



July 26th thru August 1st, 2009

Dear Camper,

We are excited about meeting you and we have planned a fun packed week. All of the Staff at 4-H Camp Wahoo! Hope that you will take away some super memories and new friendships after camp this year.

CAMPERS must bring their own sack dinner for Sunday. By you bringing your sack dinner, our cooks will have time to finish organizing the kitchen before our scrumptious Monday morning breakfast (remember, the staff aren't arriving earlier, just you campers!!).

In order to help us with your registration you will find the enclosed paper work that needs to be filled out and sent back ASAP (As Soon As Possible, that is!). We only have room for 50 campers, so don't delay!

Applications can be sent between May 1st and June 15th. **Not any earlier or they will be sent back.** Only applications postmarked May 1st thru June 15th will be accepted *** send your application before June 1st to avoid late fee ***

- Application
- Medical Release - Questionnaire Form
- 4-H Camp policy Signature Form
- Camper Release Form

Get ready for a great time and we'll see you at camp!

Sincerely,
The 4-H Camp Wahoo! Directors

Policies and Procedures/4-H Code of Conduct

The 4-H Camp is planned, conducted, and supervised by the Santa Barbara County 4-H Clubs Council, Inc. in cooperation with the University of California Cooperative Extension Service.

1. **ATTENTION:** Absolutely no cell phones are allowed at camp. Any Counselor, Youth Staff, Jr. Counselor, or Camper who brings a cell phone to camp may be immediately dismissed from camp.
2. The 4-H Code of Conduct signed by each 4-H Member and Adult Volunteer is in full force during Camp Wahoo.
3. 4-H'ers shall show respect for the property, material and facilities used (including 4-H property) and assume financial responsibility for any damages they cause.
4. Medications for 4-H'ers are to be labeled and turned in to the 4-H Camp Medical Staff and not kept in the cabin (unless prior arrangements have been authorized by the 4-H Camp Director and 4-H Camp Medical Staff).
5. Use and/or possession of drugs, alcohol, tobacco, firearms, knives, condoms, and other items deemed dangerous is strictly forbidden. Violation of this policy can result in immediate dismissal from camp and can include notification to the local authorities.
6. Gambling and/or betting are prohibited at the 4-H Camp.
7. The dress code is in full force during Camp Wahoo. **DRESS CODE:** Proper dress is required at all times for all participants in the Camp Wahoo! Program. **Not permitted at camp:** open-toed shoes (except sandals for showers) bikinis (except at pool) see-through tops, short-shorts, tank-tops, and/or shirts with offensive language or graphics, and pants that don't stay up. All shirts **MUST** have sleeves with high neckline (like tee shirts).
8. No visitors to the 4-H Camp without prior arrangements with the 4-H Camp Director.
9. All campers are to participate in all scheduled activities except in cases of illness.
10. No shaving cream, pillow-fights, or other destructive "games" are allowed.
11. No boom boxes (radios), cellular phones, pagers, or laptop computers.
12. No physical or emotional/mental disciplinary measures will be tolerated.
13. Obscene and disrespectful language, roughhousing, and insubordination will not be tolerated at any time.
14. No food or drink will be allowed in the cabins, except in medical circumstances.
15. All outgoing phone calls are by arrangement through the 4-H Camp Director.
16. No camper allowed in kitchen area unless assigned for K.P. duty or permission is given by 4-H Camp Cooks, 4-H Camp Director, or Mess Hall Host.

4-H MEMBER NAME: _____

4-H MEMBER SIGNATURE: _____ **DATE** _____

PARENT'S/GUARDIAN'S SIGNATURE: _____ **DATE** _____

Santa Barbara County 4-H Camp Program

Parents' Consent Form

(Must be read and signed by all parents of 4-H members and the members)

