

School Name \_\_\_\_\_ Teacher's Name \_\_\_\_\_

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Mr. \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

*Circle: Parent / Step Parent / Guardian*

Mrs./ Ms. \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

*Circle: Parent / Step Parent / Guardian*

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

### Camper's Health Information

Please attach a note with any special concerns. Please notify camp if your child is exposed to any communicable disease during the two weeks prior to camp attendance.

Health Problems / Activity Restrictions \_\_\_\_\_

Drug/Food Allergies \_\_\_\_\_

Allergic Reactions \_\_\_\_\_

Regular Medications \_\_\_\_\_

Tetanus Booster Date: \_\_\_\_\_ Polio series completed? Y  N

Special Dietary needs? Y  N  If yes, please contact Luis Barrientos, Food Service Director, luisb@missionsprings.com.

My child is a vegetarian? Y  N  If yes, what type? \_\_\_ Vegan \_\_\_ ovo-lacto (can eat eggs & dairy)

Can adult chaperone, teacher, or Mission Springs staff give your child Tylenol, Cough Drops, Pepto-Bismol or their generic equivalents? Y  N  *These are the only medications we stock. Please attach a note if you answered no or have any concerns.*

Is your child bringing any prescribed medications to be taken at Mission Springs? Y  N

If yes, then complete attached medication form. This form must be turned in with the medication. State laws E.C. 49423 and 49480 are specific in stating that your school personnel must be given instruction as to method, amount, frequency, and the condition for which the medicine was prescribed. Medication must be given to the child's teacher on the day the student leaves to go to Mission Springs. For the additional protection of your child and other children, we request that only essential medicine be sent to Mission Springs Outdoor Education.

Medical Insurance Company Name \_\_\_\_\_ Policy # \_\_\_\_\_

Emergency Contact (other than parents) \_\_\_\_\_

Relationship to student \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

**THIS RELEASE MAY LIMIT YOUR LEGAL RIGHTS.** Mission Springs Christian Camps & Conference Center (hereinafter, "Mission Springs"), also known as Frontier Ranch, offers an array of camp and conference services and facilities. While Mission Springs strives to operate safe programs and maintain safe facilities, there is always a risk of injury when participants engage in activities involving physical exertion in the natural, dim, and rustic setting of Mission Springs. By signing below, I attest that I have disclosed all known health conditions that may affect Participant's participation in the Mission Springs camp or conference. Further, I acknowledge that Participant is in good physical condition. I acknowledge that Mission Springs shall not be responsible for personal belongings that may be lost or stolen during a camp or conference. In the event of an emergency, I hereby give permission to Mission Springs (and physicians selected by Mission Springs) to secure any medical treatment that may become necessary, including injections, anesthesia, and/or surgery. I acknowledge that Participant has my permission to fully participate in conference and/or camp activities, both on and off Mission Springs grounds, except as otherwise noted on the conference or camp application. I also give Mission Springs permission to use Participant's photo in future promotional materials. My signature below acknowledges that I, as a participant in a camp or conference to be held at Mission Springs, and on behalf of my child (or other person over whom I hold a legal guardianship or conservatorship) who will participate in a camp or conference at Mission Springs, am aware of the inherent hazards and risks associated with such participation. **By signing below, I attest that I have a full understanding of the inherent hazards and risks associated with participation in the conference or camp, including the activities included therein, which may involve areas of poor lighting, rough terrain, and other natural and man-made elements that could result in injury, and hereby assume all risk of loss, damage or injury that may be sustained by myself, my child, or other person over whom I have a legal guardianship or conservatorship. FURTHERMORE, I HEREBY RELEASE MISSION SPRINGS AND ITS BOARD OF DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, AND/OR VOLUNTEERS FROM ALL LIABILITY, REGARDLESS OF WHETHER SUCH LIABILITY STEMS FROM THE NEGLIGENT ACTS OR FAILURES TO ACT OF MISSION SPRINGS EMPLOYEES, AGENTS, DIRECTORS, OFFICERS, AND/OR VOLUNTEERS.** The undersigned agrees that the foregoing Release of Liability is intended to be as broad and inclusive as permitted by the laws of the state of California, and if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, remain in full force and effect.

