



WOLF Summer Camp August 10-15, 2014

At Brandeis Bardin Institute

Welcome **WOLF Campers** to our sleep away summer camp! This packet should explain all you need to know for an easy and exceptional camp experience for parents, campers, and CITs alike.

Who is going to Summer Camp? When?

All students from the 40+ schools that WOLF works with are invited to attend summer camp. The **August 10-15th** week of camp is limited to students who will be entering grades 5-9 in the upcoming school year. (See CIT section below for high school students entering grades 10-12.)

What will the campers do at camp?

WOLF CAMP 2014 features a combination of all the greatest activities from yearly camps and much more. Highlights include Full Primitive Village (Archery, Tomahawks, Hot Stone Cooking, Medicine Bags, Crafts, Shell Jewelry, Arrow Making, Wiki ups, and Face Painting.) Students will enjoy all high and low ropes options, giant swing, 50 foot climbing tower and the swimming pool. Science rotations offer Solar Boats, Inventions Lab, Eye and Fish Dissection, Microscopes & Botany, Geology and Water Testing, Trail Group Explorers, Giant Slingshots, Telescope Astronomy and more. The Frontier Village includes 2-person Bucksaws, Candle Making, Fried Dough, Gold Panning and Prospecting. Also,

the favorite WOLF Staff from the year lead all popular camp events including night hikes, games, outpost camp, Wilderness First Aid Rescue, songs, stories, s'mores, and the Celebration Campfire.

Where are we going?

The program is held at the Brandeis Bardin Campus of AJU at *1101 Peppertree Lane, Brandeis CA 93064*. The 3,000-acre private complex is off of the 118 freeway at Tapo Canyon Rd. and south 2 miles to the entry gates. Gates will be guarded and require a passcode to get in.

How much does it cost?

The program costs \$595 per camper. For a second camper in the same family, WOLF offers a \$100 discount. Second campers receiving this discount must be siblings residing at the same address. Payment and forms must be postmarked by July 31, 2014 in order to secure a spot. Checks should be addressed to WOLF, and mailed to our Post Office Box as follows:

WOLF
301 Science Dr. Suite #142
Moorpark, CA 93021

Or pay with credit card by calling our office directly at (818) 991-6707.

What forms must I fill out?

Parents fill out the two blue forms: the *Medical Information Form* and the *Acknowledgement of Risk* waiver. Please complete and sign these 2 forms and submit them with payment by July 31.

What should they bring to camp?

A 5-day packing list is provided for reference. Campers are encouraged to pack light. A medium to large size duffle bag is best. Most important to remember would be a sleeping bag and pillow, 2 pairs of comfortable closed toe shoes, appropriate clothing, swimsuit, towel, and a jacket. Students should bring a small daypack or book bag to carry a water bottle and day items.

What are the sleeping arrangements?

At camp, there will be a number of boy cabins and girl cabins. Campers may submit advance requests for bunkmates, which will be honored when possible. Each cabin sleeps 14. The campers sleep in bunk beds with mattresses. Bathroom

and showers are inside the cabins. The only exception to this is the outpost camp, also on Brandeis Bardin campus. This will be in tents, which will be provided by WOLF.

Can my child apply to become a Counselor in Training?

Students who will be entering grades 10-12 are invited to enroll as Counselors in Training (CITs), which will involve mentoring the younger campers and learning the subjects that the WOLF staff are qualified to teach. The cost for CITs is \$495, and each CIT will receive CPR training, belay coaching at the high ropes course, and a WOLF staff t-shirt. For those students in the CIT age range, please consult with WOLF for more info on WOLFCAT, the California Adventure Trip.

Can I Visit My Child at Camp?

The camp is a private facility. Visitation on campus is by prior arrangement only.

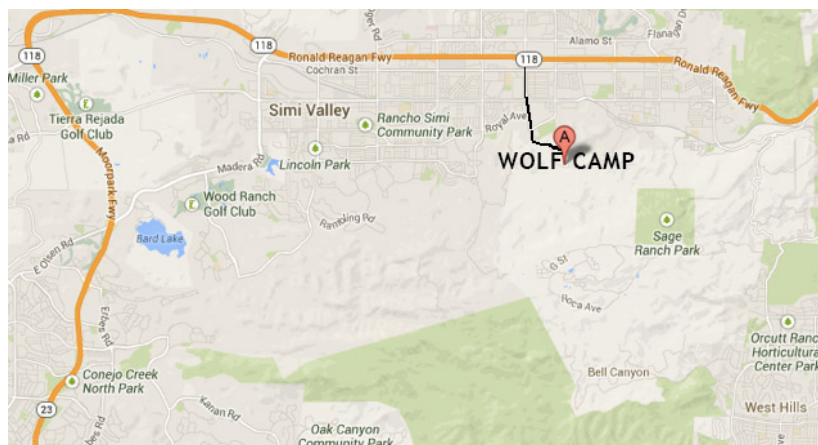
How is the Food? What if I have a Special Diet?

