



## Camp St. Andrews

1600 Santa Lucia Ave, San Bruno, CA 94066

Mailing Address: PO Box 397, San Bruno, CA 94066

Office Phone: (650) 445-4555

### Welcome to the 2017 Camp St. Andrews session!

Thank you for being a part of our Camp St. Andrews community. Whether this is your first year with us, or you keep coming back, we are excited to have you join us for our exciting camp session. Camp St. Andrews prides itself on giving our campers (ages 8-13) and staff (ages 14+) an amazing adventure in the heart of the Sierra Nevada mountains. This gorgeous setting is perfect for creating wonderful memories and friendships that last a lifetime.

### Enclosed you will find:

- Medical History Record and Release Form
- Waiver of Liability for Camp Activities
- Camper Questionnaire
- Camper Code of Conduct
- Transportation Form
- Medical Update Form (for departure day only)
- 2017 Parent/Guardian Handbook
  - Registration & Fees
  - Policies & Information
  - Getting Ready for Camp Checklist!
  - Packing Guide
  - Who, Where, When? 2017

Our goal is to provide the best experience for each camper and staff member. This packet includes information CSA needs to complete your registration, as well as information *you* will need to be prepared for camp. If you have any questions, concerns, or suggestions, please don't hesitate to contact me.

Sincerely,

Leah Glaister  
Registrar, 2017  
Camp St. Andrews  
Office: 650-445-4555  
Email: [registrar@campsaintandrews.org](mailto:registrar@campsaintandrews.org)



## Medical History Record and Release Form

Camper/Staff Name \_\_\_\_\_ ☐ Male ☐ Female Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Adult Staff (18+) Email \_\_\_\_\_ Adult Staff (18+) Phone \_\_\_\_\_ ☐ Cell ☐ Home

*If staff is a minor:*

Parent/Guardian #1 Name \_\_\_\_\_ Parent/Guardian #2 Name \_\_\_\_\_

Parent/Guardian #1 Email \_\_\_\_\_ Parent/Guardian #2 Email \_\_\_\_\_

Parent/Guardian #1 Phone \_\_\_\_\_ ☐ Cell ☐ Home Parent/Guardian #2 Phone \_\_\_\_\_ ☐ Cell ☐ Home

Primary contact for communication: ☐ Parent/Guardian #1 ☐ Parent/Guardian #2 ☐ Both

### Emergency Contact Information

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

#### Insurance and Physician Information

(Please include a copy of your insurance card, if applicable)

Health insurance Co. \_\_\_\_\_

ID/Policy number: \_\_\_\_\_

Group number: \_\_\_\_\_

Family physician: \_\_\_\_\_

Physician phone: \_\_\_\_\_

Family dentist: \_\_\_\_\_

Dentist phone: \_\_\_\_\_

#### Vaccination Dates (Please include a copy of the immunization record)

DPT: \_\_\_\_\_ Measles: \_\_\_\_\_

Hepatitis B: \_\_\_\_\_ Rubella: \_\_\_\_\_

Polio: \_\_\_\_\_ Influenza: \_\_\_\_\_

Pertussis: \_\_\_\_\_ Tetanus Basic: \_\_\_\_\_

Varicella: \_\_\_\_\_ Tetanus Booster: \_\_\_\_\_

Scarlet Fever: \_\_\_\_\_

Small Pox: \_\_\_\_\_

Date of last physical exam: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Medical Information - Past or Present

Diabetes	<input type="checkbox"/>	Yes	Heart trouble	<input type="checkbox"/>	Yes	Fainting	<input type="checkbox"/>	Yes
Frequent headaches	<input type="checkbox"/>	Yes	Chronic cough	<input type="checkbox"/>	Yes	Constipation	<input type="checkbox"/>	Yes
Trouble with eyes	<input type="checkbox"/>	Yes	Shortness of breath	<input type="checkbox"/>	Yes	Nausea	<input type="checkbox"/>	Yes
Convulsions	<input type="checkbox"/>	Yes	Frequent colds	<input type="checkbox"/>	Yes	Frequent ear infections	<input type="checkbox"/>	Yes
Heart Disease	<input type="checkbox"/>	Yes	Operations	<input type="checkbox"/>	Yes	Diarrhea	<input type="checkbox"/>	Yes
Eating disorders	<input type="checkbox"/>	Yes	Bleeding disorders	<input type="checkbox"/>	Yes	Behavioral problems	<input type="checkbox"/>	Yes
Emotional disorders	<input type="checkbox"/>	Yes	Asthma	<input type="checkbox"/>	Yes	Other conditions	<input type="checkbox"/>	Yes

