass meadows in and near the camp, at an elevation of 4,300 feet. Your careful consideration is appreciated.

MEDICATION ALLERGIES _____

FOOD ALLERGIES _____

DATE OF LAST TETANUS BOOSTER _____

REMARKS

CHECK: **Nose** _____
Skin _____
Ears _____

Throat _____
Hernia _____

Heart _____
Abdomen _____

Are there any restrictions in any of the physical programs (swimming, hiking, games etc.?) _____

I have examined the applicant for entrance to Camp Stevens and find the camper physically qualified to be accepted as a camper and to enter into all camp activities except as noted.

Signed _____ **Date** _____

Physician's name _____ Phone (____) _____

Please print

This applicant is approved for Back-packing at altitudes over 10,000 Feet.

Signed _____ **Date** _____

**NO ONE WILL BE ADMITTED WITHOUT THIS FORM
Complete Both sides of this form**