

# Under One Sky Jr. Journey Camp

## 2017 Schedule



Day-long event in Piedmont Area:

Saturday, May 27

(Arrive 10:00 am and Depart 5:00)

Day-long event in WNC: Saturday, June 3

(Arrive 10:00am and Depart 5:00pm)

June Week-long Camp: Monday, June 25 – Friday, June 30

(Arrive 4:00pm and Depart 2:00pm)

4 nights, 5 days)

Sharing the Gift:

Friday, June 30

(Arrive at 12:00 and depart at 2:00pm)

**Under One Sky Village Foundation**  
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# Under One Sky Jr. Journey Camp

## CAMPER REGISTRATION FORM FOR YOUTH IN DSS CUSTODY

Intake by: \_\_\_\_\_ County \_\_\_\_\_ Date: \_\_\_\_\_

### Camper's Name:

LAST \_\_\_\_\_  
FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_  
NICKNAME or Preferred Name (If Any) \_\_\_\_\_

Camper's Age (as of **May 20, 2016**): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

### Camper's Address (Placement provider's mailing address)

STREET \_\_\_\_\_  
CITY/TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
COUNTY \_\_\_\_\_  
PLACEMENT PROVIDER'S NAME \_\_\_\_\_  
PROVIDER'S PHONE NUMBERS (H) \_\_\_\_\_ (W) \_\_\_\_\_  
PROVIDER'S EMAIL: \_\_\_\_\_

### DSS or Agency Address

STREET \_\_\_\_\_  
CITY/TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
COUNTY \_\_\_\_\_

### Legal Guardian (DSS Social Worker)

Name(s): \_\_\_\_\_  
Day Phone: \_\_\_\_\_ Eve Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### Supervisor Information

Name(s): \_\_\_\_\_  
Day Phone: \_\_\_\_\_ Eve Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**A. Youth's Strengths, Interests and Goals:**

1. What are some of the youth's strengths? Where do they shine?
  - a. Is the youth able to identify their own strengths/positive characteristics?
2. What interests the youth? What motivates him/her?
3. Does the youth have any hobbies, or skill-set they are working on developing?
4. Does the youth offer to help out others (at home, school or church etc...)? If so how often?
5. What goals does he/she have for their life?
6. What would you like for this young person's life?
7. What are their goals for this program?

**B. Family Background and DSS Custody Information:**

1. How did the youth arrive in DSS custody?
2. What is this youth's goal (court-ordered adoption track, reunification, kinship placement)?

3. Does the youth have siblings? If so, how many and is he/she in touch with them? How is their relationship?

4. Is the youth still in touch with any members of his/her biological family? If the goal for this youth is reunification, what can you tell us about that process?

5. How does the youth describe the relationship with their biological family? Do they want reunification with their bio family?

**C. Youth's Background Information, Placements, Connections and Education:**

1. What grade is the youth in?

2. What are some of his/her educational assets? Challenges?

3. What special connections to people do they have in their lives, particularly adult mentors?

a. Are any of these or others potential adoptive families, if applicable?

4. Has the youth ever been in an adoption placement?

5. How many placements has the youth been in? How have they adapted?

6. How does the youth feel about adoption (if he/she has been cleared for adoption)?

**D. Known Social/Behavioral History:**

1. In what situations does he/she thrive?

2. Does the youth have any situations which are difficult for him/her?

3. What does the youth respond positively to?

4. How does the youth interact with his/her peers?

5. How does the youth interact with adults/authority figures?

6. Is the youth comfortable speaking up in front of others?

7. What behavioral challenges does the youth have? What triggers these challenges?

8. How does the youth handle conflict?

9. Is the youth able to advocate for their own needs?

10. How does the youth typically express their emotions/ feelings?

11. Has the youth been violent in the past 6 months? Has any property damage occurred? Assault?

12. Has the youth ever displayed inappropriate sexual activity?

**E. The following questions are particularly related to living in a camp setting:**

1. Has the youth ever been to a camp before or had overnights in a group setting outside of group homes? If so, how did they do?