The food is excellent. Students enjoy healthy and delicious meals and snacks in one of the three contemporary dining facilities at camp. Almost any dietary need can be met with ease. Please indicate those needs on the *Medical Information Form* and bring this info to the attention of the WOLF staff when you drop off your camper.

How Does Drop off & Pick up work?

Students should be dropped off at camp on Sunday August 10th at 3PM and should be picked up on Friday August 15 at 3PM.

Directions to Camp: from the 118 freeway exit Tapo Canyon Rd and turn south. Go 2 miles to the front gate of camp. The address is 1101 Peppertree Lane Brandeis CA 93064. A guard will direct you where to go.



WOLF Recommended Participant Packing List- 5 day summer camp

- **Please label all clothing and personal items.** WOLF is not responsible for lost clothing or personal items.
- Synthetic fibers dry more quickly than cotton-when possible bring synthetic.

Clothing and Gear

- 6 shirts
- 2 pairs of shoes -comfortable, closed toe
- 5 pairs of socks
- 5 pairs of underwear
- 2 pairs of long pants
- 3 pair of shorts
- Sweatshirt or light jacket
- Hat
- Small day pack or regular back pack
- Water bottle or canteen
- Swim wear
- Rain gear (water resistant jacket and hat)
- Sleepwear

Sleeping and Personal Items

- Sleeping bag and pillow
- Bath towel or beach towel
- Soap or shower gel
- Shampoo and brush/comb
- Toothbrush and toothpaste
- Personal hygiene items
- Sunscreen

Optional Items

- Sunglasses
- Lip balm
- Shower sandals
- Flashlight or Headlamp
- Camera
- Binoculars
- Field guides
- Book, playing cards or quiet games
- Notebook and pencil
- Bandana
- Plastic bag for dirty laundry

DO NOT BRING

Candy, gum or food

Money

Knives

Blow dryers or curling irons



Wilderness Outdoor Leadership Foundation
301 Science Dr. Suite 142
Moorpark, CA 93021
(818) 991-6707

Easy Enrollment Instructions

SUMMER WOLF CAMP

I am enrolling

Student Name

- 1. Fill out blue forms**
- 2. Attach check for \$595**
- 3. Mail or register by phone**



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Medical Information Form

General Information

Student Name

Address

City

State

Zip

Home Phone

Business

Cellular

Other phone #1

Other phone #2

Other phone #3

Male Female

Weight

Height

Birthdate

Medical Information

Family Physician

Phone

Address

Person to be notified in case of emergency

Relationship

Home Phone

Business

Date of last Tetanus booster

List of meds to which you are allergic

List all other allergies

Have you ever been stung by a bee or a wasp? Yes No

When?

More than once?

Are you allergic to bee stings?

If yes, do you carry medications?

Name of medication

Nature of reaction

Medical Information Form Continued

List illnesses or conditions that you are now undergoing treatment and list all medications you currently taking

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If you have any of the following, state the **year** of occurrence and the **location** on your body:

Hernia		Fracture	
Dislocation		Sprain or Strain	

Name any injuries, illnesses, or disability not mentioned and year of occurrence:

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If you have been hospitalized, list below:

Date		Name and location of hospital	
Illness or Injury			
Date		Name and location of hospital	
Illness or Injury			
Date		Name and location of hospital	
Illness or Injury			

If you now have, or have had any of the following symptoms or conditions, please mark "YES", underline and describe the problem. If not, mark "NO".

