



CAMP GRIZZLY

*23rd Annual Deaf and Hard of Hearing
Summer Leadership Camp*

DEADLINE: *by June 1, 2024, or until filled*

CIT APPLICATION

(Teens ages 16-18)

Date: July 20 - July 27, 2024

NorCal Services for Deaf & Hard of Hearing
4044 N. Freeway Blvd., Sacramento, CA 95834
916-993-3048 VP * 916-349-7500 TTY/Voice 916-349-7580 Fax
Campgrizzly@norcalcenter.org * www.campgrizzly.org

Camp Grizzly 2024

Application and Tuition Info:

***Camp Tuition Rate - \$600.00** by May 1, 2024
(includes roundtrip transportation from Sacramento to Camp)

NOTE: Please contact NorCal for more information on limited campership tuition assistance for first time low-income Deaf campers.

HURRY!

**Space is
Limited!!**

All completed applications with full tuition payment or \$100 minimum non-refundable deposit is accepted on a first come, first serve basis, until filled or by June 1, 2024.

Camp Grizzly dates for CIT is July 20 – July 27, 2024
(Teens ages 16-18)

Refund Policy:

- A full refund minus \$100 processing fee by May 1st, 2024.
- No refund after May 1st, 2024. No exceptions.

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To request an application, contact us or check our website:

Camp Grizzly

NorCal Services for Deaf & Hard of Hearing

4044 N. Freeway Blvd., Sacramento, CA 95834

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www.campgrizzly.org

Camp Grizzly 2024

Youth Leadership Camp Program

Camp Grizzly

Camp Grizzly, sponsored by NorCal Services for Deaf & Hard of Hearing offers a week-long Youth Leadership program dedicated toward enriching the lives of America's Deaf, hard of hearing and Koda youth.

NorCal Services for Deaf & Hard of Hearing

NorCal Services for Deaf & Hard of Hearing is a non-profit, community based organization founded on the belief that all Deaf and hard of hearing people can be empowered and educated to lead independent, fulfilling and productive lives when given equal access and opportunities.

Headquartered in Sacramento, NorCal has over 40 staff and 4 outreach offices throughout Northeastern California.

For more information about NorCal, call (916) 349-7500 Voice or (916) 993-3048 VP or check our website at

www.campgrizzly.org.

Diversity Statement

Diversity, equity, and inclusion are part of NorCal Services for Deaf & Hard of Hearing overall mission and is integral to Camp Grizzly's achievement of excellence in the camp experience. Our commitment to diversity, equity and inclusion as demonstrated by our staff, the agency and board of directors align well with the philosophy "of, by, for the Deaf". Camp Grizzly is committed to ensuring every child attending the camp is given opportunities to excel, and their cultural, and religious practices will be respected.

Camp Location

Camp Grizzly is located at Camp Ronald McDonald, a fully accessible approved camp facility at Eagle Lake, Susanville, California in Lassen County.

Transportation

Transportation to/from camp is included and provided by car/motor coach bus. Camper and CIT Pick up and drop off will be at NorCal HQ office in Sacramento, CA.

Parents/Guardians may choose to transport their own child(ren) to and from camp at own expense.

Guest Speakers

Camper/CITs are provided with an opportunity to meet and interact with Deaf, hard of hearing and Coda (child of deaf adult) role models.

Outdoor Education

Camper/CITs acquire invaluable outdoor skills, including learning how to preserve and appreciate nature and wildlife, basic first aid, health/dietary awareness and some STEM related Activities.

Rotation of Group Activities

Throughout the camp session, separate camp age groups rotate among different activities throughout the day and week. Some activities will include all groups together at mealtimes, flagpole meetings, and all evening activities such as camp fire, talent show, dance and Olympic games.

Experiential Activities:

Hands-on training and participation of recreational activities including swimming, archery, hiking, basketball, volleyball, kayaking, fishing, Frisbee golf, biking, STEAM related activities and arts & crafts.

Camp Olympics:

Camper/CITs and staff compete in the camp Olympics, utilizing their mastery of various skills. ALL campers and staff are recognized for their accomplishments - no matter how great or small. Everyone is a winner at Camp Grizzly!