2. If this is a new setting for the youth, how would he/she would do?

3. What would present the biggest challenge for the youth in living in a camp setting?

4. What is the youth's best foreseen asset to bring to a community setting?

5. Does the youth currently have any challenges with bedwetting?

6. Are there any challenges with hygiene, such as refusals to take showers?

7. Does food serve as an emotional trigger for the youth? Does he/she hoard food as a result?

**F. Mental Health Diagnoses/History:**

1. Does the youth have any current mental health diagnoses? If so, what are they and how are they being treated?

2. Has the youth ever been at risk for suicide, suicide ideation or physically injuring themselves? If so, how long ago?

3. Is he/she currently in counseling?

**Other information:**

# Health History and Examination Form

## For Under One Sky Camp Programs

For Office Use Only

Attendance _____	Dates of _____
County _____	Cabin/Group _____

**Health History must be filled out by parents/guardians of minors or by adults themselves. Update required for each camp session. Health exam must be completed by an approved licensed medical personnel, either using the area at the bottom of page three of this form or by attaching a copy of a physical conducted within the past two years.**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Age at Camp \_\_\_\_\_ Gender \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip

Custodial Parent/Guardian \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Second Parent/Guardian \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Emergency Contact \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

### Insurance Information

Is the participant covered by Medicaid or family medical/hospital insurance?  yes  no

If so, indicate carrier or plan name \_\_\_\_\_ Group # \_\_\_\_\_

**Please attach copy of health insurance card to form.**

### Important-The following must be complete for attendance\*

Parent/Guardian Authorizations: This health history is correct and complete as far as I know. The person herein described has permission to engage in all camp activities except as noted. I hereby give permission to camp to provide routine healthcare, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of parent/guardian or adult camper/staffer \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

*\*If for religious reasons you cannot sign this, contact the camp for a legal waiver, which must be signed for attendance.*



**Health History for:**(camper name and d.o.b.)\_\_\_\_\_

The following information must be filled in by the parent/guardian, or adult camper or staff member. The intent of this information is to provide camp health care personnel the background to provide appropriate care. Keep a copy of the completed form for your records. Any changes to this form should be provided to camp health personnel upon participant's arrival in camp. Provide complete information so that the camp can be aware of your needs.

**ALLERGIES:** List all known

Medication allergies

Describe reaction and management of the reaction.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Food allergies

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Other allergies

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**MEDICATIONS**

Please list ALL medications, even over-the-counter or nonprescription drugs, including Tylenol, Pepto-Bismol, Benadryl, etc. that may be taken. Bring enough medication to last the entire time at camp. **Keep it in the original packaging/bottle that identifies the prescribing physician (if prescription drug), the name of medication, the dosage, and the frequency of administration.**

This person takes NO medications on a routine basis

This person takes medications as follows:

Med#	Reason	Dosage	Time taken
Med#1 _____	Reason _____	Dosage _____	Time taken _____
Med#2 _____	Reason _____	Dosage _____	Time taken _____
Med#3 _____	Reason _____	Dosage _____	Time taken _____
Med#4 _____	Reason _____	Dosage _____	Time taken _____

Please list any over the counter medications contraindicated for this child such as: aspirin, Tylenol, ibuprofen, Benadryl, Pepto-Bismol and melatonin (for sleeping):

\_\_\_\_\_  
\_\_\_\_\_

**Parent/guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DIETARY RESTRICTIONS**

\_\_\_\_\_  
\_\_\_\_\_

**PHYSICAL RESTRICTIONS**

\_\_\_\_\_  
\_\_\_\_\_

**DOES THE PARTICIPANT USE TOBACCO PRODUCTS? NO \_\_\_\_\_ YES \_\_\_\_\_**

**If yes please complete the attached form "No tobacco use plan"**

**General Questions** (Explain "yes" answers.)

Has/does the participant: **Yes No**

- 1. Had any recent injury, illness or infectious disease?
- 2. Have a chronic or recurring illness/condition?
- 3. Ever been hospitalized?
- 4. Ever had surgery?
- 5. Have frequent headaches?
- 6. Ever had a head injury?
- 7. Ever been knocked unconscious?
- 8. Wear glasses, contacts or protective eyewear?
- 9. Ever had frequent ear infections?
- 10. Ever been dizzy/passed out during or after exercise?
- 11. Ever had seizures

- 12. Ever had chest pain during or after exercise?
- 13. Ever had high blood pressure?
- 14. Ever been diagnosed with a heart murmur?
- 15. Ever had back problems?
- 16. Ever had joint problems?
- 17. Have any skin problems?
- 18. Have diabetes?
- 19. Have asthma?
- 20. Had mononucleosis in the past 12 months?
- 21. Have problems sleepwalking?
- 22. Have a history of bed-wetting?
- 23. Ever had an eating disorder?

**Please explain "yes" answers, noting the number of the questions.**

\_\_\_\_\_  
\_\_\_\_\_

Which of the following has the participant had?

