



WELCOME TO CAMP NAWAKWA

The following is information about our Camp Nawakwa Resident Camp program, as well as important paperwork needed to complete the registration process. Please complete the necessary forms indicated.
Thank you.



CAMP FIRE INLAND SOUTHERN CALIFORNIA
9037 Arrow Route, Suite 140, Rancho Cucamonga, CA 91730
(909) 466-5878 (909) 483-5042 Fax
www.campfiretoday.org

WELCOME TO CAMP NAWAKWA!

If you have never been to CDF Camp Gluten-Free, let us tell you a little about it...

Camp Nawakwa is located in the San Bernardino Forest's Barton Flats area at an elevation of 6,860 feet. The beautifully wooded site is adjacent to the Mount San Gorgonio wilderness area. Since 1947, it has been owned and operated by Camp Fire Inland Southern California which endorses the Camp Fire traditional belief that the outdoors is an exciting place to be enjoyed and respected. Camping is a radical change from the home and school environments where all may experience feelings of adventure, wonder, and joy. The natural environment is a model of inter-dependency at the highest level. Celiac Disease Foundation (CDF) is proud to partner with Camp Fire to offer CDF Camp Gluten-Free at Camp Nawakwa.

THE PROGRAM

Campers ages 7-17, who have been diagnosed with celiac disease or non-celiac gluten sensitivity, will have the opportunity to participate in preplanned activities which include: swimming, hiking, cooking outdoors, canoeing, arts and crafts, singing, drama, games, nature walks, archery, rock wall climbing, making new friends, and having a lot of fun – all in a strictly gluten-free environment.

Mentors are young adults, ages 18-22, diagnosed with celiac disease or non-celiac gluten sensitivity, who are participate in an enriching leadership and camp counselor experience. Mentors attend training the weekend prior to camp and then are assigned to a cabin to live with younger campers for the remainder of the week. In this fun and life-changing experience, Mentors help Campers develop confidence and independence in living gluten-free.

THE SITE

A heated pool, dining hall, several clusters of fully enclosed cabins, bathroom facilities with running water, an infirmary, wilderness trails, an archery range, a climbing wall, a nearby lake and lots of tall trees make up the campsite. Cabins have bunks and mattresses...campers bring sleeping bags and pillows. Boys and girls live in separate areas of camp and interact during activities, meals, and campfires. Standards for acceptance and participation in all camp programs are the same for

everyone without regard to race, color, national origin, religion, age, sex or handicap providing program requirements are met.

THE KITCHEN

Camp Nawakwa staff ensures that all foods are prepared in a gluten free kitchen by sanitizing the dining hall prior to the start of camp, under the supervision of Celiac Disease Foundation. All gluten-free food served during CDF Camp Gluten-Free is donated from reputable food suppliers. Please consult the Celiac Disease Foundation if you have further questions.

REGISTRATION/FEE

To register, you must send your completed camp registration materials, one registration packet for each camper, with a \$200 deposit to Celiac Disease Foundation. You will receive a letter from Celiac Disease Foundation confirming your child's spot at the camp. Only campers on the confirmation list will be allowed to attend the camp. Payment in full is due by May 1, 2013.

FINANCIAL AID/CAMPERSHIPS

CDF strives to make camp available for all. Need-based Camperships are provided through a separate application. As part of the program, we partner with parents, other individuals, foundations and corporations to ensure participation. Campers and staff don't know who attends on Campership. To apply for a Campership, please download and complete the application on the Registration page, in addition to the camp registration materials. Applicants will pay a \$25 registration fee instead of the \$200 deposit. If you're able, please consider donating to the Campership Fund to make camp possible for many others!

TRANSPORTATION

The bus will depart and return to the Camp Fire office parking lot located at 9037 Arrow Route, Suite140, Rancho Cucamonga, CA 91730. Departure and arrival time will be noted in your confirmation letter. Campers are accompanied by two adult chaperones on the bus ride.

HEALTH & SAFETY

Each camper must submit a completed Health History form, signed by a licensed medical provider with the registration packet. A Camp Nurse will oversee the health care of all campers and staff, and provide care according to a physician's standing orders. Pool and lake activities are always supervised by Red Cross certified Lifeguards.