- Yes No 1. Dizziness, Loss of Consciousness, or Recurrent Headaches
- Yes No 2. Eye, Ear, Nose, Throat, Tonsils, or Sinus Symptoms
- Yes No 3. Impairments of sight, Hearing, or Speech
- Yes No 4. Chronic Cough, Bronchitis or Asthma, Coughing up of Blood, Close Contact with Tuberculosis
- Yes No 5. Chest Pain, Shortness of Breath, Palpitation, Swelling of Ankles, Heart Murmur, Heart Disease, High and Low Blood Pressure
- Yes No 6. Reaction to Bee Stings
- Yes No 7. Sensitivities/Allergies to: Horse Serum (Tetanus Antitoxin), Sulfa, Penicillin, or any other drug
- Yes No 8. Symptoms relating to the Gastro Intestinal Tract (ie: Diarrhea, recurring abdominal pain, passing of blood, ulcer of stomach or duodenum)
- Yes No 9. Severe Menstrual Cramps or Menstrual problems, Currently Pregnant
- Yes No 10. Albumin, Sugar or blood in urine; Kidney Stone, Frequency in Urinating, Bed Wetting, or other Urinary Difficulties
- Yes No 11. Muscle, Joint, Knee or Back Pain, Bursitis, Arthritis, Sciatica
- Yes No 12. Benign or Malignant Growth or Tumor
- Yes No 13. History of Diabetes, Thyroid Imbalance, Hypoglycemia
- Yes No 14. Episodes of Depression, Anxiety, Hysteria, Nervousness
- Yes No 15. Special Dietary Restrictions, ie: Diabetic, Low Cholesterol, Vegetarian, etc.

Medical Information Form Continued

Give details to all of the questions above to which you marked "YES"

Insurance

We do not provide sickness or accident insurance for participants. Therefore, it is each participant's responsibility to be covered by his or her own hospitalization policy.

Does any hospitalization or medical care policy cover you? Yes No

If yes, indicate name of insurance company issuing policy

Policy or Certificate Number

Parent/Gaurdian or Participant Information

Parent/Gaurdian or Participant Name

Email Address

Phone

Parent/Gaurdian or Participant Name

Email Address

Phone

Signature (If participant is under 18 years of age, parent or guardian MUST sign)

In the event of an accident or emergency, I grant permission for any medical care, operations, and/or anesthesia that might become necessary as deemed by emergency medical personnel and WOLF staff and directors.

Signature

Date

Print Name

Relationship



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 301 Science Dr. Suite 142
 Moorpark, CA 93021
 (818) 991-6707

Participant Agreement, Release, and Acknowledgement of Risk

In consideration of the Wilderness Outdoor Leadership Foundation, Inc. d.b.a. W.O.L.F., their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (herein after collectively referred to as "W.O.L.F."), I hereby agree to release and discharge W.O.L.F., on behalf of myself, my children, my parents, my heirs, assigns, personal representatives and estate, as follows:

1. I acknowledge that my participation in outdoor adventure-based activities such as, but not limited to team initiatives, challenge course, trust falls, hiking, camping, and swimming entails known and unanticipated risks which could result in physical or emotional injury, paralysis, death or damage to myself, to property, or to third parties, but that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.
2. I expressly agree and promise to accept and assume all reasonable risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless W.O.L.F. from any and all claims, demands or causes of action, which are in any way connected with my participation in this activity or my use of W.O.L.F.'s equipment or facilities, including any such claims which allege negligent acts or omissions of W.O.L.F., but excluding gross negligence, intentional malfeasance or nonfeasance, or acts of malice.
4. Should W.O.L.F. or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs if an action is commenced and W.O.L.F. is determined by the court to be the prevailing party.
5. I certify that I have adequate insurance to cover any injury or damage I may suffer while participating, or else I agree to bear the costs of such injury or damage to myself. I further certify that I know of no medical or physical conditions that would interfere with my safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such conditions.
6. The parties agree to submit to binding arbitration any dispute regarding the terms or interpretation of this agreement.
7. The laws of the state of California will govern the resolution of any conflict regarding this agreement.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms. I understand that photos and video taken during the program may be used for promotion and advertising.

<input type="text"/>	<input type="text"/>	
Signature of Participant	School/Organization	
<input type="text"/>	<input type="text"/>	
Print Name	Date	
<input type="text"/>		
Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip

Parent's or Guardian's Additional Indemnification
 (Must be completed for participants under the age of 18)

In consideration of (*print minor's name*) ("Minor") being permitted by W.O.L.F. to participate in these activities and to use its equipment and facilities. I further agree to the terms of paragraph 3 above with respect to any and all claims which are brought by, or on behalf of, Minor.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Parent/Gaurdian Signature	Print Name	Date