- Measles
- Chicken pox
- German measles
- Mumps
- Hepatitis A
- Hepatitis B
- Hepatitis C

TB Mantoux Test      Date of last test \_\_\_\_\_  
Result:    Positive  Negative

**Please give dates of immunization for (or attach copy of record):**

Vaccine:	Dates: Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
DTP	_____	_____	_____	_____
TD (tetanus/diphtheria)	_____	_____	_____	_____
Tetanus	_____	_____	_____	_____
Polio	_____	_____	_____	_____
MMR	_____	_____	_____	_____
or Measles	_____	_____	_____	_____
or Mumps	_____	_____	_____	_____
or Rubella	_____	_____	_____	_____
Haemophilus influenza	_____	_____	_____	_____
Hepatitis B	_____	_____	_____	_____
Varicella (chicken pox)	_____	_____	_____	_____

Name of Family Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

**Health Care Recommendations by Licensed Medical Personnel**

I examined this individual on \_\_\_\_\_. BP\_\_\_\_\_ Wt \_\_\_\_\_ Ht\_\_\_\_\_

In my opinion, the above applicant  is  is not able to participate in an active camp program.

Restrictions/Recommendations:

\_\_\_\_\_  
\_\_\_\_\_

**Signature of Licensed Medical Personnel** \_\_\_\_\_ Date \_\_\_\_\_

Printed \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**Screening Record:** For camp use only Date \_\_\_\_\_ Time \_\_\_\_\_

Meds received \_\_\_\_\_

Updates/additions to Health History \_\_\_\_\_

Current health needs identified \_\_\_\_\_

Screened by \_\_\_\_\_

**Participant Agreement, Indemnification and Assumption of Risk for Minors  
For Under One Sky Camps**

(Must be completed by parent or legal guardian for participants under the age of 18)

I acknowledge that my child's participation in youth camp activities such as arts and crafts, sports, field games, dance, hiking, canoeing, rafting, roller skating and challenge course activities such as climbing on a climbing tower, high ropes course and group initiatives; cooking and gardening; and outdoor living skills entails known and unanticipated risks that could result in injury or death to my child. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

I, as a parent or guardian of the below named minor, hereby give my permission for my child or ward to participate in the above named activity(s) and further agree to the terms herein contained. In consideration of \_\_\_\_\_ (print minor's name) ("Minor") being permitted by Under One Sky Village Foundation to participate in its activities and to use its equipment and facilities, I agree to indemnify and hold harmless Under One Sky Village Foundation from any and all claims, demands, or causes of action which are brought by myself, and/or the minor and/or on behalf of the Minor against Under One Sky Village Foundation, and which are in any way connected with such use or participation by Minor. In the event that I file a lawsuit against Under One Sky Village Foundation, I agree to do so solely in the state of North Carolina, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

I hereby represent that the minor is in good health, that I have identified all medical conditions associated with the minor, and that I have adequately informed Under One Sky Village Foundation personnel of any special instructions regarding the minor. I certify that I have adequate insurance to cover any injury or damage the minor may suffer while participating, or else I agree to bear the costs of such injury or damage myself.

I authorize Under One Sky Village Foundation personnel to call for medical care for the minor or to transport the minor to a medical facility or hospital if, in the opinion of such personnel, the minor needs medical attention. I further authorize appropriate personnel to render such medical treatment as is necessary for the health of the minor, in their professional opinion. I agree that once the minor is in the care of medical personnel or a medical facility, Under One Sky Village Foundation shall have no further responsibility for the minor and I agree to pay all costs associated with such medical care and transportation.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# Consent and Release Form For Under One Sky Camp Programs

**Participant's Name:** Last: \_\_\_\_\_ First: \_\_\_\_\_ M.I. \_\_\_\_\_

**Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Discipline:** The camp staff have permission to appropriately discipline my child. I understand that the Director reserves the right to dismiss my child if they become a discipline problem or disruption to the program. Staff will counsel campers whenever possible to avoid dismissal of any child.

**Camper's Personal Property:** Neither Under One Sky Village Foundation nor the staff shall be responsible for the loss of or damage to personal property of the camper. Campers should NOT bring video games, money, or other expensive property to camp. All cell phones and mp3 players (ipods, etc) are to be checked in with camp staff on the first day and checked out for use. Under One Sky Village Foundation is not responsible for lost or stolen items.

**Property Damage:** I (the guardian) will be responsible for and pay for any damage done by my child.

**Leaving Center Property:** NO camper is to leave camp grounds without the permission of the Executive Director or Camp Director. Permission must be secured before leaving camp grounds.

**Special Needs/Disabilities:** If your child has special needs/disabilities and you desire any assistive devices, services, or other accommodations to participate in this program, please contact Under One Sky Village Foundation regarding the child's needs 14 days prior to camp. Campers need to be able to dress, eat, and use the restroom without assistance.

