

CLASS OF 2014

SENIOR RETREAT

When: October 4th – October 5th, 2013
Where: Camp Oakhurst (Coarsegold, CA)

Fresno Schools: Depart from Fresno State @ 2:45 p.m. on Fri. 10/4/13 & return Sat. 10/5/13 @ 7 p.m.

Madera Schools: Depart from Chevron gas station @ 3:15 p.m. on Fri, 10/4/13 & return Sat. 10/5/13 @ 6:30 p.m.

(Parents, please call school to excuse your child for early release on Fri. 10/4/13)

TOPICS TO BE DISCUSSED:

- College admissions, application process
- Talking to your parents about college
- Senior deadlines & keeping track of everything
- Scholarships
- College living: dorms, roommate selection, picking your classes, living away from home
- Transition from high school to college
- Workshop to improve your SAT test scores



Remember to pack light; also we will be dressing up for senior portraits.

Refer to back side for more info. →→→→→

**Turn in your permission slip & medical consent form by no later than
Friday, September 20, 2013.**

Any questions? Call (559) 278-2693 or (559) 278-5796.

SENIOR RETREAT

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PLEASE TURN IN THESE FORMS TO THE UB OFFICE BY FRIDAY, SEPTEMBER 20TH, 2013.

- Ⓢ You will not be allowed to attend the event without your forms.
- Ⓢ If you cannot come in to office, please mail them.
- Ⓢ Bring a copy of your transcript, AP scores, & SAT/ACT scores (if you have them)
- Ⓢ Copy of your personal statement

REMEMBER IT IS A CAMPSITE AND ALTHOUGH WE WILL BE STAYING IN CABINS, WE WILL BE OUTDOORS MOST OF THE DAY.

- Ⓢ Make sure you bring comfortable shoes and sandals are ok but bring a spare of closed toe shoes.
- Ⓢ Make sure you layer up! It may be warm during the day but can get cold at night.
- Ⓢ Pack your pillow and blanket (or sleeping bag)
- Ⓢ Bring your personal toiletries (toothbrush, toothpaste, shampoo, deodorant, etc.)

WE WILL BE TAKING YOUR SENIOR PICTURE ON SATURDAY MORNING.

- Ⓢ The picture will be from the waist up so you only have to worry about bringing a nice shirt or blouse.

MAKE SURE YOU ARE ON TIME:

- Ⓢ Fresno students arrive at the Upward Bound office by no later than 2:30 p.m.
- Ⓢ Madera students arrive at the Chevron gas station on 41 and Ave 15 by 3:15 p.m.

WHAT NOT TO BRING:

- Ⓢ Music players
- Ⓢ Perfume/cologne (bugs like this)
- Ⓢ Valuables or a lot of cash
- Ⓢ Problems
- Ⓢ Attitudes



Make sure you let the UB counselors (Ben, Norma, Susana) know that you are attending the event by **Friday, September 20th, 2013.**

Space is limited and you reserve your seat ahead of time.

Call the office if you have any questions.

5240 N Jackson Ave M/S UC59, Fresno, CA 93740

Phone: (559) 278-2693 or (559) 278-5796

Fax: (559) 278-4306



Health & Medical Release Form

What Do I Do With This Form?



36611 Mudge Ranch Rd.
Coarsegold, CA. 93614
Phone (559) 683-6563
Fax (559) 683-2207
www.campoakhurst.org
guestservices@campoakhurst.org

- This form is to be completed by the parent or legal guardian.
 - Give the form to your Group Leader.
- Camper will be RESTRICTED from all physical activities until completed Health History with insurance information is on file at camp.

Please print clearly or type.

Camper's name _____ Male Female

Age at Camp _____ Date of birth _____ / _____ / _____

Parent or Guardian _____ Home (_____) _____

Work (_____) _____ Cell (_____) _____

Home address _____

Emergency Contact (In addition to Parents) _____ Relationship _____

Phone (_____) _____

Insurance Name of Insured (Parent, Camper, Family) _____

Insurance Company _____

Information Policy # _____ Subscriber # _____

COMPLETE Information Address _____

required for emergency purposes Phone # (_____) _____

Current Health Please comment on any condition about which camp should be aware.

Comments _____

Immunizations Please note date of last injection.

_____ Last Tetanus booster (Tetanus must be up to date to attend camp) _____ Polio _____ DPT _____ MMR

_____ HIB _____ Hepatitis B _____ Chicken Pox _____ Comments: _____

Allergies Please list all medications, dietary, and environmental allergies, along with treatment plan. If EpiPin is required please send one with your camper to camp.

Allergy	Reaction	Treatment?

Dietary Needs Please describe Special dietary requirements including vegetarian, lactose intolerant, etc..

Camper eats a regular diet

Medications Required while at Camp

Must be sent in original prescription bottle/packaging with label. Attach schedule if needed.