MEDICATIONS

IMPORTANT: DO NOT PACK MEDICATIONS. MEDICATIONS ARE TURNED IN AT THE BUS STOP AT CHECK IN TIME

All prescription medications **must** be in the bottle issued by the pharmacy/doctor, along with a printed schedule of when the medications should be taken.. If your child arrives without their medication in the proper container, they will not be permitted to attend camp. To minimize disruption to the camp schedule, we request that non-essential substances (e.g. vitamins and herbal supplements) be kept at home. You will hand all essential medications (including over-the-counter medications) to the Camp Nawakwa staff at check-in. These will be stored in the infirmary and given at the required schedule.

PARENT NOTIFICATION

Should a camper become ill or injured during camp, parents/guardians will be notified by camp personnel, be advised of the situation, and appropriate care determined and implemented. At Camp Nawakwa, fun is the focus, group activities and cooperation are emphasized, and friendship and learning are the results. The Camp Director may expel a camper for behavior harmful to the Camp Community. Please note that if a camper is sent home for behavioral reasons, no refund will be given.

TELEPHONE

DO NOT SEND A CELL PHONE WITH YOUR CHILD. Campers do NOT use the telephone except in very unusual circumstances, and then the Camp Director would contact you first.

If an emergency arises at home and you should need to contact your child at camp, call (909) 600-4072 Please note, this number is for emergencies only. All other calls will be referred to the Camp Fire office.

LETTERS/EMAIL

We encourage all parents to send their campers mail, as it brightens their day and lets them know that you're thinking of them.

A one-way email account can be set up going to www.campfiretoday.org and registering with Bunk1.com.

As the camp session is short, mail your letter(s) a couple of days before camp starts or place letters in a large envelope, marked with child's name and give to the Camp Nawakwa staff doing check-in at the bus on the day of departure. If you choose to mail your letters, please send to:

MAILING ADDRESS:

Session CDF
Camp Nawakwa
Name of child
4650 Jenks Lake Road East
Angelus Oaks, CA 92305

LUGGAGE/NAME TAGS

Please have child's suitcase, backpack, pillow and sleeping bag tagged with their name. Additional tags will be available if not already completed. The children will be responsible for locating their belongings.

- ✓ Old clothes are best to send to camp
- ✓ A warm sleeping bag and a warm jacket or coat are necessities
- ✓ Do not send a cell phone with your child
- ✓ Do not send food or snacks with your child – there will be plenty of delicious, gluten-free food

PLEASE REMEMBER TO LABEL EVERYTHING!

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.



2013 RESIDENT CAMP YOUTH REGISTRATION



To be filled out by parent or legal guardian

Child's Last Name: _____ Child's First Name: _____ M. _____

Parent(s) Name: _____ Home Phone: () _____ Cell Phone: () _____

Address: _____ APT. # _____

City: _____ State: _____ Zip: _____

Gender: _____ Birthdate: _____ Age: _____ School Grade: _____

School Child attends: _____

Email Address: _____

Ethnicity/Race: Furnishing this information is required; it is desired only for statistical purposes. Responses will not affect the applicant's qualification to participate.

- White
 - Black/African American
 - Asian
 - American Indian or Alaska Native
 - Asian AND White
 - Native Hawaiian or Other Pacific Islander
 - American Indian or Alaska Native AND White
 - Black/African American AND White
 - American Indian/Alaska Native AND Black/African American
 - Other: _____
- HISPANIC/LATINO ETHNICITY YES NO
- Yes, Mexican/Chicano
 - Yes, Puerto Rican
 - Yes, Cuban
 - Yes, Other Hispanic/Latino:

How did you hear about our program?