Please explain each YES: \_\_\_\_\_

### Allergies & Special Needs

Bee Sting Allergy	<input type="checkbox"/>	Yes	Penicillin Allergy	<input type="checkbox"/>	PABA	<input type="checkbox"/>	Yes
Other Insect or Animal Allergy	<input type="checkbox"/>	Yes	Latex Allergy	<input type="checkbox"/>	Other Allergies	<input type="checkbox"/>	Yes
<b>Require an Epi-Pen /equivalent*</b>	<input type="checkbox"/>	Yes	Neosporin Allergy	<input type="checkbox"/>			

List all known NON-FOOD allergies, reactions, and how to manage: \_\_\_\_\_

Dietary Restrictions / Allergies / Reactions / Needs? (Please check all that apply)

☐ Tree nuts ☐ Wheat/Gluten ☐ Lactose/Dairy ☐ Vegetarian ☐ Vegan ☐ Other \_\_\_\_\_

**\*If YES, I will provide a physician-prescribed Epi-Pen/equivalent for the week of camp.** \_\_\_\_\_ **(INITIAL)**



## Medical History Record and Release Form (cont.)

### Non-Prescription Medications I authorize the selected medications to be administered as needed:

Aspirin	<input type="checkbox"/>	Yes	Claritin	<input type="checkbox"/>	Yes	Neosporin	<input type="checkbox"/>	Yes
Advil/Motrin	<input type="checkbox"/>	Yes	Benadryl	<input type="checkbox"/>	Yes	Calamine lotion	<input type="checkbox"/>	Yes
Aleve	<input type="checkbox"/>	Yes	Sudafed	<input type="checkbox"/>	Yes	Throat lozenges	<input type="checkbox"/>	Yes
Tums/Antacid	<input type="checkbox"/>	Yes	Laxatives	<input type="checkbox"/>	Yes	Sunburn relief	<input type="checkbox"/>	Yes
Pepto Bismol	<input type="checkbox"/>	Yes	Antidiarrheal	<input type="checkbox"/>	Yes	Icy-Hot/pain cream	<input type="checkbox"/>	Yes

*Note: clinical equivalents/generic brand formulations may be used*

List any over-the-counter medication you/your camper is not to receive and/or any other restrictions and comments:

### Prescription Medications\* –I authorize the following medications to be administered as listed:

- ☐ This camper/staff does NOT take any medications on a routine basis.
- ☐ This camper/staff DOES take medications. The list below includes all medications, including over-the-counter drugs and vitamins, that will be taken while at camp. I have valid prescription(s) authorizing the medication, dosage, and administration frequency for this camper/staff.

Medication	Reason Taking	Date started this medication or dosage.	Dosage	Breakfast	Lunch	Dinner	Bedtime	Other	As needed

\*All medications must be checked in on departure day in a Ziploc bag, accompanied by a completed/signed MEDICAL UPDATE FORM. Please ensure all containers are labeled with the correct patient name, medication, dosage, prescribing physician, and instructions. Include only enough medication (including over-the-counter meds and vitamins) to last the week of camp.

### Healthcare Understanding and Consent

I am authorized to, and do hereby give Camp St. Andrews (CSA), Carol Harlan Foundation (CHF), Camp Jack Hazard (CJH), and their respective designees permission to administer medications per the schedule listed above, and to provide routine healthcare for this camper or staff member. I also give permission for the CSA, CHF, CJH, and their respective designees to seek and give consent for healthcare or emergency treatment at their discretion including but not limited to medical or dental examination, x-rays, routine tests and treatment. I give permission for CSA, CHF, CJH, and their respective designees to seek urgent and emergency care from Sonora Regional Medical Center, or any other medical facility they reasonably deem necessary, and I understand that I or my insurance company will be responsible for paying all healthcare costs incurred as a result thereof.

The undersigned hereby waives any claim that CSA, CHF, and CJH and/or their delegated leaders and directors are legally or financially liable for any damages, lawsuit, claim, or any other injury arising from the above consent to administer medications, and to seek and give consent for healthcare or emergency treatment. This authorization to administer medication and consent to treatment of this camper or staff member is given to CSA, CHF, and CJH, and applies during any official CSA, CHF, or CJH function, program, or event.

If this camper or staff member is a minor, I wish for CSA, CHF, CJH, and their designees to act *in loco parentis*. Camp representatives should be considered "personal representatives" and privy to protected health information under the Health Insurance Portability and Accountability Act of 1996. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. I authorize the transportation of this camper to and/or from another facility for the services as medically necessary. I understand that camp staff will attempt to notify me of any urgent or emergency situation at the first available opportunity.

NAME of Camper / Minor Staff Member

Date

SIGNATURE of Parent or Legal Guardian\*

Date

\*You will be prompted to save file after each signature - Save as same file name each time, then continue on to rest of form.



