



3.1.16

Dear Parents and Guardians,

We are looking forward to greeting your child at camp this summer! As our team continues to pour their hearts into the final preparations for Voyagers Middle School Camp, we ask your continued prayers that everything we do will be for the greater Glory of God. Along with this letter are **packing information** and **directions**.

**CHECK-IN AND CHECK-OUT DATES AND TIMES**

Check-in will be Monday, July 18 at 2:00 PM.

Check-out will be Thursday, July 21 at 12 noon.

**Your child's paperwork** (waiver and health history form) **is due to Whispering Winds on June 29, 2016.**

Email documents to: [office@whisperingwinds.org](mailto:office@whisperingwinds.org)

Standard Mail: Whispering Winds, 17606 Harrison Park Road, Julian, CA 92036

Upon arrival, please park in the lot next to the Tree House. Camper check-in will take place in the Serenity Garden, next to the Camp Store. It is important to arrive on time! At check in, we will collect prescription/over the counter medication he or she might have (bring prescription medication – in its pharmacy bottle with written instructions – in a large zip lock bag labeled with your child's name). Your child will be assigned their group, counselor and lodging room at this time. Please note: If your child becomes ill or injured, you may be required (at the discretion of camp staff) to pick him or her up from the camp before the session is over. Your child's health and safety is our top priority! You will be notified by the camp if your child breaks a bone, wants to speak with you in an extreme case of homesickness, has extensive bleeding, a head injury, or any medical need that necessitates calling 911.

We will be taking the utmost care in the well-being of your child by placing a trained young adult of the same gender in each lodging room. Each of our staff members, both paid and volunteer, will be fully trained and receive a background check before being accepted on staff. This will not only ensure your child's safety, but insure the best experience possible at Middle School Camp.

We welcome all parents to join us at 11:00 AM on check-out day – Thursday, July 21 – for a Mass celebration. Sack lunches will be provided for the campers after Mass. Parents are asked to please bring your own sack lunch or buy lunch on your way up the mountain. Check-out will be *after* the Mass celebration in Conference Room A.

Our Camp Store will be open for several hours during camp. Your child will not “need” to buy food, as we will have plenty of snacks available throughout the week. But, if they want an extra goodie or treat, the Camp Store will be selling them. Campers can also buy Whispering Winds t-shirts and sweatshirts as souvenirs from the store.

During Middle School Camp, your child will participate in a variety of activities such as Mass, Liturgy Preparation, organized games, listen to talks given by young adult leaders, small group discussions, morning and night prayer, challenge course activities, swimming, and more!

If you have any registration or check-in questions or changes, please call our office at 619-464-1479. If you have an emergency and need to contact your child during camp, please call our Camp Director Annie Korn at 619-916-9552. We can't wait to see you on the mountain!

Blessings,

Stephanie Espinoza  
Director of Middle School Camp  
[espinozastephanie@gmail.com](mailto:espinozastephanie@gmail.com)

Paula Bott  
Whispering Winds Director of Programs  
[paula@whisperingwinds.org](mailto:paula@whisperingwinds.org)  
Cell: 619-985-3050



## What to Bring to Camp

Whispering Winds is not responsible for your child's property. Please put your child's name on all items.

- Clothes for three days (please note specifics)
  - Warm pajamas
  - 4-6 pairs of underwear
  - 4-6 pairs of socks
  - 4 t-shirts
  - Shorts
  - Jeans
  - Additional long pants (necessary for the zipline!)/shirts, jacket/sweatshirt (labeled!)
  - Bathing suit—**Co-ed appropriate, please!** (No bikinis for girls, no Speedos for boys)
  - “Rash guard” or some kind of shirt to wear in the pool for sun protection, if desired
  - Tennis shoes and/or hiking boots
  - Hat or cap with brim
  - Sunglasses, if desired
- Toiletries
  - Toothbrush, toothpaste, and floss
  - Face wash and wash cloth
  - Shampoo
  - Soap and/or body wash
  - Bath towel & beach towel (labeled!)
  - Hairbrush and/or comb, etc
  - Chapstick
  - Sunscreen
  - Bug repellent
- Any prescription medication needed
  - Please provide medication in original pharmacy bottle, placed in a large Ziploc bag with your child's name on it. Give the medication to our Health Supervisor upon check-in.
- Bedding
  - Sleeping bag
  - Pillow
  - Extra blanket, if desired
- Additional items
  - Flashlight (please check batteries)
  - Camera, if desired
  - Bible
  - Rosary
  - Journal, if desired
  - Reading book
  - Musical instrument or anything you might use in a talent show
  - Money for Camp Store snacks and souvenirs (optional)
- **Completed waiver**
- **Completed medical release form**