Group Sessions:

- Health and Safety
- Sign Language Fun
- Cultural Diversity
- Team Building

Cultural Pride Meetings:

Camper/CITs participate in small group socials with other campers and adults of similar backgrounds to discuss Deaf heritage, culture and language as it relates to them.

Team-building Activities:

Scavenger hunts, campfire skits, and other outdoor team sports/activities.

Awards Ceremony:

All campers/CITs are recognized for their accomplishments while at Camp Grizzly!

Camp Grizzly 2024 THEME is "Old Western"!!

Campers/CITs and staff will have an opportunity to make **theme** related crafts during the arts & crafts activity. On Friday night we will be "Movin' & Groovin'" to the beat of Camp Grizzly's AWESOME music system. Campers cherish this last night of camp!

Last Day of Camp is the Camper show:

All campers/CIT's will perform skits, signing songs, and all performances will be recorded and posted for later viewing by campers and their families as a memento.

*Counselor-In-Training (CIT) Program:

Camp youth ages 16 – 18 will be mentored to become future camp counselors or activity leader through Camp Grizzly's "Counselor-in-Training" program (CIT). CIT's are required to attend the 2-day CIT orientation training on **July 20-21, 2024** at no extra cost. **Drop-off and Pick-up is at NorCal office in Sacramento. CITs will be transported by staff carpool/bus to camp site and back.**

Parents/Guardians may choose to transport their child(ren) if desired. CIT Orientation includes information/training on roles and responsibility, problem solving, communication, first aid/safety and leadership training. During the week, CIT's will work with younger children supervised by Camp Grizzly counselors. CITs will participate in a group activity assignment to construct, lead and execute a group project. All CITs will participate in all other activities as provided to campers during the week at Camp Grizzly.

ADMISSION CRITERIA:

To qualify for admission, camper/CIT must:

- Be fluent or familiar with sign language
- Be between 7 and 18 years of age
- Be Deaf, Hard-of-hearing or Hearing with a Deaf sibling or parent. Have the ability/maturity level to function independently and follow instruction in a rustic camp setting with a ratio of two counselors per 8-10 campers.



TO APPLY:

- Complete and sign entire Camp application package
- Include all requested medical form attachments: (Medical and OTC forms signed by doctor can be sent separately and received by our office no later than July 1, 2024)
- Mail or drop off completed application **with** full tuition payment or \$100 minimum non-refundable deposit to our NorCal office in Sacramento, CA.

Tuition: \$600 per Camper/CIT by May 1st, 2024 (includes roundtrip bus transportation to/from camp).

TUITION INCLUDES:

- Three meals and one snack a day
- Lodging
- Roundtrip transportation
- Camp Grizzly T-shirt
- Group Photo and Certificate
- All Activities



DEADLINE: Until filled or June 1, 2024

- Space is first Come, first served basis upon acceptance of completed applications, signed medical and OTC forms, paid tuition fee or deposit and space availability.
- Late completed application with Full tuition payment are accepted only **if** space is available (please email and check with us).

TUITION ASSISTANCE PROGRAM (TAP):

Please note tuition is already set at a **reduced** rate thanks to our generous sponsors/donors. Additional financial assistance may be available depending on funding availability and family income verification. Contact our office directly for an application.

MONTHLY PAYMENT PLAN:

- To start: Pay the \$100 non-refundable deposit
- Pay any monthly dollar amount w/final payment due no later than May 1st, 2024, to avoid loss of camper space.

REFUND POLICY:

- Refund is given except \$100.00 processing fee until May 1st, 2024
- No refunds after May 1st, 2024, No exceptions.

MEDICAL SERVICES:

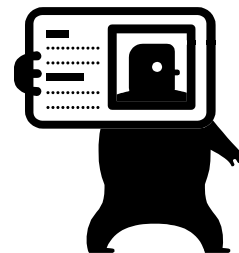
First aid and minor medical care are provided by RN and First Aid & CPR certified staff.

ALL emergency medical attention will be routed to a nearby medical center or hospital. (Parent/Guardian will be notified.)