## Waiver of Liability for Camp Activities

Camp Participant Name: \_\_\_\_\_

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT: Camp St. Andrews (CSA), Carol Harlan Foundation (CHF) and Camp Jack Hazard (CJH) programs include rock climbing, rappelling, high ropes challenge course, low ropes activities, and overnight backpacking trips. The activities are sometimes strenuous and psychologically demanding, and require participants to be in good physical condition. CSA, CHF, and CJH staff members take all reasonable precautions to reduce risks and provide safe, healthy, and enjoyable experiences. Despite these efforts, the risks associated with camp activities cannot be completely eliminated. Camp activities and the associated risks include, but are not limited to:

- General camp participation:
  - Environmental hazards including fallen trees, lightning, insects, reptiles, wild animals, or bodies of water.
  - Physical exertion that could exacerbate medical conditions.
- Rock climbing, rappelling and challenge course:
  - Potential falls of up to 100' through slipping, running, jumping, or the actions of others.
  - Debris falling from heights of up to 100'.
  - Failure of safety equipment.
  - Failure of the participant to follow safety instructions.
- Swimming:
  - Drowning or near-drowning.
- Overnight hikes:
  - Delays communicating with and meeting emergency medical services.

Participant or parent/guardian of Participant is aware and understands that participating in CSA, CHF, and CJH programs involves a potential risk of injury that may not only be from Participant's own actions, inactions, or negligence, but also from the actions, inaction, or negligence of others, conditions of the environment, equipment, or areas where the event or activity is being conducted.

Participant or parent/guardian of Participant understands that the programs are physically demanding and potentially dangerous. Therefore, all Participants must be free of medical or physical conditions which might create undue risk to themselves or others they depend upon or who depend upon them. If there are any questions about the Participant's ability to participate in the program, please consult with their physician prior to signing this form or participating in the program. Participant or parent/guardian of Participant understands that they are responsible for Participant behaving in a careful and prudent manner to minimize the risk of injury to themselves or others.

Participant or parent/guardian of Participant understands that activities are voluntary and that Participant should participate only to the extent they feel suitable for their condition and skill level.

Understanding the above, I shall not hold Camp St. Andrews, Camp Jack Hazard, or their respective designees, board members, staff, or other affiliated individuals liable for any damages caused by Participant's participation in camp activities, and, if Participant is a minor, I deem them of appropriate age and skill level to participate fully in all activities, as supervised by the CSA, CHF and CJH staff, except as restricted below:

\_\_\_\_\_  
I hereby grant the CSA permission to use participant's likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration. \_\_\_\_\_ (INITIAL)

In consideration of my or my camper's participation in CSA, CHF, and CJH programs, I, the undersigned, agree to INDEMNIFY AND HOLD HARMLESS Camp St. Andrews and Camp Jack Hazard, their offers, agents, and employees ("Indemnites") from any and all causes to action, claims, demands, losses or costs of any nature ("Claims"), arising out of, or in any way related to my or my camper's participation in CSA, CHF, and CJH programs, regardless of whether Indemnites are partially at fault for any Claims.

\_\_\_\_\_  
**SIGNATURE of SELF(18+) or PARENT/LEGAL GUARDIAN\***

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PRINTED NAME**

**\*You will be prompted to save file after each signature - Save as same file name each time, then continue on to rest of form.**



## Camper Questionnaire

*To be completed by a parent or guardian*

Camper Full Name: \_\_\_\_\_ Gender: ☐ M ☐ F Grade in Fall: \_\_\_\_\_

Preferred Nickname (if any): \_\_\_\_\_ Age during camp (7/23/17) \_\_\_\_\_

All information about ethnicity is confidential and strictly used for statistical evaluation of the diversity of individuals served by our programs. Aside from being beneficial for our personal evaluation of the effectiveness of our community outreach, many foundations and governmental programs require us to demonstrate the diversity of our clientele.

Ethnicity (optional) ☐ Caucasian ☐ Hispanic ☐ African American ☐ Asian ☐ Native American ☐ Other

Household Income ☐ Under \$25,000 ☐ \$25,001-\$50 ☐ \$50,001-\$75,000 ☐ \$75,001-\$100,000 ☐ \$100,000+

The camper lives with:

☐ One parent ☐ Both parents ☐ Joint custody ☐ Relatives ☐ Foster care/residential program/other

Are there special family circumstances of which we should be aware? \_\_\_\_\_

Does the camper have any siblings? ☐ Yes ☐ No

Please list siblings or other children in the household and their relationship:

NAME \_\_\_\_\_ RELATIONSHIP/AGE \_\_\_\_\_ Attending camp?: ☐ Yes ☐ No

NAME \_\_\_\_\_ RELATIONSHIP/AGE \_\_\_\_\_ Attending camp?: ☐ Yes ☐ No

NAME \_\_\_\_\_ RELATIONSHIP/ AGE \_\_\_\_\_ Attending camp?: ☐ Yes ☐ No

NAME \_\_\_\_\_ RELATIONSHIP/ AGE \_\_\_\_\_ Attending camp?: ☐ Yes ☐ No

Does the camper get along with the siblings or other children in the household? ☐ Yes ☐ No