**Custody Release:** You and those transporting your child to/from camp may be asked to produce ID at checkout time. This is for your child's safety. Please be aware of this policy before picking up your child.

I hereby give permission for my child, \_\_\_\_\_ to be allowed to leave Under One Sky Camp at the conclusion of the camping program into the custody of \_\_\_\_\_ should I not be available for pick-up. Phone number of alternate pick-up: \_\_\_\_\_

If it is necessary for my child to leave Under One Sky Camp before the end of the program due to illness, injury, or behavioral issues, and I cannot be reached, I hereby give permission for my child to be released into the custody of \_\_\_\_\_.

While at camp I give permission for my child, \_\_\_\_\_ to have phone contact with:  
\_\_\_\_\_  
# \_\_\_\_\_  
\_\_\_\_\_  
# \_\_\_\_\_  
\_\_\_\_\_  
# \_\_\_\_\_

I have read and understand this entire form, and I agree to be bound by the conditions of the agreement.

**Signature of participant (if over eighteen years of age):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of parent/legal guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# PHOTO/VIDEO RELEASE

## For Under One Sky Camp Programs

*We may be photographing, videotaping and interviewing your youth on audio equipment. We would like permission to use their photographs and interviews in some of our promotional, fundraising and recruitment materials which feature children in foster care. The youth will be identified by first name and age only unless specified otherwise by guardian. Please fill out this form and return with the registration form.  
Thank you.*

**I hereby authorize Under One Sky Village Foundation to use this child's photograph, quote, drawing or voice recording in:**

*(Please check all that are approved)*

\_\_\_\_\_ Public education/awareness efforts and/or in your promotional materials which may include slide show presentations (for promotional and/or fundraising purposes only), display boards and brochures.

\_\_\_\_\_ Under One Sky Village Foundation website

\_\_\_\_\_ Camp yearbooks (given to the campers, social workers, staff members and posted on website)

\_\_\_\_\_ May use first name of youth in publications

**I agree to hold Under One Sky Village Foundation and their subcontractors harmless for the use of said information and/or photographs.**

**Name of child (please print):** \_\_\_\_\_

**County/Agency:** \_\_\_\_\_

\_\_\_\_\_ Yes, youth is clear for adoption \_\_\_\_\_ No, youth is not clear for adoption

**Name and signature of foster parent, social worker, parent, and/or representative:**

**Name (Please print):** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Comments/Special Requests:**

**PLEASE RETURN WITH REGISTRATION FORM**

# **Transportation Consent Form**

## **Under One Sky Camp Programs**

NAME OF CAMPER:	DATE OF CAMP SESSIONS:

*Youth will be transported by staff of Under One Sky Village Foundation to and from off-campus activities and for any non-emergency medical attention, if needed, either by passenger van or in private vehicles.*

### Acknowledgement of Risk and Consent to Participate

Knowing that travel by vehicle entails risk, I give permission for the youth listed above to travel round-trip by van or car with Under One Sky Village Foundation's staff. I have provided the camp with complete information on the camp Health Form and have notified the camp of any special needs my child may have. I give permission for first aid treatment of my child by designated staff if necessary.

GUARDIAN SIGNATURE:	DATE:

## Participant Agreement – DSS/Private Agency

### Under One Sky Village Foundation agrees to provide the following for each youth:

- Camp Programs for 2017 for which the youth is registered ( Jr. Journey, Journey, TLC).
- Provide support services to participants and families as-needed throughout the year.
- Provide Journey Club support groups for participants who are interested (groups meeting in the Asheville and Charlotte area).
- Provide Second Wind leadership mentoring groups for youth over the age of 16 (group meets in Asheville area).

### I (the legal guardian) understand that:

- One camp session builds upon the next and therefore it is important for the youth to attend each camp session.
- Under One Sky Village Foundation is unable to grant a full or partial refund if a youth does not attend all of the camp sessions.