1. **FEES:** Camp fees will be paid in advance and will not be refunded if my child returns home voluntarily or is dismissed. No refunds will be issued after the date specified on the Camp Application form.
2. **CELL PHONES:** Cellular telephones are **absolutely not allowed** at 4-H Camp Wahoo. As a disciplinary action, any camp participant (youth) who has a cell phone in their possession may be dismissed from camp, at the Camp Director's discretion.
3. **DISCIPLINE:** The 4-H Camp Staff, which includes 4-H Approved Leaders, Extension employees, and 4-H Camp Counselors (Senior 4-H members), have my permission to discipline my child (does not include physical contact). However, the 4-H Camp Staff shall have the right to physically restrain my child when, in their opinion, the child is a danger to himself or others, or if my child is dismissed from camp. I understand that the 4-H Camp Director reserves the right to dismiss my child if he or she, in the opinion of the 4-H Camp Director and 4-H Camp Staff, becomes a discipline problem or is disruptive to the 4-H Camp program.
4. **MEDICAL COST AND INSURANCE:** Neither the 4-H Camp Staff nor the Camp Facility shall be liable for the cost of any medical treatment. I understand that the 4-H Member insurance covers only certain accidents and illnesses. I/We will be responsible for, and pay for, any medical charges not covered by insurance. Accidents and/or injuries must be reported and recorded while on site to be covered by the 4-H Member's insurance. Pre-existing illnesses or injuries (asthma, diabetes, etc.) are not covered.
5. **CAMPER'S PERSONAL PROPERTY:** Neither the 4-H Camp Staff or the Camp Facility shall be responsible for the loss or damage to the personal property of the camper. Campers should not bring boom boxes, cellular phones, pagers, or other expensive property to camp.
6. **DAMAGE:** I/We will be responsible for and pay for any damage done by my child, either alone or with others.
7. **NO ONE** is to leave camp without permission of the 4-H Camp Director. Permission must be secured **BEFORE** leaving the Camp grounds.
8. I understand that medications are to be turned over to the 4-H Camp Medical Staff and not be kept by the camper while attending camp (unless prior arrangements have been authorized by the 4-H Camp Director and 4-H Camp Medical Staff).
9. **IN CASE OF MEDICAL EMERGENCY:** I understand that every effort will be made to contact parents or guardians of campers. In the event I cannot be reached, I hereby give permission to the physician selected by the 4-H Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child. I also give permission for first-aid treatment of my child at 4-H Camp by designated personnel.
10. I am responsible for:
 - a) **Picking up my child within 12 hours of notification** in the event he or she is ill or dismissed from camp.
 - b) Providing proof of authorization (driver's license, guardianship papers, etc.) to take custody of the child (this is to insure the safety of the child as to who is picking him/her up).
 - c) Providing an emergency contact and phone number of someone who is responsible for the camper.

I have read the above stated 4-H Camp Policies and Procedures and agree to be bound by the conditions of the agreement. I acknowledge that if I break one of these rules, I may be asked to leave the camp and I am responsible for transportation home and that the camp fee will be forfeited.

4-H MEMBER NAME: _____

4-H MEMBER SIGNATURE: _____ **DATE** _____

PARENT'S/GUARDIAN'S SIGNATURE: _____ **DATE** _____

MEDICAL TREATMENT FORM - MINOR

University of California 4-H Youth Development Program

I hereby certify that my child is in good health and can travel to and participate in this 4-H function.

My Child _____ has my permission to attend Santa Barbara
Name of child

County 4-H Camp Wahoo! located in Cambria in California between the dates of July 25, 2009 and August 2, 2009.
Name of 4-H activity or event locations

While my child is attending or traveling to or from this 4-H function, I HEREBY AUTHORIZE THE ADULT 4-H LEADER OR STAFF MEMBER, or in his/her absence or disability, any adult accompanying or assisting him/her, TO CONSENT TO THE FOLLOWING MEDICAL TREATMENT FOR SAID MINOR:

Any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code section 2000 et seq.; or any X-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered by a dentist licensed under the provisions of the Dental Practices Act, California Business and Professions Code section 1600 et seq.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain effective until my child completes his/her activities in this program unless sooner revoked in writing. I understand that as a parent/legal guardian, I will be responsible for the cost of any service or treatment provided not covered by the 4-H Youth Accident Insurance Program sponsored by the University of California Cooperative Extension.

AUTHORIZATION AND CONSENT AND RELEASE

Date

Signature of Parent/Legal Guardian

Emergency phone DAY

Mailing Address

Zip Code

Emergency phone NIGHT

Should there be any changes in the status of parent/legal guardian, it will be my responsibility to keep the County 4-H Office informed.