PLEASE NOTE:

- Camper/CITs medications must be kept and dispensed by the camp healthcare supervisor. **NO** medication is to be kept by individual campers.
- Prescription drugs and over-the-counter medications **MUST** be in the original container with dosage instructions and the physician's name intact. Basic Non-prescription, over the counter medications are available at camp.
- Proof of current health insurance is required. A photocopy of the front and back sides of the health insurance ID card and current immunization record **MUST** be submitted with the application.
- Campers/CITs will be checked for head lice and any type of contagious fungus (ie: ringworm, etc.), cold/flu like symptoms and abnormal body temperature. Your child **will not** be admitted to camp with these conditions or any fever per Camp Health Policy and Healthcare Regulations and no refund will be given.



For more information, please contact:

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Sacramento, CA 95834
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CampGrizzly@NorCalCenter.org
www.campgrizzly.org

2024 CIT APPLICATION

Deadline: First come first served or until filled

Application Checklist: All items are required to attend camp.

- CIT Application (Pages 6-13)
- Camp Ronald McDonald Waiver Release Form
- Copy of both sides of current Health Insurance Card
- Copy of both sides of current Immunization Record
- If applicable, written instructions regarding Legal custody or foster care arrangements, i.e., visitation restrictions, authorization, pick-up/drop-off.
- Child's Physical Examination/History form completed & signed by physician (must be received by our office no later than **July 1, 2024**)
- OTC Med form completed & signed by physician (must be received by our office no later than **July 1, 2024**)
- Camp Tuition Fee \$600 (or minimum non-refundable deposit \$100.00 with final payment due May 1, 2024, to avoid loss of space)
- Current **COLOR** Photograph (2.5 x 3 inches minimum) of child headshot.

Important Note: Application package will not be accepted if incomplete, missing attachments, and no tuition or deposit paid.

REFUND REQUEST POLICY:

- By May 1st, 2024, full refund except \$100 processing fee
- No Refund after May 1st, 2024, no exceptions.



TUITION: *\$600 by May 1, 2024
(includes roundtrip transportation to and from camp site)

ACCEPTED FORMS OF PAYMENT:

_____ **Monthly Payment plan** (after \$100 minimum non-refundable deposit, any monthly amount with full balance paid by 05/01/2024 to avoid loss of space).

_____ **Check or Money Order payable to:** NorCal Services for Deaf and Hard of Hearing

_____ (Visa or Mastercard) **PayPal** at <https://campgrizzly.org/tuition/>

All payments are final. Please contact our office if you have any questions.

2024 CIT Application (ages 16-18)

Applicant Information:

Print Child Full Name: _____
CIT Email: _____ CIT Cell/text: _____
Home Address: _____
City _____ County: _____ State _____ Zip _____
Child birthdate: Month _____ Day _____ Year _____ **Age:** _____ (at time of camp)
Gender: [] Male [] Female

COLOR
Picture
Required
2.5 x 3 inches
minimum

Parent/Guardian Information:

Print Parent/Guardian Name: _____
Parent Email: _____ Home Phone: _____ VP or
Voice Parent CELL: _____ [] Text only [] Voice [] Both

INFORMATION ABOUT YOUR TEEN:

Prior camp experience? [] YES or [] NO WHERE?: _____
Prior Overnight experience? [] YES or [] NO Good: _____ Bad: _____
School Name: _____ **Grade:** _____
City: _____ **State:** _____
Hobbies, interests, sports and talents: _____

Benefits that you seek from this camp? _____

Any other pertinent information about your Teen? _____

Are there any cultural or religious practice your Teen to be honored or maintained at camp? If yes, Please state what they are here: _____

Swimming ability: (circle one)

Non-swimmer Poor Average Excellent

Sleeping habits? (circle one)

light sleeper heavy sleeper sleepwalks bed wetter

Is your Teen able to follow directions and be safe?

[] Yes [] No

Assistance needed to perform regular daily activities (i.e., bathing, feeding, dressing, toileting, etc)?

[] Yes [] No

Ability to participate independently in all camp activities (i.e., swimming, archery, campfire, etc)?

[] Yes [] No

What type of reinforcement works best?