If no, please explain: \_\_\_\_\_

Has the camper been to a resident camp before? ☐ Yes ☐ No If Yes, where/what year(s) \_\_\_\_\_

How does the camper feel about attending CSA? \_\_\_\_\_

Does the camper know how to swim? ☐ Yes ☐ No

Does the camper ever wet the bed? ☐ Yes ☐ No

Is the camper: ☐ Passive ☐ Quiet ☐ Medium Energy ☐ Energetic ☐ Hyperactive

The camper gets along with other children: ☐ With difficulty ☐ Fairly Easily ☐ Easily ☐ Very Easily

The camper typically plays with children who are: ☐ Younger ☐ Older ☐ Same Age

For what kinds of behavior do you most often discipline this camper and what have been the most effective forms of discipline? \_\_\_\_\_

What other information can you provide to help us make your camper's summer camp experience as excellent as possible? \_\_\_\_\_

**SIGNATURE of PARENT or LEGAL GUARDIAN\***

**DATE**

**\*You will be prompted to save file after each signature - Save as same file name each time, then continue on to rest of form.**



## Camper Code of Conduct

The staff of Camp St. Andrews is committed to providing a safe and enjoyable experience for every camper; however, campers are also responsible to assist in these efforts. Parents are responsible for ensuring their camper understands the guidelines below. Each camper must read and sign the Camper Code of Conduct Contract before coming to camp so they know what is expected of them.

Campers must inform staff if they are experiencing a problem with another camper or other issues. If we are not informed about a problem, we cannot stop the problem or assist the camper.

You promise to follow these very important rules to make sure that every camper and staff member who attends this year gets to have as much FUN at camp as you will. Every single one of these rules has been established to ensure YOUR safety and enjoyment, as well as ALL the other campers and staff members at Camp St. Andrews.

- Campers are responsible for ALL of their belongings at ALL times. Staff are not responsible for lost or stolen items. It is at the risk of the camper when bringing items to camp.
- Campers will not bring electronic equipment including but not limited to: Music players/iPods, video games, laptops, tablets, Kindles/e-Readers. Mobile phones may be brought, but must stay packed away until departure home.
- Campers will participate fully in the program, and follow the daily camp schedule, including wake-up and curfew.
- Campers will follow ALL camp policies and rules, as well as directions given by the counselors. Any inappropriate behavior will be handled at the discretion of the counselors and staff, based on severity and camp rules.
- Campers will be responsible for their own behavior, they will be respectful to other campers and staff. Use of profanity, vulgar language, or obscene gestures are unacceptable.
- Campers will not intimidate, harass, threaten, or bully others. Acts of violence will not be tolerated. Pushing, kicking, hitting or fighting are not acceptable behavior, will not be tolerated, and will be grounds for dismissal from the camp program.
- Campers will respect the personal space and property of others. They will not go in any other cabins other than their own. They will not take things that do not belong to them.
- Campers will dress appropriately for a co-ed outdoor recreation experience. Socks and closed toed shoes at all times except while showering / swimming. Wearing offensively worded or graphic clothing is not acceptable.
- Campers will not leave their cabin group without your counselor knowing. Campers will not play with matches or fire.
- Campers will not have or use drugs, alcohol, tobacco or fireworks while at camp. Campers will not have any firearm or weapons, including knives while at camp. Campers will not violate local, state or federal laws.
- Campers will not intentionally damage camp facilities including graffiti; you will be billed for damages.
- CAMPERS WILL HAVE FUN!

By signing this agreement, I understand that if I disobey the Camp St. Andrews staff, the Camp Director will be notified of my conduct. Violation of the CODE OF CONDUCT can be grounds for dismissal; this may result in parents/guardians arranging transportation home, at their expense. I understand that refunds are not given when campers are dismissed from the program.

**I promise not to break anyone's fun, including my own.**

\_\_\_\_\_  
**CAMPER PRINTED NAME**

\_\_\_\_\_  
**CAMPER SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PARENT/LEGAL GUARDIAN PRINTED NAME**

\_\_\_\_\_  
**PARENT/LEGAL GUARDIAN SIGNATURE\***

\_\_\_\_\_  
**DATE**

**\*You will be prompted to save file after each signature - Save as same file name each time, then continue on to rest of form.**



## Transportation Form

### **CAMPERS ONLY:**

#### **Departure Day**

- ☐ I (or a designee) will drop off my camper at the San Bruno bus location.
- ☐ I (or a designee) will drop off my camper at the Manteca bus location.
- ☐ I need to make a special arrangement – I will contact the camp registrar.

