



Camp California Camper Agreement

Our Philosophy:

A safe environment for children where they will make friends, learn new skills and gain a better appreciation for diversity. Focus will be on developing a cohesive cabin group and building a sense of cooperation to live and play together. We will always encourage involvement over competition while developing respect for others.

As a camper of the Camp California community, I agree to the following:

- I promise to keep a positive attitude
- I promise that I will try new activities
- I promise to speak English
- I promise to make lots of new friends
- I promise that I will talk to my counselors if I have a problem
- I promise that I will write to my parents at least twice
- I promise that I will shower and brush my teeth daily
- I promise that I will eat a well balanced meal, including fruits and vegetables
- I promise to respect the cultural differences among my fellow campers
- I promise to help with my cabin duties
- I understand that the use of tobacco products, alcohol or drugs of any kind are not permitted at camp and that they are grounds for being sent home
- I understand the reason for not bringing my mobile phone to camp is because it interrupts the camp environment and programs
- **I promise to have lots of fun!**

It is Camp California's philosophy to encourage campers and staff to make new friends while at camp. In placing campers in cabin groups we do our best to mix campers from different countries and schools to encourage making new friends while at camp.

Child's name: _____

Date: _____

Child's signature: _____

Session: _____



Teen Adventure Program Camper Rental

If your camper is applying to be in the Teen Adventure program then please fill out the information below. There is NO need to fill out the "Activity Selection Form", as the "Activity Selection Form" is solely for campers in Resident Camp.

Child's name _____

Teen Adventure Program Attending: TEEN 1 TEEN 2 TEEN 3 Session 2 3 4 5

Have you ever been on Teen Adventure before: YES NO

If YES, please check which Teen Adventure: TEEN 1 TEEN 2 TEEN 3

ACTIVITIES

Please place an x in the column that rates the campers skill level in each activity. *By choosing has no experience, this does not mean your child will not participate, but rather simply may need additional attention during the activity or extra practice beforehand.*

Activity

Please note that not all activities are done in each program.

Activity	Has lots of experience	Has little experience	Has no experience
Mountain Biking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Camping in Tents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Backpacking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hiking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rock Climbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kayaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rafting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scuba Diving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snorkelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EQUIPMENT RENTAL

Will you be bringing your own sleeping bag or renting one? OWN RENT 5 Euros
 Sleeping Bag Rental Cost = 5 Euro
 Sleeping Bag Replacement Fee =

Will you be bringing your own backpack or renting one? OWN RENT 5 Euros
 Backpack Rental Cost = 5 Euro
 Backpack Replacement Fee =

Total Cost: _____

Replacement Fees are only charged when the items are not returned or returned damaged.



List of Clothing & Articles to Bring to Teen Adventure Camp

During Teen Adventure we will be going to a variety of locations and participating in a wide range of activities. This packing list is designed so Teen Adventure campers can get the most out of their adventure.

Rather than traditional luggage, campers should use a large backpack (60-80 Liters) to carry all their belongings. They should also have a smaller backpack for day trips, a sleeping bag for nights out, and water shoes for swimming and other water activities. Please look at "Teen Adventure Essentials" sheet for more information on these items. Campers without these items may rent one from camp. Please call or email us ahead of time to reserve your pack (rob@campcalifornia.com).

Sent	Needed	Article
_____	1	Large Backpack or duffle bag (60-80 Liters) (Essential)
_____	1	Sleeping Bag (Essential)
_____	1	Water Bottle (Essential)
_____	1 pair	Water Shoes (Essential)
_____	2	Jean / Long Pants
_____	14	Cotton T-Shirts
_____	1	Sweat Shirt
_____	4-6	Shorts
_____	14	Underwear
_____	14 pairs	Socks
_____	1 or 2	Swimsuits
_____	1	Long Sleeve Cotton T-Shirt
_____	1 pair	Pajamas
_____	1	Rain jacket
_____	1	Belt
_____	1 pair	Sneakers (tennis, basketball, or running shoes)
_____	1 pair	Sandals or Flip-Flops
_____	1	Hat / Baseball Cap / Bandana
_____		Soap & Shampoo
_____		Sunscreen
_____	1 - 2	Washcloths
_____	1	Toothbrush & Toothpaste
_____	1	Comb or Hairbrush
_____	2	Bath Towels
_____	1	Pillow Case
_____	1	Flashlight
_____	1	Bug Spray
_____	1	Reading Book

Spending money is strongly recommended for snacks, souvenirs, additional items, etc.
Suggested amount: Around 50 Euros

Teen Adventure Essentials



Large Backpack

Due to the amount of travelling and moving around we do on Teen Adventure, suitcases cause us to slow down. Thus, we use large backpacks. If you do not have your own, you can rent one from camp so that you can easily pack all your gear in one bag. During travels, one bag is allowed per camper (since space is limited in the vans). If you would like to rent one from camp, please reserve one before camp.



