

Camp Unalayee

Welcome to Camp Unalayee!

In the following pages you will find the required forms in order for your child to attend Camp Unalayee. All forms must be filled out, signed, and returned to the Camp Office either by mail, e-mail, or fax before your child will be allowed to go to camp.

Please return pages 2-5 **as soon as possible**. This includes:

- The Parental Agreement
- The Parental Release Form & Camper Agreement
- Emergency Contact & Medical Release Form
- Camper Health History

Once we have received these three forms we will send you further important information including transportation instructions and a packing list.

Page 6 may be returned separately as medical appointments require. Please try to make physical exam appointments early; this form must be returned **at least 3 weeks prior to the session your child will attend**. This includes:

- Medical Exam

If you have any questions or concerns regarding these forms or your child's upcoming camp experience please do not hesitate to contact us:

office@gocampu.com

(650) 969-6313

We can't wait to see your child in the mountains!

Camp Unalayee

Parental Agreement

Parent/Guardian: Please read and sign the following forms

EMERGENCY CONTACT INFORMATION

In the event an emergency occurs while a parent or guardian is traveling or otherwise unavailable, the camp office must be able to contact an alternate emergency contact. I will provide Camp Unalayee with accurate and complete Emergency Contact information.

Camp Unalayee is a primitive camp located in the Trinity Alps Wilderness area of California at an elevation of 6,500 feet, operated by the Camp Unalayee Association. The terrain is rough and rocky. Campers sleep outdoors on the ground and cooking is done over open fires. Overnight backpacking trips into the wilderness, often over steep and rocky trails, are the core of our program. While on backpacking trips the nearest professional medical care may be over 24 hours away.

CAMPER QUALIFICATIONS

My camper is between 10 and 17 years of age, is in good physical condition and is able to participate in all aspects of our program.

WITHDRAWAL

Camp Unalayee reserves the right to dismiss my camper for violation of camp rules, misconduct or disruptive behavior or whose influence, in the opinion of the director, is not in the best interest of the camp. I am responsible for the expense and arrangements for sending my camper home. There will be no refund.

HEALTH

For the protection of all, my camper will need a physical examination prior to attendance at Camp. I understand a current tetanus shot is required. I will submit the Health History and Medical Release Forms provided by Camp. *Camp provides onsite basic first aid. Camp reserves the right to charge Parent for medical costs related to injury or illness of Camper.*

It is understood that unless otherwise indicated, my camper is in good health. Any information, which may be pertinent to my camper's health and welfare, will be provided to the Camp office in writing.

I will make note on the Health History Form of all types of medications, both prescription and nonprescription, that my camper may be taking. Should anyone with whom my camper has been associated become ill with a contagious disease within three weeks of my camper's scheduled camp session, I will notify Camp at once.

EMERGENCY CONTACT INFORMATION

In the event an emergency occurs while the parent/guardian is traveling or otherwise unavailable, the office must be able to contact an alternate emergency contact. I will provide accurate and complete emergency contact information. The person listed on the emergency contact form of the application has agreed to be responsible for my camper if I am absent or unavailable.

TRANSPORTATION

I will arrive 1/2 hour before the scheduled bus departure time. Authorities will be called within one hour after the scheduled arrival time if the camper has not picked up.

To Camp:

Palo Alto ___ Berkeley ___ Dunnigan ___ Redding ___ No Bus ___

Return:

Palo Alto ___ Berkeley ___ Dunnigan ___ Redding ___ No Bus ___

LOST ARTICLES

Camp is not responsible for articles of clothing or personal belongings that are lost or damaged. I will not allow my camper to bring **expensive** radios, cameras, fishing gear, etc. The Director will safely keep all such equipment during the session and will be returned at the end.

USE OF CAMPER'S IMAGE

Photographs of my Camper may be used in promotional materials: Yes ___ No ___

CAMPER'S EMAIL

Camper's email may be used for newsletters: Yes ___ No ___

ROCK CLIMBING

Camp Unalayee offers 'top-roped' rock climbing. Qualified staff is hired for this activity. This activity can be dangerous. If you **do not** want your child to participate in rock climbing, please check _____

FEES

All camp fees must be paid prior to the start of the session.

FURTHER CAMP INFORMATION

Upon receiving the application and acceptance by Camp, the following forms will be sent to you. They are also available online.

- Transportation information
- Equipment List
- All forms must be completed and signed prior to camp.

PARENTAL AGREEMENT

I have read and understand this form. Any questions I may have had about the policies and operations of Camp Unalayee have been answered to my satisfaction.