- School flyer
- Newspaper article
- Friend
- Other: _____

Has your child attended any Camp Fire Programs in the past? _____

If yes, which programs? _____

Parent/Guardian Information

Name _____ Gender: _____

Home Phone (if different from child): _____

Employer's Name: _____

Work Phone: _____ Ext. _____

Cell Phone: () _____

Name _____ Gender: _____

Home Phone (if different from Child): _____

Employer's Name: _____

Work Phone: _____ Ext. _____

Cell Phone: () _____

Custodial Care Information

- Mother Only
- Both Parents
- Father Only
- Other

Persons authorized to pick up my child: _____

Persons **NOT** authorized to pick up my child: _____

Emergency Contacts – Other than parents/guardians

Name: _____

Address: _____

City: _____ Zip: _____

Phone Number: _____ Other _____

Name: _____

Address: _____

City: _____ Zip: _____

Phone Number: _____ Other _____

PLEASE COMPLETE BOTH PAGES AND SIGN

Last Name: _____
Session(s) Attending: _____
Office Use Only

PARENTAL/LEGAL GUARDIAN PERMISSION

I grant permission for my child or if over the age of 18 years accept to participate in all activities and camp programs, included but not limited to ropes course, out-of-camp trips by van, bus or other designated vehicles, understanding that appropriate supervision is provided under the State of California requirements for residential camp programs. I also understand that during my child’s participation at Camp Fire Inland Southern California Council Camp Nawakwa, s/he/I may be exposed to a variety of risks and hazards, foreseen or unforeseen, which cannot be eliminated without fundamentally altering the unique character of the program. Those hazards include, but are not limited to, hiking/walking/running outside; snakes, insects, and large-animals; sunburn and heatstroke, dehydration, hypothermia and other mild or serious conditions or injuries; falling and rolling rock; drowning; lightning and unpredictable forces of nature (including weather that may change to extreme conditions without notice), etc. As a condition of my child’s participation in the Program, I acknowledge that participation is entirely voluntary, and I agree to assume full responsibility for the risks that participation may entail. I voluntarily agree to release, indemnify, and hold harmless Camp Fire Inland Southern California Council and Celiac Disease Foundation, their respective officers, directors, agents and employees, to the fullest extent permitted under the law. I understand that this release covers all liabilities, charges, expenses and costs on account of or by reason of any such injuries, claims, actions, or other legal proceedings however occurring or damages growing out of the same. The authorization shall remain effective throughout the entire camp session(s) the child attends unless sooner revoked in writing delivered to said agent(s). This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

Camp Fire Inland Southern California and Celiac Disease Foundation are not responsible for lost, stolen or damaged articles. I authorize Camp Fire Inland Southern California Council and Celiac Disease Foundation, to have and use photographs, slides and/or video of my child/myself listed on this form for marketing and/or advertising purposes (only), and I hereby consent to and authorize such use without seeking remuneration.

I HAVE READ THIS AGREEMENT. I FULLY UNDERSTAND IT AND AGREE TO BE LEGALLY BOUND BY IT

If participant is under the Age of 18 years a parent or guardian signature is required

Parent/Guardian Name: _____ **Contact Number:** _____

Address: _____ **City:** _____ **Zip:** _____

Signature: _____ **Date:** _____

Participant Name: _____

Signature: _____ **Date:** _____

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CAMP FIRE INLAND SOUTHERN CALIFORNIA

HEALTH HISTORY FORM FOR CAMPER/STAFF ATTENDING CAMP NAWAKWA

Name _____ Birth Date _____ Age at camp _____
Last First mm/dd/yyyy

Home Address _____
Street Address City Zip

Gender: Male Female

Custodial parent/guardian _____ Phone _____ Cell phone _____

Home Address (if different from above) _____

Business Address _____

Second Parent or guardian emergency contact _____

Address _____ Phone _____ Cell Phone _____

Insurance Information

Is the participant covered by family medical/hospital insurance? Yes No

If so, indicate carrier or plan name _____ Group # _____

Carrier address _____

Name of insured _____ Relationship to participant _____

Insurance ID number _____

List any activities in which you DO NOT want your child to participate:

Archery _____ Canoeing _____ Hiking _____ Swimming _____ Wall Climbing _____

Important – this box must be complete for attendance to Camp Nawakwa

Permission to provide necessary treatment or Emergency Care:

I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or 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 completed form may be photo-copied for trips out of camp.

Signature of parent or guardian or adulamper/staffer _____

Date _____

Parent/Guardian Authorization: This health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted.

Signed _____ Print Name _____ Date _____

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Health History

The following information must be filled in by a licensed medical provider. This information provides camp health care personnel the background to provide appropriate care. Provide complete information so that the camp can be aware of the needs of this participant.

Physical Exam Done Today Yes No If "No", last date of physical: _____

All campers must have a physical exam within 12 months prior to the first day of camp.

Weight _____ lbs Height _____ ft _____ in Blood Pressure _____ / _____

Is this child "mentally or physically challenged"? _____ **If yes, please attach a page providing additional information.**

ALLERGIES (List all known) Describe reaction and management of the reaction

Food Allergies (List)

Other allergies (list) - include insect stings, hay fever, asthma, animal dander, etc.

MEDICATIONS BEING TAKEN (Please list ALL medications-including over-the-counter or nonprescription drugs taken routinely. Camper should bring enough medication to last the entire time at camp. Keep in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage and the frequency of administration.