#### **Return Day**

- ☐ I (or a designee) will pick up my camper at the San Bruno bus location.
- ☐ I (or a designee) will pick up my camper at the Manteca bus location.
- ☐ My camper will be driven home by another camp participant.(must be 18+ and supply CSA registrar with proof of valid Driver License and current insurance).

Driver name: \_\_\_\_\_

- ☐ I need to make a special arrangement – I will contact the camp registrar.

### **STAFF ONLY, including Program Aids (14+):**

#### **Staff Arrival Day**

- ☐ I (or a designee, or another adult CSA staffer) will drive our minor staff member to the CJH facility in Dardanelle, CA. (CSA staffer must be 18+ and supply CSA registrar with proof of valid Driver License and current insurance).
- ☐ I am an adult staffer and will drive myself to the CJH facility in Dardanelle, CA (must be 18+ and supply CSA registrar with proof of valid Driver License and current insurance).
- ☐ I am an adult staffer and will be driven to camp by another camp participant.(must be 18+ and supply CSA registrar with proof of valid Driver License and current insurance).
- ☐ My minor staff member will need transportation assistance (a ride with other staff), or approval for a special arrangement. I will contact the camp registrar.

#### **Return Day**

- ☐ My minor staff member will be driven home by an 18+ camp participant. (must be 18+ and supply CSA registrar with proof of valid Driver License and current insurance).Driver name: \_\_\_\_\_
- ☐ I (or a designee) will pick up my minor staff member at the San Bruno bus location. (Fee associated.)
- ☐ I (or a designee) will pick up my minor staff member at the Manteca bus location. (Fee associated.)
- ☐ I am an adult staffer and will drive myself home. (Must be 18+ and supply CSA registrar with proof of valid Driver License and current insurance).
- ☐ I am an adult staffer and will be driven home by another camp participant. (Must be 18+ and supply CSA registrar with proof of valid Driver License and current insurance).
- ☐ I (or a designee) will pick up my minor staff member at the CJH facility in Dardanelle, CA.
- ☐ I need to make a special arrangement – I will contact the camp registrar.

#### **Pickup Authorization**

I understand that Camp St. Andrews discourages parents from delivering to, or picking up their campers from camp. However, if it becomes necessary for my camper to be picked up from camp, I authorize CSA and its designees to release my camper only to the following individuals (include yourself, your emergency contact, and one other individual)

Name as appears on photo ID	Relationship to camper/minor staff	Phone number

I request that my camper NOT BE RELEASED to the following individuals under any circumstances

Name as appears on photo ID	Relationship to camper/minor staff

#### **Transportation Release**

I hereby consent that Camp St. Andrews and its designees and members may provide transportation to and from camp, or official camp-related activities, for my camper or minor staff member.

**SIGNATURE OF SELF (18+) OR PARENT/LEGAL GUARDIAN**

\_\_\_\_\_  
DATE

**\*Final signature - Save as same file name, and email to [registrations@campsaintandrews.org](mailto:registrations@campsaintandrews.org)**



**Give meds and this form to CSA staff directly.  
Do not pack with luggage**

## **Medical Update Form** **(FOR DEPARTURE DAY ONLY)**

**Select One:**

- ☐ Medications and Medical Information has NOT CHANGED from the originally submitted forms.\*
- ☐ There ARE changes to the medications or medical information from the originally submitted forms.

Explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Please provide just enough medication and vitamins for the week in the original their packaging.
- Please label the appropriate sized Ziploc bag, insert this completed form along with the medications and hand directly to the CSA staff at check in.

\*Fill out completely again, even if no changes from original form

☐ This camper/staff DOES take medications. I have listed all medications, including over-the-counter drugs and vitamins that will be taken while at camp. I attest and confirm that I have (a) valid prescription(s) authorizing the medication, dosage, and administration frequency for this camper/staff.

Medication	Reason Taking	Date started this medication or dosage.	Dosage	Breakfast	Lunch	Dinner	Bedtime	Other	As needed

\_\_\_\_\_  
NAME OF CAMPER / MINOR STAFF MEMBER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
**SIGNATURE OF PARENT OR LEGAL GUARDIAN**

\_\_\_\_\_  
DATE





## **Parent/Guardian Handbook 2017**

### **2017 REGISTRATION AND FEES**

#### **Initial registration**

If not already done, complete the CAMPER REGISTRATION FORM and pay the non-refundable CAMPER REGISTRATION FEE per schedule below.

To apply for financial aid: After registration, complete and return a FINANCIAL AID PACKET (not included in this packet) by May 1<sup>st</sup>, 2017.