\_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

# MISSION SPRINGS



## OUTDOOR EDUCATION

2009-10 School Year

Dear Chaperone,

Greetings from the redwoods of Mission Springs! Thanks for your willingness to serve as chaperone in a few weeks. You are a valuable part of the students' outdoor education experience, and I appreciate the sacrifice you are making to spend a few days with us.

One thing you should know is that your time spent here will involve a lot of hiking. Most of our classes are trail-based and therefore involve hiking. The majority of our trails involve uphill hiking, including areas with steps. Most days will involve 2-3 hikes each day, traveling up to a couple of miles on each hike. We strongly suggest that you exercise regularly during the month previous to your trip.

Your main role and responsibility is to help maintain discipline and supervise students while at Mission Springs. You will be the primary supervisor during the following times:

- Line-Ups – occur before each activity
- Meals – you will be expected to sit with and assist the students each meal
- Flat on Bunk times – 50-minute rest period after lunch
- Evening Programs
- During the Night
- Other times assigned by your school's teacher

For the trip to run smoothly, we want to let you know of expectations that we have for you as a chaperone:

- Assist students during the move-in and move-out process
  - Join a hiking group as assigned by the teacher and assist with the supervision, discipline, and safety of the group
  - Use good judgment regarding student safety, including while the students are in their cabins.
  - Gently enforce Mission Springs' guidelines and behavioral policies. We will go over these soon after you arrive.
  - Transport students in your vehicle during emergencies, when asked to do so by your school's teacher.
  - Be a good role model with a positive attitude. The students will imitate your behavior and attitude.
- If you have a complaint, please talk to your school's teacher or the Director of Outdoor Education in private.
- Have fun and learn along with the students!

On the back, there is a packing list for you as a chaperone.

I look forward to working with you!

Jeremy Geels  
Director of Mission Springs Outdoor Education

## CHAPERONE PACKING LIST

### You Must Bring:

- Warm, durable clothing and water-resistant shoes
- Bedding – pillow, sheets, blankets, or sleeping bag
- Bath towel
- Waterproof rain jacket
- Toiletries – soap, toothbrush, sunscreen, etc.
- Water bottle
- Alarm clock

### Optional Items:

- Gloves
- Laundry bag for dirty clothes
- Money for t-shirt or gift shop
- Cell phone (please do not use during class)
- Camera, binoculars
- Bathmat or towel for bathroom floor

### Please Do Not Bring:

- Large amounts of money or expensive jewelry
- Food or beverages
- Knives or other weapons
- Alcohol or tobacco products
- Video games
- Radios, MP3 or CD players

MISSION SPRINGS



OUTDOOR EDUCATION

School Name \_\_\_\_\_ Teacher's Name \_\_\_\_\_

Adult's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

### Adult's Health Information

Please attach a note with any special concerns. Please notify camp if you are exposed to any communicable disease during the two weeks prior to camp attendance.

Health Problems / Activity Restrictions \_\_\_\_\_

Drug/Food Allergies \_\_\_\_\_

Allergic Reactions \_\_\_\_\_

Regular Medications \_\_\_\_\_

Special Dietary needs? Y  N  If yes, please contact Luis Barrientos, Food Service Director, luisb@missionsprings.com.Are you a vegetarian? Y  N  If yes, what type? \_\_\_ Vegan \_\_\_ Ovo-lacto (can eat eggs & dairy)

Medical Insurance Company Name \_\_\_\_\_ Policy # \_\_\_\_\_

# MISSION SPRINGS



# OUTDOOR EDUCATION

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\_\_\_\_\_  
PARTICIPANT SIGNATURE\_\_\_\_\_  
DATE