This person takes **NO** medications on a routine basis.

This person takes medications as follows:

Med #1 _____ Dosage _____ Specific times taken each day _____
Reason for taking _____

Med #2 _____ Dosage _____ Specific times taken each day _____
Reason for taking _____

Restrictions - The following restrictions apply to this individual:

- Dietary: Does not eat red meat Does not eat pork Does not eat eggs
 Does not eat poultry Does not eat seafood Does not eat dairy products

Other (describe) _____

Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary)

Does participant experience any of the following: sleepwalking other sleep disturbances restlessness
 nightmares bed wetting fainting convulsions constipation stomach upsets emotional problems
 asthma chest pains after exercise frequent headaches seizures ear infections

Please explain _____

Give year of last immunization or booster against: DTP _____ Varicella _____ MMR _____ Polio _____ HIB _____
Hep.B _____ Hep. A _____ Tetanus _____ Other _____

Which of the following has participant had? Measles German Measles Chickenpox Mumps
 Hepatitis Others _____

Name of Licensed Provider _____ Signature _____

Office Address _____ City _____ State _____ Zip _____

Telephone _____ Date _____

CAMP FIRE INLAND SOUTHERN CALIFORNIA
9037 Arrow Route, Suite 140, Rancho Cucamonga, CA 91730

CAMP FIRE CAMP NAWAKWA CAMPER'S PLEDGE & CODE OF CONDUCT

DURING MY STAY AT CAMP, I PLEDGE...

1. That I will make every effort to get along with my counselors and fellow campers, knowing that this will help us all have more fun.
2. That I will follow all the rules of Camp Nawakwa as explained to me by my counselors and other staff members.
3. That I will stay with my group or my designated buddies at all times, and never stray from the group without permission.
4. That I will immediately inform the nearest staff member if I am injured or if I become ill. Staying healthy is an important part of a fun camp experience.
5. That I will not bring (or acquire) drugs, alcohol, firearms, pocket knives or sharp objects, any controlled substance, or items of value to camp. The camp expects all campers to abide by the law as well as camp rules for safety and fun.
6. That I will not pick fights with any other campers, camp staff. Gossiping and spreading rumors is strictly against the rules and there is zero tolerance for such behavior.

RULES FOR CAMPERS TO FOLLOW DURING THEIR CAMP STAY

1. Walk at all times in camp and play in assigned areas only.
2. The Ropes Course is not a play area. Keep off at all times unless accompanied by the program specialist.
3. Obey all safety rules and use equipment correctly according to the Camp Fire rules on cookouts and during program activities.
4. Playing with sticks, rock throwing, and tree climbing are not allowed.
5. Keep hands, feet and objects to yourself. This means karate chops and kicks are not allowed. Playing tricks on others is not permitted.
6. Chewing gum is not permitted in camp.
7. Use the restroom materials and facilities for intended purposes only. Play is not allowed in the bathroom.
8. Teasing and use of profanity or crude (meaning not acceptable around your kitchen table) and hurtful words are unacceptable.
9. Disturbing other people's belongings is not allowed.
10. Show consideration for other campers and adults at all times.
11. Stealing is grounds for immediate expulsion from camp.
12. Cell phones, toys, electronics and skateboards or bikes are not allowed in camp. We are not responsible for any items that arrive and are then damaged.
13. Sports equipment, gloves, etc. are not allowed to be brought to camp.
14. You must wear shoes and socks – NO OPEN TOED SHOES!
15. Campers are asked to tell the truth at all times.

I UNDERSTAND THAT...

1. Staff members have my best interests at heart and want me to have a good time, so I will abide by their decisions.
2. If there is a misunderstanding that cannot be cleared up by my counselor, I will be able to talk with the camp director, assistant director, or program administrator.
3. My failure to follow these guidelines and others necessary for a safe and happy experience for everyone may lead to my being sent home at my parent's expense and their transportation.

THESE RULES ARE FOR THE PROTECTION, HEALTH AND SAFETY OF ALL PEOPLE IN CAMP. EVERYONE IS EXPECTED TO ADHERE TO THEM. IF, AFTER A NUMBER OF WARNINGS AND CONSULTATION WITH THE CAMP DIRECTOR, THE CHILD DOES NOT MEET THESE STANDARDS, HE/SHE WILL BE EXPELLED FROM CAMP, THE PARENT/GUARDIAN WILL BE CALLED AND ASKED FOR THE IMMEDIATE REMOVAL OF THEIR CHILD FROM CAMP.

