



Journey Camp and Supportive Services 2019



**Lutheridge Camp and Conference Center
2511 Hendersonville Rd., Arden, NC 28704**

Camp dates and arrival and departure times:

Friday, April 12 at 4:00 p.m. – Sunday, April 14 at 2:00 p.m.

Monday, August 12 at 10:00 a.m. –Saturday, August 17 at 2:00 p.m.

"Sharing the Gift" is Saturday, August 17

from 12:00 p.m. – 2:00 p.m. All are invited!)

Friday, October 25 at 4:00 p.m. – Sunday, October 27 at 2:00 p.m.

**Under One Sky Village Foundation
P.O. Box 18526 Asheville NC, 28814; www.under1sky.org;
Karen Noel 413-923-2806; karen@under1sky.org**

Enrollment Policy

2019 Program Season

Under One Sky Village Foundation Leadership Team works year-round to plan and prepare for each camp season and programs, which includes Junior Journey Camp (ages 7-11) and Journey Camp (ages 11-17). 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.

Please help us by enrolling your young people as early as possible!

The enrollment period each year for all camp programs runs from January 1 to April 1, with full payment due by April 1. THIS YEAR WE ARE OFFERING A \$100 DISCOUNT FOR EVERY PARTICIPANT ENROLLED BY MARCH 1!

Each camp session builds upon the next, and the success of camp programs is based on consistent attendance. Therefore, it is important for the youth to attempt to attend each camp session 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, The 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.*

For participants who are unable to attend all sessions, we 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 youth. The new young person will be eligible to participate in all remaining camp sessions for the year.

In the event that the original participant would like to return to the program, we 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 needed services to all of our Under One Sky youth. Thank you for helping us to maintain the quality of our program by following these guidelines.

Under One Sky Journey Programs

Youth Registration Form

Intake by:

County: _____ Date: _____

Youth's name:

Nickname or Preferred Name (If Any) _____

Youth's Age (as of **April 1, 2019**): _____ Date of Birth: _____

Guardian: _____

Address: _____

Phone: _____ Cell: _____

Email: _____

Preferred Method of Contact: *Please check*

Email

Text (specify best number _____)

Phone (specify best number _____)

Please realize that Under One Sky will be calling to ask additional questions and to get more clarification in order to provide the optimal experience for the registered youth. Topics covered will include: The youth's strengths, interests, goals, family background, DSS custody information, placement history, connections, education, social history, and behavioral history.

Health History and Examination Form

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For Under One Sky Programs

For Office Use Only

Dates of Attendance _____ Program _____ County _____

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 _____
Last First Middle

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.

Pre-camp signature of parent/guardian or adult camper/staffer _____ **Date** _____

First camp signature of parent/guardian or adult camper/staffer _____ **Date** _____

Second camp signature of parent/guardian or adult camper/staffer _____ **Date** _____

Third camp signature of parent/guardian or adult camper/staffer _____ **Date** _____

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 are taken **routinely**. 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#	Dosage	Time taken	Reason
Med#1 _____	_____	_____	_____
Med#2 _____	_____	_____	_____
Med#3 _____	_____	_____	_____
Med#4 _____	_____	_____	_____
Med#5 _____	_____	_____	_____

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

DIETARY RESTRICTIONS

PHYSICAL RESTRICTIONS

Pre-camp signature of parent/guardian or adult camper/staffer _____ Date _____

First camp signature of parent/guardian or adult camper/staffer _____ Date _____

Second camp signature of parent/guardian or adult camper/staffer _____ Date _____

Third camp signature of parent/guardian or adult camper/staffer _____ Date _____

Camper name _____

Has / does the Participant	Yes	No	Has the Participant had?
1.Had any recent injury, illness or infectious disease?	___	___	___ Measles
2.Have a chronic or recurring illness/condition?	___	___	___ Chicken Pox
3.Ever been hospitalized?	___	___	___ German Measles
4.Ever had surgery?	___	___	___ Mumps
5.Have frequent headaches?	___	___	___ Hepatitis A
6.Ever had a head injury?	___	___	___ Hepatitis B
7.Ever been knocked unconscious?	___	___	___ Hepatitis C
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.