# Hiking Group List (Make copies if you have more students)

**Please fill out this sheet and send in 1 week prior to camp.**

Group # \_\_\_\_\_ Teachers/Chaperones \_\_\_\_\_

1. \_\_\_\_\_ 12. \_\_\_\_\_

2. \_\_\_\_\_ 13. \_\_\_\_\_

3. \_\_\_\_\_ 14. \_\_\_\_\_

4. \_\_\_\_\_ 15. \_\_\_\_\_

5. \_\_\_\_\_ 16. \_\_\_\_\_

6. \_\_\_\_\_ 17. \_\_\_\_\_

7. \_\_\_\_\_ 18. \_\_\_\_\_

8. \_\_\_\_\_ 19. \_\_\_\_\_

9. \_\_\_\_\_ 20. \_\_\_\_\_

10. \_\_\_\_\_ 21. \_\_\_\_\_

11. \_\_\_\_\_ 22. \_\_\_\_\_

Group # \_\_\_\_\_ Teachers/Chaperones \_\_\_\_\_

1. \_\_\_\_\_ 12. \_\_\_\_\_

2. \_\_\_\_\_ 13. \_\_\_\_\_

3. \_\_\_\_\_ 14. \_\_\_\_\_

4. \_\_\_\_\_ 15. \_\_\_\_\_

5. \_\_\_\_\_ 16. \_\_\_\_\_

6. \_\_\_\_\_ 17. \_\_\_\_\_

7. \_\_\_\_\_ 18. \_\_\_\_\_

8. \_\_\_\_\_ 19. \_\_\_\_\_

9. \_\_\_\_\_ 20. \_\_\_\_\_

10. \_\_\_\_\_ 21. \_\_\_\_\_

11. \_\_\_\_\_ 22. \_\_\_\_\_

# Food Service Summary

**Please fill out this sheet and send in 1 week prior to camp.**

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**Review your students' Emergency Health Information and Medication Forms. List special food needs, food allergies, or restrictions that your students have.**

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*We suggest parents contact the Food Service Director if restrictions are numerous.*

Please distinguish between vegan (no animal food products at all) and ovo-lacto vegetarians (eggs and milk are ok). People needing food service help must introduce themselves to kitchen staff at the beginning of the week to make it possible for them to be assisted.

Our desire is to care for all students with special dietary needs, especially those with severe allergies. The parents of all students identified with special dietary needs must contact the food service department

one week prior to arrival. We will then work with the parents, providing them with a menu and working out meals for the student. If we are unable to accommodate all or part of the student's needs, we may request that the parent supply all or part of the food for the student during his or her stay at Mission Springs.

The school must also provide an adult representative for the student who understands the student's special dietary needs. This person will help facilitate the student's meals with the kitchen during the week. On arrival day, the student will bring any foodstuff to the kitchen that needs to be prepared.

**You can contact the Mission Springs Food Service**  
at [luisb@missionsprings.com](mailto:luisb@missionsprings.com) or (831) 335-9133 ext. 20

SCHOOL: \_\_\_\_\_ HEAD TEACHER: \_\_\_\_\_

NAME	RESTRICTION, SPECIAL NEEDS, FOOD ALLERGIES
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____

# Class Health Summary

**Please fill out this sheet and send in 1 week prior to camp.**

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**Review your students' Emergency Health Information and Medication Forms.**

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■ *Only teachers or parent chaperones over 21 may store and administer student medicine.*

This summary should have the most current information available on any special student needs. Concerns about pre-existing needs that demand special attention should be relayed to us via the School Information Form, at least a month in advance. Examples include: current medications, recent serious illness or injury, use of canes, walkers, or wheelchairs, and any special concerns noted by parents.