Finalize registration: Submit all forms included in the CAMPER FORMS packet and pay CAMPER FEE by June 15<sup>th</sup>, 2017.

*Note: If any financial aid is approved, the camper fee will be adjusted to reflect the awarded amount. See Terms and Conditions for further detail.*

#### **Fee Schedule**

##### Camper Registration Fees (non-refundable):

Early fee (prior to 1/01/17)	\$50
Standard fee (prior to 5/1/17)	\$75
Late fee (on or after 5/1/17)	\$100

Camper fee (refundable)	\$525
-------------------------	-------

<b>2017 Camp Week is July 23<sup>rd</sup> – 29<sup>th</sup></b>
---

---

### **POLICIES AND INFORMATION**

#### **Cancellation**

If you cannot go to camp due to illness, please let the registrar know as soon as possible, as we normally have other campers on our waiting list. The CAMPER REGISTRATION FEE is non-refundable. REFUNDABLE CAMPER FEES are refunded as outlined in the refund policy on the TERMS & CONDITIONS page at campsaintandrews.org.

#### **Spending Money/Cash**

CAMPER FEES cover all meals, snacks, activities, transportation, camp photo, and camp t-shirt. No money should be brought to camp.

#### **Bunkmates**

Cabin assignments will be based on gender, age, and maturity level. Within these parameters, we try to accommodate (but cannot guarantee) requests for friends and/or family to be assigned within the same cabin/age group.

#### **Transportation**

The CAMPER FEE includes transportation by bus to and from camp. We offer pick-up and drop off service from either San Bruno or Manteca. Departure day call times, items to bring, location, return day estimations and overall logistics can be found on the WHO, WHERE, WHEN? 2017 PAGE. Please note, we conduct a health check before final boarding – details below in HEALTH SCREENING section. As outlined in the CAMPER CODE OF CONDUCT, a serious violation could be grounds for dismissal. In the rare case of a camper being sent home, it's the parent/guardian's responsibility to retrieve their camper in a timely manner, at their own expense.

#### **Health Screening**

On departure day, CSA volunteers must conduct a health check on campers and staff that will include a head lice check, MEDICAL UPDATE FORM review, medication registering/cataloging, and a general health assessment. Any camper or staff member who poses a potential health risk to the camp community may be denied boarding the bus to camp, or may be subject to quarantine if the illness is discovered upon arrival at camp. CAMPER FEES will not be refunded in these cases.

#### **Head Lice Policy**

A camper with any nits or lice will not be allowed to board the bus. The bus chaperone/location coordinator will discuss next steps with you. In some cases, you may be allowed take your camper home, treat them, wash laundry, and bring them to camp within 24 hours. In such a case, they will be rechecked upon arrival at camp to confirm the absence of lice/nits prior to participation in the camp week.



## Parent/Guardian Handbook 2017 (cont.)

### **Medication**

The CAMPER FORMS packet includes forms that provide Camp St. Andrews with the camper's medical history, immunization record, medication needs, your over-the-counter medicines authorization, and medical insurance information/directives. If your camper takes any prescribed medication, over-the-counter medication, or vitamins, you will be required to complete and hand in the MEDICAL UPDATE FORM on the day of departure. The signed form and medication must be given to the bus chaperone / location coordinator at check-in, and not kept with the camper. If you have any questions or concerns, you may speak to the Medical Director prior to camp. **Please do not use camp as a "vacation" from prescribed medication!**

### **Cell Phones**

There is no cell service or outlets at the camp facility. As noted in the CAMPER CODE OF CONDUCT FORM, cell phones cannot be used in any capacity (not for pictures, not for reading, not for games) once on facility grounds. Though we do allow digital cameras, we highly recommend you purchase or pack disposable cameras instead. Camp St. Andrews is not responsible for any theft or damage to devices.

### **Chapel**

All campers will attend a daily non-denominational service in the outdoor chapel. The Friday chapel may also include a Eucharist service. Please discuss with your camper if you want them to participate in this portion of the Friday service.

### **Visitors**

Because camp is only seven days, there is no "Visitor's Day" and no unscheduled visitors are allowed on the grounds. To be considered for access to the premises, prior approval must be obtained from the Camp Board of Directors. This includes, but is not limited to the completion of additional forms and a background check.

### **"I'll come get you"**

From the American Camp Association: "The most common mistake parents make is the Pick-Up Deal. It's normal for children to ask, 'What if I feel homesick?' Tell your child that some feelings of homesickness are normal and help him practice coping before camp starts. But never ever say, 'If you feel homesick, I'll come and get you.' This conveys a message of doubt and pity that undermines children's confidence and independence. Pick-Up Deals become mental crutches and self-fulfilling prophecies for children as soon as they arrive at camp. If, after spending practice time away from home, a child is still very anxious about overnight camp, consider waiting until next summer."