Praise Recognition Reward Special Privileges
Other _____

**** If your Teen needs specific accommodations, please email us at**

campgrizzly@norcalcenter.org

Primary Communication Mode: (circle all that apply)

ASL PSE SEE CUED ORAL

OTHER: _____

(CIT will be taught and encouraged to use ASL)

Is your Teen: (circle one)

DEAF

HOH (Hard of hearing)

KODA (child with Deaf/hard of hearing parents)

SODA (sibling of Deaf/hard of hearing family member)

Child's T-shirt size: (circle one below)

Youth: Small Medium Large
(6 - 8) (8 -10) (10 -12)

Adult: Small Medium Large

Adult: X-Large 2X-Large 3X-Large

2024 LIABILITY RELEASE FORM AND PARENT/GUARDIAN & CIT AGREEMENT FORM

Permission to Participate

I understand and certify that my child's participation in the Camp Grizzly program is completely voluntary, and I have familiarized myself with the camp's program including all activities in which my child will be participating.

I recognize that certain hazards and dangers are inherent in the Camp Grizzly program, particularly, but not limited to, the activities of swimming, kayaking, ropes course, archery and other outdoor activities.

I acknowledge that although NorCal Services for Deaf & Hard of Hearing has taken safety measures to minimize the risk of injury to camp participants, NorCal cannot insure or guarantee that the participants, equipment, premises and/or activities will be free of hazards, accidents and/or injuries.

I further recognize and have instructed my child in the importance of knowing and abiding by the camp's rules, regulations and procedures for his/her own safety and the safety of other camp participants.

Parent or Guardian's Signature

Date



Release of Claims

I understand that my child's participation in Camp Grizzly Program can expose my child to dangers, both from known and unanticipated risks.

Acknowledging that such risks exist, I hereby release and discharge NorCal Services for Deaf & Hard of Hearing its officers, agents, employees and volunteers from any and all claims or liability for personal injury or property damage that my child may suffer while participating in the Camp Grizzly program, including but not limited to, any claims arising out of any condition of the premises at which the program is held or the conduct of any person in connection with the preparation, supervision or conduct of any Camp Grizzly activity, whether planned or unplanned. I specifically agree to release and hereby release NorCal Services for Deaf & Hard of Hearing and the officers, agents, employees and volunteers for any negligence of the camp, or officers, agents, employees and volunteers.

Parent or Guardian's Signature

Date

Parent/Guardian & CIT Agreement

Camp can be exciting and adventurous. It can also be stressful, living with 8 - 10 people and being away from home. Camp Grizzly is concerned that care and attention is given to ALL campers and CITs as equally as possible. Staff will work to minimize discipline problems and handle them individually. Your support of our policies will promote camp safety and camp fun!

The CIT has read and agreed to abide the following camp policies:

- Be considerate and respect the safety and feelings of others.
- Use sign language at all times.
- Obey camp rules including prohibition of the possession of any illegal substance (drugs/alcohol), weapons, or other items deemed inappropriate by the Camp Manager. Willful and/or repeated disregard for camp rules, or possession of illegal substance, weapons or other inappropriate items and inappropriate behavior such as harassment, bullying, profanity, no touching of person and property will be grounds for possible immediate dismissal.
- Respect and care for campgrounds and property. In the event camp property, or the property of others is damaged as a direct result of camper's' behavior, the parent/guardian will pay for damages. Payment is due at the time that the camper is picked up.

CIT Signature

Date

The Parent/Guardian Agrees to the following:

I hereby certify that the application is true and correct to the best of my knowledge.

I hereby consent to this release of any photographs and videotapes taken of my child for use by NorCal Services for Deaf & Hard of Hearing/Camp Grizzly for publicity and fundraising purposes.

I agree to immediately pick up or arrange for pick-up of my child upon notification of dismissal. I understand there will be no refund.

I agree to pay for any property damage sustained to the camp or other camper/staff caused by my child's behavior.

I agree to pay for any cost incurred for late pick-up on the last day of camp.

Parent/Guardian Signature

Date

**2024 Camp Grizzly Youth Leadership Camp
MEDICAL RELEASE FORM
(To be completed by child's parent/guardian)**

Camp Grizzly personnel will make every effort to reach parents/guardians in the event of an emergency or need for outside professional medical care.