*Note: Please list all food restrictions on the Food Service Summary.*

SCHOOL: \_\_\_\_\_ HEAD TEACHER: \_\_\_\_\_

STUDENT	SPECIAL ATTENTION NEEDED	MEDICATION
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____

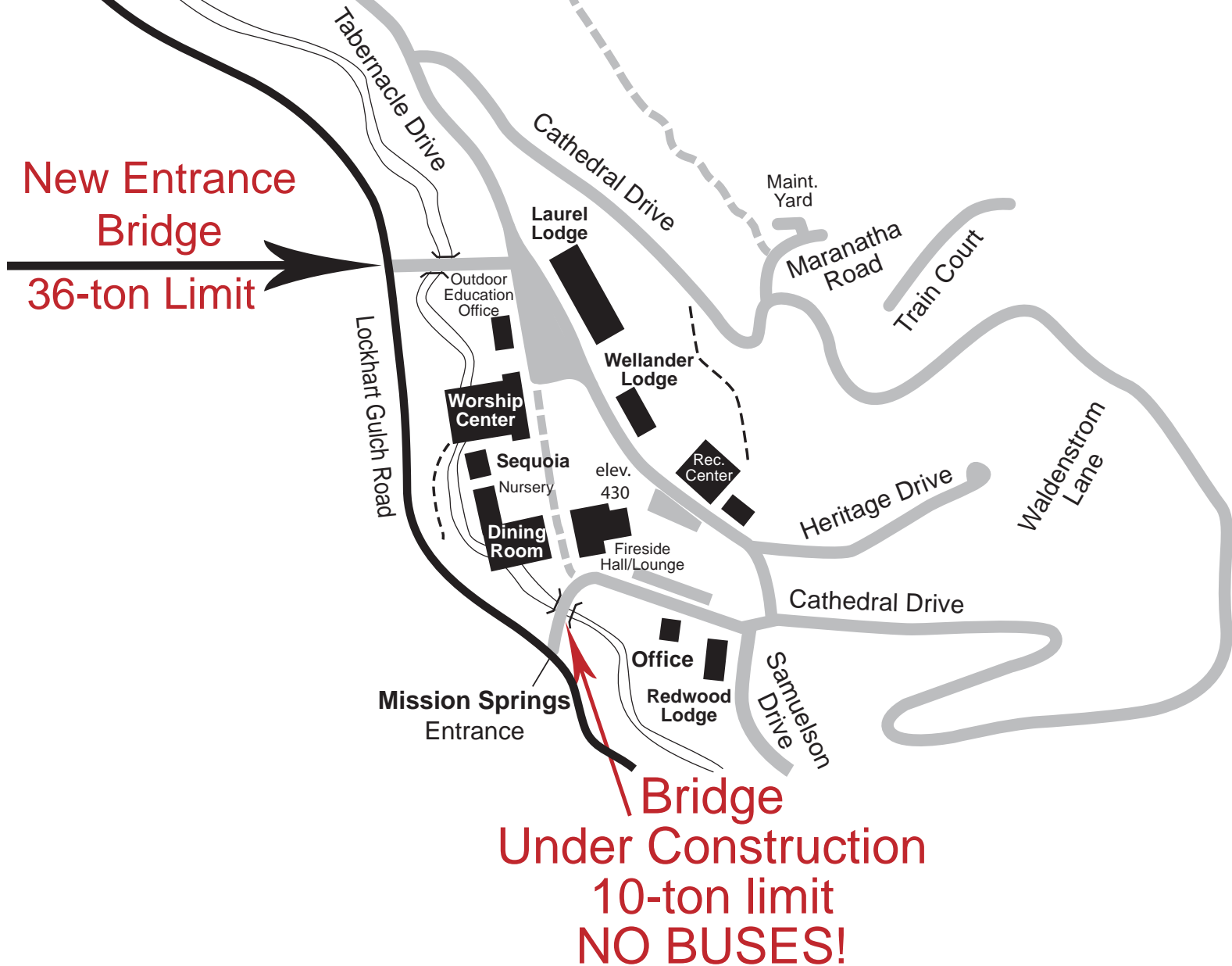


# Mission Springs

Outdoor Education Bus & Car Drivers

Please use NEW bridge  
to enter Mission Springs

(270 yds. past first bridge)



Mission Springs Camps & Conference Center  
1050 Lockhart Gulch Road  
Scotts Valley, CA 95066  
(800) 683-9133