Sleeping Bag

During our travels we will often sleep outside, in a tent, or in a lean-to cabin. During these times bedding is not provided. Campers should all come with a sleeping bag for their nights away from camp. Most sleeping bags should come with a stuff sack so they may be stored in the bottom of your backpack. If you would like to rent one from camp, please reserve one before camp.



Water Bottle

Hydration is very important during high-energy activities, so all campers need to have a water bottle with them at all times. Water bottles are available for purchase at our camp store.



Water Shoes

Water shoes are very important due to the fact that many of the beaches we swim on are rocky beaches. Activities such as kayaking and rafting (teen 2 & 3 only) also require water shoes. Water shoes are NOT available for purchase at camp store. Teens may try to purchase them while on the road, but should come to camp with them.

To reserve a large backpack or sleeping bag, please feel free to contact us at +385 52 759 194 or email Rob Culp at rob@campcalifornia.com.



Child's Health History Form

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. AUTHORIZATION

FOR TREATMENT: I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment, and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for my child as named below. The completed form may be photocopied for trips out of camp. **Please return this form to the CCUSA office in your home country by May 1st, or fax it directly to the camp office at least 2 weeks prior to your child's start date.**

Signature of Parent or Guardian _____ Date _____ Session: _____

Child's Name _____ Birth Date _____ Sex: Male Female
Last First

HEALTH HISTORY

List any surgeries, serious injuries, or fractures (include dates and current status): _____

Attention Deficit Disorder or behavioral problems _____

Has the child ever been under a professional's care for emotional, psychological or learning difficulties? Yes No If yes, when and please describe _____

Check all that apply and give approximate date of:

Illness	Date	Diseases	Date	Allergies
<input type="checkbox"/> Frequent ear infections	_____	<input type="checkbox"/> Measles	_____	<input type="checkbox"/> Poison ivy / oak
<input type="checkbox"/> Heart defect / disease	_____	<input type="checkbox"/> Chicken pox	_____	<input type="checkbox"/> Insect stings
<input type="checkbox"/> Convulsions / seizures	_____	<input type="checkbox"/> German measles	_____	<input type="checkbox"/> Hay fever
<input type="checkbox"/> Diabetes	_____	<input type="checkbox"/> Mumps	_____	<input type="checkbox"/> Penicillin
<input type="checkbox"/> Bleeding disorders	_____	<input type="checkbox"/> Tuberculosis	_____	<input type="checkbox"/> Other drugs
<input type="checkbox"/> Hypertension	_____	<input type="checkbox"/> Hepatitis	_____	<input type="checkbox"/> Asthma
<input type="checkbox"/> Mononucleosis	_____	<input type="checkbox"/> Bronchitis	_____	<input type="checkbox"/> Food (specify below)
<input type="checkbox"/> Sinus trouble	_____			_____
<input type="checkbox"/> Migraine headaches	_____			_____

Name of dentist _____ Phone # _____

Name of family physician _____ Phone # _____

FEMALE CAMPERS:

Has child menstruated? _____ If not, has she been told about it? _____

MEDICATIONS BEING TAKEN—PARENT COMPLETE THIS SECTION

Please list **ALL** medications (including over-the-counter or nonprescription drugs) taken routinely. The child should bring enough medication to last the entire time at camp. Keep it in the original packaging that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage and the frequency of administration in English. All medications will be stored in the camp medical facility.

- Child takes NO medications on a routine basis. Child takes medications as follows:
- Med #1 _____ Dosage _____ Specific times taken each day _____
 Reason for taking _____
- Med #2 _____ Dosage _____ Specific times taken each day _____
 Reason for taking _____
- Med #3 _____ Dosage _____ Specific times taken each day _____
 Reason for taking _____

Attach additional sheet for more medications.

IMMUNIZATION HISTORY

Please record the approximate month and year of immunizations.

Vaccines	Date of 1st immunization	Date of last immunization
DPT series (Diphtheria, Pertussis, Tetanus)	_____	_____
Polio*	_____	_____
MMR (Mumps, Measles, Rubella)	_____	_____
TB skin test	_____	_____
Tetanus Booster	_____	_____
Typhoid	_____	_____
Hepatitis B	_____	_____
Tetanus	_____	_____
Small Pox	_____	_____

RECOMMENDATIONS AND RESTRICTIONS WHILE AT CAMP

Any treatment to be continued at camp? _____

Allergies: Penicillin? Yes No Bee Stings? Yes No Poison Oak? Yes No Other Yes No

If other, please explain _____

Additional Health Information _____

Does the applicant have any special dietary requirements? _____

FOR CAMP INFIRMARY USE ONLY

Camp Nurse's Comments _____