### Please DO NOT Bring:

- Inappropriate or expensive clothing
- Cell phones will NOT be allowed. If they are brought to camp, they will be collected at registration and stored, and given back at the end of camp.
- Valuables
- Any handheld gaming device
- Toys, board games, etc.
- Sports equipment
- iPads, iPods, headphones, etc. (any electronics brought to camp are at the camper's risk)
- Snacks
- Lighters or matches
- Knives of any kind
- There will be **zero tolerance** for any cigarettes, drugs, alcohol, or weapons



## Medical History and Release Form for Minors

Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Sex: \_\_\_\_ Age: \_\_\_\_  
First Middle Last

Parent or Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Other Phone: ( ) \_\_\_\_\_  
Optional

Second Parent or Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Other Phone: ( ) \_\_\_\_\_  
Optional

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Other Phone: ( ) \_\_\_\_\_  
Optional

### Please be aware of my child's physical condition:

- |                                   |  |  |
|-----------------------------------|--|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Heart condition               | Please Explain _____<br>_____<br>_____ |
| <input type="checkbox"/> Asthma   | <input type="checkbox"/> Eye, Ear, Nose, Throat issues |  |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other                         |  |
| <input type="checkbox"/> Epilepsy |  |  |

### Allergies:

- |  |                                      |                            |
|--|--------------------------------------|----------------------------|
| <input type="checkbox"/> Hay Fever             | <input type="checkbox"/> Penicillin  | Please List _____<br>_____ |
| <input type="checkbox"/> Poison Oak/Ivy        | <input type="checkbox"/> Other Drugs |                            |
| <input type="checkbox"/> Bees                  | <input type="checkbox"/> Peanuts     | Please List _____<br>_____ |
| <input type="checkbox"/> Other insects/animals | <input type="checkbox"/> Other Food  |                            |

### My Child has the following Medical Concerns / Limitations:

- |  |   |
|--|---|
| <input type="checkbox"/> Chronic Illness / Injury: _____ | <input type="checkbox"/> Other concerns: _____      |
| <input type="checkbox"/> Activity Restrictions: _____    | <input type="checkbox"/> Current Medications: _____ |
| <input type="checkbox"/> Dietary Restrictions: _____     |   |

### My child may be given over the counter medications (Tylenol, Advil, Benadryl, etc):

- ☐ Please contact me first! ☐ Yes ☐ No

Other suggestions, documents or health-related information for camp personnel: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional document(s) attached? \_\_\_\_\_

Check if yes

### Immunization History: Please give date of last immunization or attach a copy of the record.

Diphtheria, Tetanus, Pertusis (DPT) _____	Polio _____	Flu _____
Haemophilus Influenzae type b (Hib) _____	Hepatitis A _____	Meningococcal _____
Measles, Mumps, Rubella (MMR) _____	Hepatitis B _____	Varicella _____
Pneumococcal _____	Chicken Pox _____	

Name of Physician: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Family Health Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

### Authorization:

*This health history is correct to the best of my knowledge. My child has permission to engage in all camp activities except as noted. I give permission to the medical personnel selected by the camp administration to order X-Rays, routine tests, and treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child if I cannot be reached in an emergency. I give permission to the health professional selected by the camp administration to secure and administer treatment for my child, including hospitalization. This form may be photocopied and the photocopy may be used for all purposes.*

*Camp staff is CPR, First Aid and AED certified. I understand that I will be notified if my child breaks a bone, has extensive bleeding, a head injury, or any other medical need that necessitates staff seeking outside help or calling 911. Camper medication must be checked in with the Camp Director, in the original bottle upon arrival. CAMP WILL NOT ACCEPT MEDICATION THAT IS NOT IN ITS ORIGINAL BOTTLE.*

*I accept full responsibility for any injury my child might receive as a result of camp activities. I will provide my own health and accident insurance. I agree to pick up my child at anytime from camp if asked to by camp administration.*

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

I also understand and agree to abide by the restrictions placed on my camp activities.