NON-CONSENT

I do not desire to sign this authorization and understand that this will prohibit my child from receiving any medical attention in the event of illness or accident.

Signature of Parent/Legal Guardian

Date

University policy and the State of California Information Practices Act of 1977 requires the following information be provided when collecting personal information from you: The information entered on this form is collected under authority of the Smith-Lever Act. Submission of the medical data is voluntary. However, a signature is required on one or the other of the two signature lines above. Failure to provide the medical information and authorization may result in our inability to provide needed medical treatment. You have the right to review University records containing personal information about you/your child, with certain exceptions as set forth in policy and statute. Copies of University policies pertaining to the collection, use, or release of personal data are available for your examination at the Division of Agriculture and Natural Resources, 4-H, DANR, One Shields Avenue, University of California, Davis, California 95616-8565. Only your own/your child's records are open to your review. Any known or foreseeable intergovernmental transfer, which may be made of the information is as follows: None.

CAMPER PHYSICAL / MEDICAL INFORMATION SHEET

Name of 4-H Member: _____

Date of Birth: _____

All the information below will be kept in strict confidence, only those staff required to be informed, will be provided with the appropriate information. This information is intended to insure that your child, the other campers, and the staff have a good Wahoo Camp experience. The following will not disallow your child to attend camp.

IN CASE OF EMERGENCY CONTACT:

Parents' Name: _____

Phone: _____

Cell/Pager: _____

Other Person: _____

Relationship: _____

Phone: _____

Physician: _____

Phone: _____

Dentist: _____

Phone: _____

Check below if camper is subject to:

- | | | |
|--|---|---|
| <input type="checkbox"/> Colds | <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Kidney Trouble |
| <input type="checkbox"/> Sore Throats | <input type="checkbox"/> Asthma | <input type="checkbox"/> Athlete's Foot |
| <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Lung Trouble | <input type="checkbox"/> Ear Infection |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Sinus Trouble | <input type="checkbox"/> Appendicitis |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Hernia (Rupture) | <input type="checkbox"/> Has Appendix been removed? |
| <input type="checkbox"/> Cramps | <input type="checkbox"/> Sinusitis | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Epileptic Seizures | <input type="checkbox"/> Constipation |
| <input type="checkbox"/> Other: _____ | | |

Check below if camper is allergic to:

- | | | |
|--|---|--|
| <input type="checkbox"/> Serious reaction to Poison Oak or Ivy | <input type="checkbox"/> Foods (list):
_____ | <input type="checkbox"/> Medications or drugs (list):
_____ |
| <input type="checkbox"/> Bee Stings | _____ | _____ |
| <input type="checkbox"/> Insect Bites | _____ | _____ |
| <input type="checkbox"/> Lactose Intolerant | <input type="checkbox"/> Other: _____ | _____ |

Check medications below that camper may receive if necessary:

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> Non-aspirin | <input type="checkbox"/> Acetaminophen/Tylenol | <input type="checkbox"/> Laxatives |
| <input type="checkbox"/> Antacids | <input type="checkbox"/> Antiseptics | <input type="checkbox"/> Diarrhea medications |
| <input type="checkbox"/> Coriciden D | <input type="checkbox"/> Robitussin Cough Syrup | <input type="checkbox"/> Adrenaline |
| <input type="checkbox"/> Aspirin | <input type="checkbox"/> Ibuprofen (Advil) | <input type="checkbox"/> Other:
_____ |

Check any appropriate box:

- | | | |
|---|--|---|
| <input type="checkbox"/> Bed wetting | <input type="checkbox"/> Problems: eyesight, hearing, speech | <input type="checkbox"/> Relationships with authority figures |
| <input type="checkbox"/> Home sickness | <input type="checkbox"/> Problems: paralysis, diabetes, ulcer | <input type="checkbox"/> Abnormally severe moodiness |
| <input type="checkbox"/> Sleep walking | <input type="checkbox"/> Nightmares | <input type="checkbox"/> Hyperactive: ADD |
| <input type="checkbox"/> Behavior disorders, disturbances | <input type="checkbox"/> Excessively shy | <input type="checkbox"/> Hyperactive: ADHD |
| <input type="checkbox"/> Emotional disturbance | <input type="checkbox"/> Psychiatric treatment in past 3 years | <input type="checkbox"/> Other: |

(This information is confidential and will be used only in case of emergency.)