PARENTS:

Please note that by signing this *binding contract*, you are also agreeing with the rules of Camp Nawakwa as well as the consequences. Should your child need to be picked up from camp due to violations of this contract, you are responsible for picking your child up from camp.

CAMPER'S SIGNATURE: _____

DATE: _____

PARENT'S SIGNATURE: _____

DATE: _____

This institution is an equal opportunity provider

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

CAMPER QUESTIONNAIRE

Camp Fire would like to get to know you a little before we start camp. This way we can make camp more fun for you. Please fill out this short questionnaire with mom and dad and send it back with your registration packet.

My name is _____
First Last Sometimes people call me _____
Nicknames

I am _____ years old. I am a boy / girl (circle one)

I have _____ brothers and _____ sisters My favorite color is _____

My favorite food is _____

My favorite cartoon character is _____

My favorite memory is _____

My favorite thing to do after school is _____

I like or don't like my teachers at school because _____

The things I like to do with my friends are _____

My favorite thing about myself is _____

At camp I want to try: (Circle all that you would like to try)

- | | | |
|-----------------------|---------------|---------------------------|
| Singing | Acting | Archery (bows and arrows) |
| Hiking | Wall climbing | Canoeing |
| Arts and Crafts | Swimming | Making New Friends |
| Other (explain) _____ | | |

The longest trip I've ever gone on without my parents was _____

When getting ready for camp I feel (happy, excited, nervous, sad, etc.) _____

I want to come to camp because _____

Thank you for taking time to fill out these questions about yourself.

We can't wait to see you at Camp Nawakwa!

IN ACCORDANCE WITH FEDERAL LAW AND U.S. DEPARTMENT OF AGRICULTURE POLICY, THIS INSTITUTION IS PROHIBITED FROM DISCRIMINATING ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, AGE, OR DISABILITY.

CAMP NAWAKWA PACKING LIST & MISCELLANEOUS INFORMATION

WHAT TO PACK:

Remember OLD CLOTHES are best

- Shorts - comfortable for hiking
- Underwear
- Closed-toe shoes
- Socks
- Shirts (long and Short sleeved) 1 for each day of stay
- Long pants
- Warm sweater, jacket or coat
- Swim suit. One-piece bathing suits are required for girls. If not available, please send non-white shirt to wear over top.
- Wash cloth and towels (1 swim and 1 bath).
- Warm sleeping bag & pillow
- Old, warm, blanket (for sleeping and for sitting around the campfire at night)
- Soap, comb, brush, shampoo, toothbrush (in a container), toothpaste & other personal hygiene items
- Chapped lip protection
- Rain jacket
- Mosquito repellent and sunscreen
- Flashlight & extra batteries (be sure to label all equipment with child's name!)
- Bag for dirty clothes (a pillow case will do just fine)
- Theme Day items: stuffed animal

OPTIONAL: Camera, day/backpack, autograph book, song book, story book, compass, hiking boots, hat, sunglasses, alarm clock, slippers, sandals, sweatshirt and sweatpants.

CAMPER MAY NOT BRING THE FOLLOWING: Food or snacks, cell phones, radios, ipods, MP3 players, iPods, electronic games, expensive watches, jewelry, gum, candy, money, pocket knives or sharp objects, or other valuables. Such items will be confiscated and then returned at the end of camp.

MAKE SURE ALL CLOTHES AND BELONGINGS ARE LABELED

Camp Fire and Celiac Disease Foundation will NOT be responsible for any lost or broken items.

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REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A2160
ORI (Code assigned by DOJ)

Employment
Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Camp Fire USA Inland Southern California Council
Agency Authorized to Receive Criminal Record Information

06652
Mail Code (five-digit code assigned by DOJ)

9037 Arrow Route, Suite 140
Street Address or P.O. Box

Sandra Rutherford
Contact Name (mandatory for all school submissions)

Rancho Cucamonga CA 91730
City State ZIP Code

(909) 466-5878
Contact Telephone Number

Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name (AKA or Alias) Last

First Suffix

Date of Birth Sex Male Female

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number 143730
(Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number
(Other Identification Number)

Home Address Street Address or P.O. Box

City State ZIP Code

Your Number: _____
OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City State ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency LSID

ATI Number Amount Collected/Billed