Signature of Minor: \_\_\_\_\_ Date: \_\_\_\_\_

This form is due to Whispering Winds by June 29, 2016

Email docs to: [office@whisperingwinds.org](mailto:office@whisperingwinds.org) or mail to Whispering Winds, 17606 Harrison Pk. Rd., Julian CA 92036



## WHISPERING WINDS WAIVER & GENERAL RELEASE

Whispering Winds Catholic Conference Center, Inc. ("WW") is a non-profit corporation that owns and operates the Whispering Winds Camp, 17606 Harrison Park Road, Julian, California 92036. In order to keep our operating costs reasonable, we ask all visitors, guests, volunteers and users of the camp, and the parents of all minor camp users, to sign this Waiver & General Release ("Agreement"). By signing this Agreement, you are waiving and generally releasing all present and future claims against WW, except for claims arising out of the gross negligence or intentional misconduct of WW.

### 1. Definitions:

- a. "Associated Persons" means present and former officers, directors, shareholders, partners, members, employees, agents, volunteers, accountants, attorneys, insurance carriers, trustees, beneficiaries, executors, administrators, heirs, predecessors-in-interest, and successors-in-interest. "Associated Entities" means affiliated entities, contractors, subcontractors, material suppliers, and professionals (collectively "AP&AE").
- b. "Claims" shall include all claims, rights, demands, damages, liabilities, and causes of action (whether asserted, unasserted, known, unknown, contingent, accrued, or otherwise).
- c. "Costs" shall include all costs, losses, expenses, attorneys' fees, expert witness fees and other fees, interest, and all other obligations.

### 2. Waiver and General Release:

On behalf of myself and my AP&AE, (i) I waive all present and future Claims and Costs against WW and its AP&AE, and (ii) I generally release WW and its AP&AE from all present and future Claims and Costs, arising out of or related in any way to my presence on or use of the WW camp, or participation in programs, excepting only such Claims and Costs arising solely and exclusively from WW's gross negligence, or knowing and intentional unlawful conduct.

### 3. Waiver of Civil Code Section 1542:

I acknowledge that the above Waiver and General Release includes Claims and Costs which I do not know or suspect to exist, and I waive all rights which may exist under California Civil Code Section 1542 which provides as follows:

*A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor.*

### 4. Photo Release:

I grant WW permission to use my name, likeness, photograph, and voice for all purposes, and without compensation to me.

#### Participant

Participant Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_ Tel: \_\_\_\_\_

Email address of adult: \_\_\_\_\_

Signature of Parent or Legal Guardian (if Participant is under 18): \_\_\_\_\_

Print Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_ Tel: \_\_\_\_\_

(One release per adult; for minors in one family, please list)

Minor Name: \_\_\_\_\_ Minor Name: \_\_\_\_\_

Minor Name: \_\_\_\_\_ Minor Name: \_\_\_\_\_

#### Authorization:

*My child has my permission to engage in all camp activities except as noted. I give permission to the medical personnel selected by WW to order X-rays, routine tests, and treatment; to release records necessary for insurance purposes; and to arrange necessary transportation for my child if I cannot be reached in an emergency. I give permission to the physician selected by WW to administer treatment, including hospitalization. This form may be photocopied and the photocopy may be used for all purposes. I accept full responsibility for any injury my child might receive as a result of camp activities. I will provide my own health and accident insurance.*

# Directions

Whispering Winds  
17606 Harrison Park Rd  
Julian, CA 92036

## From San Diego:

I-8 East  
Exit Hwy 79 North to Julian  
Make a left turn approx. two miles along the highway to stay on 79N  
Turn left on Harrison Park Rd (about 4 miles north of Lake Cuyamaca) and follow signs into Whispering Winds

## From North County:

Hwy 78 East (Ash St.) or Hwy 67 North to Hwy 78 East through Ramona to Julian  
Turn right on Main St  
Turn right on Hwy 79 South  
Turn right on Harrison Park Rd (about 4 miles south of Julian) and follow signs into Whispering Winds

## From West Los Angeles County:

I-5 South to 78 East  
Turn right on Ash St. / Rte 78  
Continue on Hwy 78 East through Ramona to Julian  
Turn right on Main St  
Turn right on Hwy 79 South  
Turn right on Harrison Park Rd (about 4 miles south of Julian) and follow signs into Whispering Winds

## From East Los Angeles County, Riverside:

I-15 or I-215 South to Temecula  
Exit Hwy 79 South and turn left  
After approx. 60 miles to Santa Ysabel, turn left onto 78 East to Julian  
Turn right on Main St  
Turn right on Hwy 79 South  
Turn right on Harrison Park Rd (about 4 miles south of Julian) and follow signs into Whispering Winds

## From Imperial Valley:

I-8 West to Sunrise Highway  
Turn right on Hwy 79 North  
Turn left on Harrison Park Rd and follow signs into Whispering Winds