Santa Barbara County 4H Camp

Camper Release Form

In the event that you cannot pick-up your child from 4-H Camp Wahoo! This Release Form will provide the names and contact telephone number of people that you have authorized to do so. Your child will only be released to the person(s) on this list, unless the Camp Director receives written or verbal permission from you prior to release.

Name of 4-H Member / Camper

NAME	PHONE NUMBER	RELATIONSHIP

Signature of Parent / Legal Guardian

Date



Santa Barbara County 4-H Camp Program
Camp Wahoo!

Information at a Glance

Camper's Arrival Time:
Sunday, July 26, 4:00pm
with your sack dinner

Camper & Jr. Counselor Departure Time:
Saturday, August 1, 10:00 am

Camp Emergency Phone Numbers:
(805) 927-8944 – Mess Hall Phone
(805)478-8180 – Director's Cell (Pat)

Mail Delivery for Campers:
Camp Yeager/4-H Camp Wahoo!
"Camper's Name"
525 Ashby Lane
Cambria, CA 93428

4-H Camp Wahoo!

Frequently Asked Questions

What are the sleeping arrangements? Do I get to choose my cabin-mates?

Each cabin consists of 1 Counselor, 1 Junior Counselor, and around 4-6 campers. There are four bunk beds in each cabin, and there are 10 cabins total. Although you do not get to choose or select your cabin-mates, cabins are usually organized into age groups.

When do I get to know which counselor is mine?

When you sign-in the first day of camp! All the counselors have gone through six months of training in first-aid, conflict resolution, and more. Each 4-H Camp Staff member has a “camp name”, it adds spirit to camp!

What is the food like? How are the meals served?

The food is good! Food served: burritos, hot dogs, hamburgers, sandwiches, French toast, sausage & eggs, and much more. At each meal, there is one “hopper” and one “mopper”. The hopper brings the food to the table, while the mopper brings the empty serving dishes back after the meal. Usually cabins eat together, but there are some “mixer” meals!

Are there Theme Days?

There are theme days and theme meals! Consider bringing something to wear for that day or meal! You will find out about the Theme Meals in your camp letter. Camp shirt day (camp pictures are taken, you will get your shirt when you check-in), funny hat meal (wear a funny/wacky hat!), Pajama breakfast (wear something appropriate!) plus other surprises!

What is the shower schedule?

The shower time is around 3:45pm, and each cabin has 10 minutes to get in and out. This is because there are 10 cabins, and with 10 minutes each, the total shower time is around an hour and a half. There are seven separate stalls in the shower room with privacy curtains, with a large bench/lobby area.

Is there swimming? Do I have to go?

Each day, two to three cabins travel down to the pool for swimming. The pool does have 2 certified life guards, and there is an Adult Camp Staff at the pool each time. You do not have to swim; there is also a very large grass area to play games, etc.

Do I have to do a Record book at camp?

NO!! There are no record books at camp. If a camper wishes to bring paper and pens to write during FOB or other times, that's great!

When is “Lights-Out”? When do we get up?

Lights-Out is at 10:00 pm each night. Flag raising is at 7:45 am

What is FOB?

Flat On Bunk - is the quiet time after lunch.

Is there mail? Emergency phone number?

There is daily mail service. Campers may write letters and put them in the camp mailbox. Parents are also encouraged to send letters up to camp. The address is:

Camp Yeager/4-H Camp Wahoo!
“Camper's Name”
525 Ashby Lane, Cambria, CA 93428
The emergency phone number is (805) 927-8944 (Mess Hall Phone) or
(805) 478-8180 (Camp Director Cell - Pat)

Santa Barbara County 4-H Program
Camp Wahoo!
What to Pack for 4-H Camp

You will need to bring luggage that is manageable since you will be carrying your own bags to your cabin!
Label all you belongings with your name. Loose fitting clothes are most comfortable and since any camp has some dirt, older clothes are ideal!

SLEEPING BAG AND PILLOW Please note: This camp can get cool at night so you may want to bring an extra blanket. We will be sleeping in cabins without heat!!