### Each legal guardian agrees to:

- Disclose all of the youth's needs so we can determine if we can safely serve him/her at camp.
- Provide a copy of the youth's agency adoption profile to Under One Sky Village Foundation so we may use this supplemental information to round out our knowledge of the youth.
- Provide emergency contact information that allows us to contact you directly after-hours.
- Provide transportation for and ensure that the youth is present for all camp sessions, Journey Club meetings and Second Wind events. Refunds are not given for missed camps.
- Ensure that the youth arrives at camp with all necessary and appropriate supplies (see attached packing list) and does not pack contraband (cell phones, weapons, tobacco products, lighters, alcohol, snack foods etc.).
- Act as a resource to us during camp for problem solving regarding the youth's behavioral issues.
- Attend Sharing the Gift on the last day of the week-long summer camp in August (for 2017 this is Saturday, August 19<sup>th</sup>), where the youth share a part of their camp experience.
- Help us in scheduling an exit interview for a youth who chooses to leave our program so that we may gather information to help us improve.
- Facilitate participation in Journey Club support groups for youth (groups meeting in the Asheville and Charlotte area).
- Facilitate participation in Second Wind leadership mentoring group for youth over the age of 16 (group meets in Asheville area).

Youth Name: \_\_\_\_\_

Date: \_\_\_\_\_ Legal

Guardian's Signature: \_\_\_\_\_

## Enrollment Policy

Under One Sky Village Foundation (U1SVF) Leadership team works year round to plan and prepare for each camp season and program including Jr. Journey Camp, Journey Camp, TLC, Journey Clubs and Second Wind. Rental space is reserved for each camp session, additional staff is hired, activities are planned and supplies are purchased based on the number of campers enrolled at the start of each year.

**The enrollment period each year for all JR. Journey Camp runs from January 1 to May 15, with full payment due by June 1.**

Each camp session builds upon the next and the success of camp programs, Journey Clubs and Second Wind Program is consistent attendance by campers. Therefore it is important for the youth to attend each camp session and group meeting whenever possible. We are well aware of the many issues youth in foster care face and understand that things often do not go as planned and keeping commitments for future activities can be challenging. However, once payment has been made,

**Under One Sky Village Foundation is unable to grant a full or partial refund if a youth does not attend all of the camp sessions.**

U1SVF will be more than happy to work with your agency to help identify another qualifying youth to fill the vacant spot left by your absentee camper. The new camper will be eligible to participate in all remaining camp and group sessions for the year.

In the event that the original camper would like to return to camp and/or groups U1SVF will do everything possible to make this accommodation, but it is not guaranteed. It is our goal to serve as many youth as our funding and resources will allow and we will do our best to provide services to all of our Under One Sky campers.



# Under One Sky Camp

## What Should I Pack !?!

**Please bring the following items: (Please use your judgment about what to pack depending on the season we are in and the number of days you will be at camp.)**

- Bath towels (at least 2) and washcloths. Beach Towel
- Sheets (or sleeping bag), Blankets (or sleeping bag) and Pillows
- 1-2 swimsuits (June, July, August camps only) and pool towel
- Camp/casual clothes (Bring enough because you WILL get messy!)
- Long pants or jeans \*\*\*PLEASE REVIEW DRESS CODE\*\*\*
- Warm outside fleece or wool sweater – can be chilly even in summer!
- Rain jacket (or poncho)
- Water shoes (2<sup>nd</sup> pair of sneakers or water shoes with ankle strap, to keep secure on foot)
- Tennis shoes or hiking shoes/boots and plenty of socks
- Hat and cap (warm winter one for cool mornings, cap for sunny day)
- Water bottle
- Sleepwear
- Toiletries, bug spray and sunscreen
- Prescribed medications in original container, if any (To be turned into the camp nurse)

### Optional:

- Stuffed animals and games
- Books to read, journal and writing/drawing supplies
- Personal CD Player or MP3 player

**Personal electronics such as MP3 Players, iPods, and CD players can ONLY be used during free time IN YOUR CABINS, when not involved with group cabin activities. These will be confiscated if found outside the cabins and held for you until the end of camp.**

### Leave these items at home.

1. Expensive jewelry or other expensive items
2. Money (we pay for your fun, so you don't have to)
3. Food – please do NOT come to camp with any outside food, including that McDonald's you picked up on the way to camp, unless you have EXPRESS *medical* permission beforehand from your social worker and Camp Director. If you forget, you will be asked to throw it away. We will not keep food for you until the end of camp.
4. Knives or weapons of any sort
5. No cameras at camp—including use of those on your cell phones

**CELL PHONE POLICY: Cell phones are NOT allowed at camp.** The purpose of camp is to interact with other campers and staff, and we don't want any outside distractions to take away this experience. If your phone does find its way to camp, they MUST be checked in at the beginning of camp. If we find them during camp, we will keep them for the remainder of camp and return them to you at the end of camp. If you do need to make a phone call to a family member, friend or social worker you can see one of the lead staff and they will put you in touch with who you need to talk to.

**Under One Sky Village Foundation is not responsible for any lost, stolen, or forgotten property. Label your stuff!**