Feeling anxious as a parent? This article from the American Psychological Association gives some advice on managing your worries:

<http://www.apa.org/helpcenter/camp-worry.aspx>

### **Letters from Home**

Please DO send letters and postcards from home! Mail Call can be quite an event at camp. Because of our remote location, it can take up to four days for letters to arrive. Please plan accordingly.

All letters can be sent to:

[Camper's Name]

Camp St. Andrews

c/o Camp Jack Hazard

Highway 108

Dardanelle, CA 95364

It is recommended you keep the letters positive and inquisitive. Campers who are enjoying themselves may become sullen and homesick when reading about how much their family and pets miss them.

### **Food and Care Packages**

Once at camp, all meals and snacks are provided during the camp session. There is absolutely no outside food, candy, gum, or other food items allowed at camp. Please do not pack these items or include them in shipped care packages. Though not forbidden, we do discourage elaborate care packages as it causes a disparity of experience and sometimes jealousy or homesickness from the other campers.



## Getting Ready for Camp!

### CAMPER CHECKLIST

#### Initial Registration and Fees

- ☐ Register for camp! (By mailing in the CAMPER REGISTRATION FORM, or by registering online).
- ☐ Pay the CAMPER REGISTRATION FEE.

#### Finalization of Registration

- ☐ Submit all forms (by mail, or scan and email) to registrar before June 15, 2017.
  - MEDICAL HISTORY RECORD AND RELEASE FORM
  - WAIVER OF LIABILITY FOR CAMP ACTIVITIES
  - CAMPER QUESTIONNAIRE
  - CAMPER CODE OF CONDUCT
  - TRANSPORTATION FORM
- ☐ Pay the balance of the CAMPER FEE in full by June 15, 2017.
- ☐ Communicate any changes to the TRANSPORTATION FORM before July 20 (Thursday before camp) to the camp registrar.

#### Pack for Camp

- ☐ Did you mark and label your clothes? (note: they will get dirty!)
- ☐ Are your toiletries in spill-proof containers or Ziploc bags?
- ☐ Do you have the right, reusable water bottle?
- ☐ Do you have a suitable sleeping bag? (It gets very cold)  
\*\*20° rated bag required for senior unit overnight\*\*
- ☐ Did you label your luggage and your backpack for departure day?
- ☐ Did you review the list of forbidden items/cell phone rules from the CAMPER CONDUCT FORM?

#### Departure Day!

- ☐ Did you review the date, address, and check-in time for the bus?
- ☐ Did you review our health screening and lice check policy?
- ☐ Do you have all medications in a Ziploc-style bag with a completed MEDICAL UPDATE FORM **in hand?**  
(To be handed to the bus chaperone/check-in coordinator –**DO NOT PACK IN LUGGAGE.**  
Please make bus chaperone aware of any lunchtime meds)
- ☐ Did you pack the backpack for the bus ride?
  - A bagged lunch (all items disposable please)
  - Filled reusable water bottle
  - Labeled disposable camera
- ☐ Returning campers: Are you wearing your scarf?
- ☐ Eat a good breakfast and put on some sunscreen!

We can't wait to see you!



## PACKING GUIDE

ITEM	QTY		ITEM	QTY	
Underwear	8	_____	Sturdy shoes <sup>2</sup>	2	_____
Socks	8	_____	Warm hoodie	1	_____
Short-sleeve shirts	3 - 6	_____	Thick jacket <sup>3</sup>	1	_____
Tank tops (optional)	3 - 6	_____	Beanie/hat (optional)	1	_____
Shorts <sup>1</sup>	4 - 6	_____	White shirt for tie-dye (optional)	1	_____
Jeans/Long pants	2 - 4	_____	Bathing suit <sup>1</sup>	1	_____
Warm, long pajamas	5-6	_____	CSA Scarf (prior participants)		_____
ITEM	QTY		ITEM	QTY	
Bath towel	1	_____	Hand towel	1	_____
Beach towel	1	_____	Bag for dirty laundry	1	_____
Washcloth/loofah	1-2	_____	Twin sheet (optional)	1	_____
ITEM	QTY		ITEM	QTY	
Body soap	1	_____	Flushable wipes travel pack	1	_____
Shampoo	1	_____	Hair ties (optional)		_____
Brush/comb	1	_____	Sunscreen	1	_____
Chapstick/lip care	1	_____	Insect repellent	1	_____
Kleenex travel pack	1	_____	Toothbrush + toothpaste	1ea	_____
Body lotion (optional)	1	_____	Shaving supplies (if applicable)		_____
Deodorant (if applicable)	1	_____	Sanitary supplies (if applicable)		_____
ITEM	QTY		ITEM	QTY	
Warm sleeping bag <sup>4</sup>	1	_____	Rain poncho	1	_____
Reusable water bottle <sup>5</sup>	1	_____	Disposable camera (optional)	1-2	_____
Waterproof watch (required for staff)	1	_____	Paperback book (optional)		_____
Stamped postcards addressed to home/pen	1-3	_____	Backpack <sup>6</sup>	1	_____
Bible (optional)		_____	Musical instrument (optional)		_____
Sleeping pad <sup>4</sup>		_____	Sunglasses (optional)		_____

<sup>1</sup> Cut-offs and tight shorts are not allowed. Bathing suits must be reasonably modest.