As necessary for my child (print full name) _____, I authorize Camp Grizzly personnel to:

- provide routine health care;
- administer medication including over the counter medication as necessary,
- order X-rays, routine tests, treatment,
- release any records necessary for insurance purposes;
- provide or arrange necessary related transportation for my child (at my expense).

If I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp manager to:

- secure and administer proper treatment including hospitalization and/or
- order x-rays, routine tests, injection, medications, anesthesia and/or surgery for my child as named above.

I understand that any medical expenses will be billed directly to my insurance carrier or me. I hereby release Camp Grizzly/NorCal Services for Deaf & Hard of Hearing and its officers, directors, employees, agents, and subcontractors, from any and all liability for bodily injury, cost of medical treatment, or any other injury incurred as a result of the administration of emergency treatment. This form may be photocopied for use outside of the camp, for the purposes describe herein.

List Allergies/Special Instructions: _____

Signature of Parent/Guardian: _____ Date: _____

Print Name: _____ Relationship to Child: _____

**** ALL address, phone number and insurance information must be filled out COMPLETELY ****

Child's Full Name: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Date of Birth (Mo/Day/Year): _____ Age: _____ Gender: Female Male

EMERGENCY CONTACT INFORMATION:

Name of Parent/Guardian: _____ Relationship: _____

Home or Cell Phone: _____ Text only Voice Both Work Phone: _____

Email Address: _____

ALTERNATE EMERGENCY NOTIFICATION: (Must be willing to pick up child if necessary)

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Home or Cell Phone: _____ Text Voice Both Email: _____

INSURANCE INFORMATION:

Primary Insurance _____ MR#: _____ Policy#: _____

Address: _____ Phone: _____

Name of Insured _____ Child's Relationship to Insured: _____

Other Insurance _____ MR#: _____ Policy#: _____

Address: _____ Phone: _____

Name of Insured _____ Child's Relationship to Insured: _____

NO Health insurance.

***** REMINDER: Provide copies of both sides of current Health Insurance Card. *****

**2024 Camp Grizzly Youth Leadership Camp
PHYSICAL EXAMINATION & HISTORY FORM**

(Please Print):

Full Name of Child: _____ Date of Exam: _____
 Birth Date (Mo/Day/Year): _____ Gender: Female [] Male [] Hair Color _____ Eye Color _____
 Height: _____ Weight: _____ Blood Pressure: _____ / _____

GENERAL QUESTIONS ON HEALTH HISTORY:

Frequent Ear Infection	___ Yes	___ No	Asthma	___ Yes	___ No
Cardiovascular Disorders	___ Yes	___ No	Chicken Pox	___ Yes	___ No
Epilepsy/Seizures	___ Yes	___ No	Measles	___ Yes	___ No
Diabetes	___ Yes	___ No	Meningitis	___ Yes	___ No
Bleeding Disorders	___ Yes	___ No	Autism/Asperger	___ Yes	___ No
ADD/ADHD	___ Yes	___ No	Hepatitis	___ Yes	___ No
Have a history of bed-wetting?	___ Yes	___ No	Skin (Rash, etc.)	___ Yes	___ No
Ever had an eating disorder?	___ Yes	___ No	Other: _____		
Have seen a mental health professional?	___ Yes	___ No			

Please explain any "yes" answers above: _____
 Ever had surgery? If yes, provide dates: _____
 Ever been hospitalized? If yes, provide dates: _____
 Loss of consciousness, convulsions or concussion? _____
 Any recent injury, illness, or infectious diseases? _____
 Please provide information about the child's behavior and physical/emotional well-being that would assist the camp:

Does your Teen require a special diet? [] Vegetarian [] Vegan [] Religious/Cultural [] Diabetic [] Gluten Free [] None

Please describe: _____

ALLERGIES: [] Food: _____ [] Drug: _____

Please describe the allergy reaction and management: _____

MEDICATIONS: Please list all medications to be continued while at camp. All medications are secured by and administered by the Camp Nurse only.

Prescription:	Dosage:	Specific times taken:	Reason:

[] My Teen does not take regular medication

IMMUNIZATION REPORT: (Please record the specific date (month/year) of the most recent booster dose for Tetanus.)