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 _____

NO TOBACCO USE PLAN (if a tobacco user)

The use of any and all tobacco and tobacco related products/ paraphernalia is strictly prohibited at all Under One Sky Camps and events. We understand this may cause a bit of discomfort and anxiety with some participants as tobacco is a highly addictive and habit forming substance. Therefore, we ask that you and your guardian/ foster parent spend some time to think about how you will address this issue while at camp.

I, _____ understand that tobacco and tobacco related products/ paraphernalia is strictly prohibited at all Under One Sky Camps and events and agree not to bring or use any tobacco or tobacco related products/ paraphernalia at camp.

As a way to address any withdrawal symptoms while at camp I plan to:

As the guardian of _____, I understand the “no tobacco” policy of U1S and agree to support my youth with his/her “No tobacco plan” while at camp. This includes checking in with my youth prior to camp drop off to ensure they do not have tobacco or tobacco related products and do have what they need to follow their no tobacco plan (candy, gum, tooth picks etc.).

Guardian Signature: _____

Date: _____

Youth Signature: _____

Date: _____

**Participant Agreement, Indemnification and Assumption of Risk for
Minors for Under One Sky Programs (must be completed by legal
guardian)**

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. 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 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 and corporal punishment is not an option under Under One Sky's policies.

Participant's Personal Property: Neither Under One Sky nor the staff shall be responsible for the loss of or damage to personal property of the camper. Youth 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 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 the camp grounds without the permission of the Program Director or the Youth Services Director. Permission must be secured before leaving.

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 regarding the child's needs 14 days prior to camp. All youth 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 Programs at the conclusion of the camping program into the custody of the following people:

Name _____	# _____
Name _____	# _____
Name _____	# _____
Name _____	# _____

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:

Name _____	# _____
Name _____	# _____
Name _____	# _____

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

Signature of guardian and participant (if over eighteen years of age):

_____ **Date:** _____

_____ **Date:** _____

MEDIA RELEASE
For Under One Sky Programming

*Please be advised that Under One Sky may photograph or record activities and participants during the course of program activities. This content is gathered for use in promotional, fundraising and recruitment materials. All media output is created with strict adherence to legal protection requirements for our youth and staff. Youth will be identified by first name and age only without additional signed content from a legal guardian. Please fill out this form and return with the registration form.
Thank you.*

I grant Under One Sky authorization to own and use this youth's collected recorded media for the purposes of furthering: *(Initial Each)*

_____ Public education/awareness efforts in the form of video media, print media, and Under One Sky website generated content.

_____ Internal use camp yearbooks (given to the campers, social workers, staff members and posted on Under 1 Sky website)

_____ May use first name of youth in publications

_____ Under One Sky Social Media productions

I understand that if I object to a specific use of content containing the child listed below I retain the right to communicate objection to Under One Sky and request discontinuance of that specific content's use.

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 social worker, parent, and/or other guardian:

Name (Please print): _____

Signature _____ **Date** _____

Relationship: _____ **Phone:** _____

Comments/Special Requests: *Continue on back or add an additional page if necessary.*

Transportation Consent Form

Under One Sky Programs

NAME OF CAMPER:	YEAR OF PROGRAM SESSIONS: 2019
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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:
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Participant Agreement

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

- Camp Programs for 2019 for which the youth is registered (Junior Journey, Journey).
- Provide support services to participants and families throughout the year.
- Provide Journey Club support groups for participants who are interested.

I (the legal guardian) understand that:

- One camp session and supportive service builds upon the next and therefore it is important for the youth to attend each 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 and/or neuropsychological report (if applicable) to Under One Sky 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 and supportive services. 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 if needed during camp for problem solving regarding the youth's behavioral issues.
- Try to attend Sharing the Gift, at the end of the week-long session, where the youth share a part of their camp experience.
- Help us in scheduling pre and post interviews for a youth to help make their camp experience successful.
- Facilitate participation in Supportive Services.

Youth Name: _____

Date: _____

Legal Guardian's Signature: _____

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 (2nd 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 PLEASE...

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 phone.

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 all items!

Please remember the other pieces necessary for a complete and total application are:

- **A current photo of the young person**
- **Their Medicaid Card/ Insurance Card**
- **Immunization Record**
- **Physical exam signed by a medical person**

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