<sup>2</sup> Sandals, and open-toed shoes are not suitable footwear at camp and are not allowed. Hiking boots are recommended footwear at camp. Socks are required at all times. Flip-flops can be brought **ONLY** for use in the shower.

Staff and campers in the SENIOR cabin groups (12-13 years) have the option to bring and wear closed-toe hiking sandals on the senior overnight, without socks.

<sup>3</sup> Nights can be chilly, especially during our evening campfires. Layers or a thick jacket are recommended.

<sup>4</sup> A warm sleeping bag is required. Slumber bags or blankets are not suitable.

Senior Overnight: If weather, regulations, and logistics permit, the Senior Unit (12-13 at time of camp) may go on a mandatory one night, offsite, backpacking trip. This is a hike that requires hiking boots or shoes as well as a sleeping bag with a 20° rating.

<sup>5</sup> A water bottle or canteen is **ABSOLUTELY** required due to activity and altitude. We recommend one that can hold approximately 32oz of water. It must be reusable and leakproof. Camelbak hydration backpacks are acceptable.

<sup>6</sup> Backpack can be filled with the bagged lunch, filled water bottle, paperback books, and a camera for Departure Day. A backpack can also help with trips to the shower house.

**MARK ALL CLOTHING AND EQUIPMENT WITH CAMPER OR STAFF NAME**

Camp is not responsible for lost, broken, or stolen items.

**Note: please review the list of FORBIDDEN ITEMS as outlined in the Code of Conduct form**



## Camp St. Andrews

1600 Santa Lucia Ave, San Bruno, CA 94066  
Mailing Address: PO Box 397, San Bruno, CA 94066  
Office Phone: (650) 445-4555

### Who, Where, When? 2017

#### Dates:

Financial Aid Packet due	May 1, 2017	
All forms due	June 15, 2017	
All fees due	June 15, 2017	
Staff Training Day (all staff including Program Aides)	July 15, 2017	8am-6pm at St. Andrews Church
Staff Arrival/Set-up Day (all staff including Program Aides)	July 22, 2017	10am at Camp Jack Hazard
Departure Day San Bruno	July 23, 2017	8am – check in: Bring a bagged lunch, Medical Update Form and Medications.
Departure Day Manteca	July 23, 2017	10am – check in: Bring a bagged lunch, Medical Update Form and Medications.
Week of Camp	July 23 – 29, 2017	
Return Day Manteca	July 29, 2017	1:30 to 2:30pm (timing varies)
Return Day San Bruno	July 29, 2017	3:30 to 4:30pm (timing varies)
Scarf Sunday Church Service	July 30, 2017	10am at St. Andrews Church (subject to change)

#### San Bruno Bus Location:

St. Andrews Episcopal Church  
1600 Santa Lucia Ave  
San Bruno, CA 94066

#### Letters to Camp (allow 4 days for delivery)

[Camper's Name]  
Camp St. Andrews  
c/o Camp Jack Hazard  
Highway 108  
Dardanelle, CA 95364

#### Manteca Bus Location:

Woodward Park  
710 E Woodward Road  
Manteca, CA 95337  
(at rear of park on Buena Vista Dr.)

#### Camp Facility Physical Address

Camp Jack Hazard  
Highway 108  
Dardanelle, CA 95314

Title	Name	Phone	Email Address
Registrar	Leah Glaister	650-445-4555	<a href="mailto:registrar@campsaintandrews.org">registrar@campsaintandrews.org</a>
Treasurer	Cindy Cuevas	830-481-9519	<a href="mailto:treasurer@campsaintandrews.org">treasurer@campsaintandrews.org</a>
Director	Michael Siemsen	925-899-7252	<a href="mailto:director@campsaintandrews.org">director@campsaintandrews.org</a>

<b>Camp St. Andrews office phone number:</b>	650-445-4555
<b>Mailing address for forms and payment:</b>	Camp St. Andrews Po Box 397 San Bruno, CA 94066

**Camp Jack Hazard\* onsite phone number (EMERGENCIES ONLY): 209-965-4365**

*\*This line is in the facility director's office. An answering machine may pick up. Please leave a message and rest assured your message will be delivered to CSA management as soon as possible. Please note it could take a few hours for a response.*