What? _____ Why? _____

Dosage? _____ Schedule? _____

Activity

Any activity restrictions? _____

Encouraged? _____

Authorization and Consent for Treatment

I, the undersigned parent/guardian, give permission for my child to participate in all camp activities designed for his/her age group. I further authorize Camp Oakhurst and Conferences as agent for the undersigned to consent to 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 general or special supervision of any physician and surgeon licensed under the provisions of the medicine practices act on the medical staff of local hospitals whether such a diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

This authorization is given in pursuant to the provisions of Section 25.8 of the Civil Code of California.

Signature of Parent/Guardian _____

Date _____

Medical Liability Release

MEDICAL RELEASE: This health history is correct so far as I know and this person has permission of the undersigned to engage in all camp activities except as noted. In case of illness or injury, Camp Oakhurst has my permission to procure medical treatment for the above named (minor, if applicable). I understand Camp Oakhurst does not provide medical insurance or reimbursement for medical fees or prescriptions and that I am responsible for any / all such fees and charges arising from illness or injury that may occur.

LIABILITY RELEASE: The undersigned, for himself or herself and on behalf of his or her child(ren) or ward(s) and their personal representatives assigns or heirs, (hereinafter referred to as Releasors,) hereby releases and agrees and covenants not to sue Camp Oakhurst, their owners, directors, stock holders, agents, successors, or any employee, (herein after referred to as Releasees,) from any and all liability for loss, damage, injury, death, or any other claim whatever to the person or property of any guest or participant whether caused by negligence of Releasees or any other person or thing while participating in activities sponsored by or associated with Camp Oakhurst. The undersigned elects to participate and / or allow his or her child(ren), ward(s), to participate voluntarily and assumes all risk of loss, damage, injury or death, known or unknown, foreseen or unforeseen, that may be sustained.

YOU HAVE THE OPTION NOT TO PARTICIPATE OR ALLOW YOUR CHILD, CHILDREN, WARD OR WARDS NOT TO PARTICIPATE IN ANY ACTIVITY WHERE YOU DO NOT WISH TO WAIVE LIABILITY. IT SHALL BE YOUR RESPONSIBILITY TO INSURE THAT YOUR CHILD, CHILDREN, WARD OR WARDS DO(ES) NOT PARTICIPATE IN THE ACTIVITIES FOR WHICH YOU CHOOSE NOT TO BEAR LIABILITY.

The undersigned has read and voluntarily signs this medical release and waiver of all liability.

Signature _____ Date _____

(Parent or Guardian if under 18)

Photography & Email Release Waiver

Yes No I give permission to Camp Oakhurst to use images (still photography or video footage) of the above mentioned person for future promotional materials, including but not limited to, brochures and web site postings, without expectation of compensation.

Yes No I also give permission to Camp Oakhurst to use my mailing and e-mail addresses for Camp Oakhurst mailings and information only

Signature _____ (Parent or Guardian if under 18)

Date _____

**UPWARD BOUND PROGRAMS
CALIFORNIA STATE UNIVERSITY, FRESNO
FIELD TRIP/CAMPUS VISIT PERMISSION SLIP**



It is herein requested that my son/daughter, _____, be permitted to participate in the following activity which will take place away from the school premises:

ACTIVITY & PLACE: Class of 2014 Senior Retreat @ Camp Oakhurst (Coarsegold, CA)
COST: \$0.00
DATE OF ACTIVITY: Friday, October 4th & Saturday, October 5th, 2013 (overnight trip)
DEPARTURE TIME: October 4th @ 2:45 p.m. (UB Office @ Fresno State)
RETURNING TIME: October 5th @ 6:30 p.m. (UB Office @ Fresno State)

Transportation will be furnished by: Charter Bus or Vans

1. My son/daughter has a medical history _____ which may necessitate the following first aid _____
2. I have been advised of the contents of the State of California Education code section 35330 which states in part: "All persons making the study trip or excursion shall be deemed to have waived all claims against the district or State of California for injury, accident, illness or death occurring or by reason of the study trip or excursion."
3. I realize the school will not be responsible for lost and/or stolen personal property.
4. In case of an emergency please call the number listed below.

SIGNED: _____
 Parent/Guardian's Signature Address Home Phone No.

 Work Number – Mother Work Number – Father

Doctor's Name: _____ Doctor's Phone No.: _____

MEDICAL RELEASE FORM:

I, _____, parent/guardian of _____, a minor, do hereby consent to whatever X-Ray examination, anesthesia, medical or surgical diagnostic procedure or treatment is determined necessary in the best judgment of the attending physician in the event of illness or injury occurring to the above name student while attending this filed trip.

 Parent's Signature Date

I am aware that as a representative of the CSU, Fresno UPWARD BOUND PROGRAMS, I must conduct myself so as to reflect credit upon the school at all times, and I will obey all the rules and regulations on this trip. Any violation to the rules may result in my being sent home at the expense of the parent.

 Student's Signature Date