(Print) Parent / Guardian's Name:

Parent / Guardian's signature:

Date: _____

Camp Unalayee

Parental Release Form & Camper Agreement

Parents: Read and sign the Release Form

Camper: Read and sign the Camper Contract

Parent Release Form

I have requested Camp Unalayee to allow my child to participate in its summer camp program. As a condition of receiving this benefit, I, the undersigned, do hereby agree to the following:

I understand that my child's participation in camp activities can expose him or her to dangers both from known and unanticipated risks. Acknowledging that such risks exist, and I hereby release and discharge Camp Unalayee, its officers, agents, and employees from any and all claims or liability for personal injury or property damage my child may suffer while at Camp Unalayee: including, but not limited to, any person in connection with the preparation for, supervision of, or conduct of any activity, whether planned or unplanned.

Parent or Guardian Signature

Name (Please Print)

Camper Agreement and Contract of Understanding

Camper's Contract of Understanding

I understand that Camp Unalayee is a primitive camp where we will live close to nature and to one another.

Campers and counselors sleep on the ground and work together in meal preparation, wood cutting and clean up. I am aware that during the two-week session we will be going out on two backpacking trips, one for three days and another for four days. During the nine-day session we will go on one backpacking trip. During these trips we will carry our own equipment and supplies.

Unalayee is special place where the focus is on wilderness living. I will not bring any of the following, nor use them while I am at camp: electronic devices (CD players, radios, ipods, cell phones, electronic games, portable DVD playesrs, etc.); pets or animals; weapons of any kind: alcohol, tobacco, fireworks, drugs (marijuana or other illegal drugs). I know that I will be sent home for having or using these things at camp.

I will try to make Camp Unalayee a "Place of Friends" for all people and I will take care of it so others may share this unique experience.

Camper Signature

Camper Name (Please Print)

I would like to be in a tribe with _____
(limit 3 friends)

I would like my counselor to be _____

Camp Unalayee

Emergency Contact & Medical Release Form

Emergency Contact Information

Camper Information

Name _____ Gender _____ Age _____ Birth date _____

Parent / Guardian Information

Name _____

Home# _____ Work# _____ Cell# _____

Alternative Contact -- (Required)

Name _____

Home# _____ Work# _____ Cell# _____

Second Parent or Guardian Information -- (If Needed)

Name _____

Home# _____ Work# _____ Cell# _____

Medical Release

I hereby give permission to the medical personnel selected by the Camp Director to provide routine health care; to administer over-the-counter and prescribed medications; to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange related 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 the person named above. This form may be photocopied for trips out of camp. I acknowledge that the cost of a helicopter evacuation or extraordinary emergency fees may be borne by the camper's parent/guardian. I understand parents, guardians, or the emergency contact will be notified by a camp representative if a camper is required to be seen by a hospital or physician.

Date _____

Parent / Guardian's Signature _____

Note: This form must be completed in order for your child to attend

Camp Unalayee

Camper Health History Form

Name _____

Allergies: Describe reaction and management of the reaction
Medication allergies (list) _____

Food allergies (list) _____

Food Restrictions:
Does not eat: ___red meat ___pork ___dairy products ___poultry ___seafood ___eggs___ other _____

Other allergies (list) – include insect stings, hay fever, asthma, etc.

Current Medications Being Taken
Please list ALL current medications (including prescribed and over-the-counter) taken routinely. Keep them in the original bottle that identifies the prescribing physician, the name of the medication, the dosage, and the frequency of administration.

This person takes NO medication _____ or this person takes medication as follows:

Med #1 _____ Dosage _____ Specific times taken each day _____

Describe the current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp _____

Med #2 _____ Dosage _____ Specific times taken each day _____

Describe the current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp _____

Describe any camp activities for which he/she should be exempt for health reasons _____

Check if you have had any of the following: if checked explain below

- Frequent ear infections
 - Seizures
 - Hypertension
 - Chicken Pox
 - Back problems
 - Joint problems
 - Infectious disease
 - Surgery
 - Head injury
 - Asthma
 - Bedwetting
 - Professional care for
- Heart defect
 - Diabetes
 - Mononucleosis
 - Measles
 - Chronic reoccurring illness
 - High Blood Pressure
 - Hospitalized
 - Frequent Headaches
 - Skin problems
 - Abnormal menstrual history
 - Eating disorder
 - Emotional Difficulties

Please explain any checked _____

Immunization Record (date)
Tetanus _____
Hepatitis B _____
TB _____
MMR _____
DTP _____
Chicken pox _____

* (Please include a copy of the camper's immunization)

List any past medical treatments/ injuries _____

Health Insurance: Carrier _____

Policy / Group # _____ (include a copy of the camper's Health card)

Family physician: _____ Phone _____
Dentist: _____ Phone _____

The Health History is complete and correct as far as I know _____
Parent/Guardian Signature Date

Camp Unalayee

Medical Exam Form

A licensed medical practitioner must complete & sign this form.

Camper Name: _____

List any current or ongoing medical treatment or medications.

List and describe any physical or other conditions that may affect the camper's participation in our camp program.

This is to certify that I have examined _____ and find him/her to be in good health and able to participate in a strenuous outdoor camp program.

Physician's Signature: _____ Date: _____

Physician's Name: _____ Phone Number: _____

Date of exam: _____