- | | |
|--|---|
| <input type="checkbox"/> Pants & Shorts | <input type="checkbox"/> Soap |
| <input type="checkbox"/> Sweatshirt | <input type="checkbox"/> Shampoo |
| <input type="checkbox"/> Shirts | <input type="checkbox"/> Toothpaste |
| <input type="checkbox"/> Underclothing | <input type="checkbox"/> Tooth Brush |
| <input type="checkbox"/> Pool Towel | <input type="checkbox"/> Sack Dinner for Sunday Night |
| <input type="checkbox"/> Socks (bring extra) | <input type="checkbox"/> Bath Towel |
| <input type="checkbox"/> Sleep Wear | <input type="checkbox"/> Dirty Clothes Bag |
| <input type="checkbox"/> Sturdy, thick soled shoes | <input type="checkbox"/> Insect Repellent |
| <input type="checkbox"/> Shower Sandals (shower use only) | <input type="checkbox"/> Deodorant |
| <input type="checkbox"/> Warm Jacket | <input type="checkbox"/> Sun Block |
| <input type="checkbox"/> Extra Pair of Shoes | <input type="checkbox"/> Flashlight |
| <input type="checkbox"/> Swim Suit | <input type="checkbox"/> Camera (optional: disposable is ideal) |
| <input type="checkbox"/> Water Bottle (A NECESSITY) | <input type="checkbox"/> Sheet to cover bunk bed mattress |
| <input type="checkbox"/> White Tee for tie-dyeing | |

Money for the Camp Falcon's Nest (Trading Post) (**Max. \$25**)

The Falcon's Nest will be selling snack foods, soda, and non-food items during the afternoon. "Campers Choice." Non-food items include Camp Wahoo items, lanyard materials, postcards, stamps, trinkets, ect. All money will be kept by the Camp Director and a "Tab" will be used at the Falcon's Nest. Free snack food such as fruit is available during the afternoon "Campers Choice" at the Falcon's Nest. There is always fruit available in the Mess Hall.

DRESS CODE

Proper dress is required at all times for all participants in the Camp Wahoo! Program.

Not permitted at camp: open-toed shoes (except sandals for showers) bikinis (except at pool) see-through tops, short-shorts, tank-tops, and or shirts with offensive language or graphic, and pants that don't stay up. All shirts **MUST** have sleeves with high neckline (like tee shirts).

DO NOT BRING

- | | | | | |
|------------------|------------------|--|--------------|----------------|
| Knives, Guns | Electronic Games | Radios | Pagers | Cell Phones |
| Jigsaw Puzzles | Cassette Players | Walkman | Clock Radios | Laser Pointers |
| Food of any Type | Alcohol or Drugs | Any "live" animals (including pets and guide dogs) | | |

Do not bring items that are valuable or irreplaceable. Camp is an informal atmosphere, which does not lend itself to protection of valuable items. Members are **DISCOURAGED** from **BRINGING** items of expensive or great personal value to Camp4-H Camp is a "dusty and rustic" atmosphere. Also please label medications; which will be given to the camp health staff.



2009 4-H Camp Wahoo

Individual Extra Shirts Order Form

(Free Camp T-Shirt already ordered with camp application)



For sizes 2XL add \$2.00 per item 3XL add \$4.00 per item

ITEM	SIZE	QUANTITY	PRICE	TOTAL
Extra T-Shirt (Free Camp Shirt with application)			Youth - \$9.00	
			Adult - \$10.00	
Crewneck Sweat			Youth - \$14.00	
			Adult - \$15.00	
Hooded Pullover Sweat			Youth - \$22.00	
			Adult - \$24.50	
Hooded Zipper Sweat			Youth - \$24.00	
			Adult - \$28.00	
Wahoo! Hat			\$9.00	
Wahoo! Visor			\$9.00	
TOTAL				

Make check out to: SB County 4-H Clubs Council
Check must be included with order form.

DEADLINE FOR SHIRT ORDERS - JULY 1

Full Name: _____

Circle One: Camper Jr.Counselor Counselor Youth Staff Staff

Phone: _____ Email: _____

Questions? Call 877.938.9974 or e-mail kent@thinkworks.com