Vaccine: Tetanus (DPT/TD/T) Date (Mo/Year):	Date of Covid exam: [] Negative [] Positive	Date of last Covid-19 booster: (not required)	Date of last TB Test: [] Negative [] Positive
--	--	---	--

ARE ALL IMMUNIZATIONS CURRENT? YES [] OR [] NO **PLEASE PROVIDE A COPY OF CHILD'S IMMUNIZATION RECORD**

To be completed by child's physician: I have examined the camp applicant named above. In my opinion, the applicant's current health condition _____ does _____ does not preclude his/her participation in an active camp program. The applicant is under my care for the following condition and/or treatment:

Signature of Licensed Medical Personnel: _____

Print Name: _____ Date: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Fax number: _____

2024 Camp Grizzly Over The Counter (OTC) Medication Form

California State Law requires this form to be filled out by a licensed physician for our nurse to dispense over the counter non-prescription medication when needed.

Camper Name: _____ **Birth date (Mo/Day/Year):** _____

Standard Over the Counter/PRN Medications/First Aid Kit: to be administered at the discretion of RN:

Drug	Route	Dosage	Schedule	Approved to Take (Circle)	Comments
Acetaminophen/ Tylenol	PO (chewable tabs, elixir or tabs)	Per Label	Per Label	YES / NO	
Ibuprofen/ Advil	PO (chewable tabs, suspension or tabs)	Per Label	Per Label	YES / NO	
Robitussin	PO (syrup)	Per Label	Per Label	YES / NO	
Mylanta / Tums	PO (chewable tabs, elixir or tabs)	Per Label	Per Label	YES / NO	
Dramamine	PO (chewable tabs – 50 mg)	Per Label	Per Label	YES / NO	
Dimetapp	PO (elixir or tabs)	Per Label	Per Label	YES / NO	
Benadryl	PO (chewable tabs, elixir or pills)	Per Label	Per Label	YES / NO	
Sudafed	PO (chewable tabs, elixir or pills)	Per Label	Per Label	YES / NO	
Zyrtec / Allegra / Cetirizine	PO (chewable tabs, elixir or pills)	Per Label	Per Label	YES / NO	
Claritin / Loratidine	PO (syrup or tabs)	Per Label	Per Label	YES / NO	
Mucinex DM / Guaifenesin	PO (syrup or tabs)	Per Label	Per Label	YES / NO	
Miralax	PO (powder)	Per Label	Per Label	YES / NO	
Metamucil	PO (pills, chewable tab or powder)	Per Label	Per Label	YES / NO	
Anbesol	PO (liquid)	Per Label	Per Label	YES / NO	
Visine / Visine AC	Optic drops	Per Label	Per Label	YES / NO	
Mineral Ice	Topical	Per Label	Per Label	YES / NO	
Triple antibiotic ointment	Topical	Per Label	Per Label	YES / NO	
Silvadene Cream	Topical	Per Label	Per Label	YES / NO	

Physician Signature: _____ **Date:** _____



Camp Grizzly 2024

CIT (Counselor-in-training) Application Supplement Form



To be filled out by CIT: Please answer the following questions below.

1. Please tell us about yourself (ie: your strengths and weaknesses)?

2. Please tell us what work or volunteer experiences you have had:

3. What are your future goals after High School?

4. What are your expectations from the CIT Program on how it will help you become a leader?

5. How do you feel your participation in the CIT Program will benefit Camp Grizzly?

CIT's are required to attend orientation training on July 20-21, 2024 at no extra cost.
The above information I have given is true and correct to the best of my knowledge.

CIT Signature: _____ Date: _____

2024 Camp Grizzly

Authorization To Drop off/Pick up child

Print Name of Child(ren): _____

I hereby give the following person(s) my permission to drop off or pick up my child from Camp Grizzly for any reason.

Name(s):	Relationship:	Cell/Text Contact Info:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Your child will not be released to anyone other than to the authorized persons named above.

Parent/Guardian Signature: _____

Print Name: _____ Date: _____

Your contact Cell #: _____ [] Text [] Voice [] Both

You Email: _____

WAIVER AND RELEASE OF LIABILITY

(Camper/staff/volunteer - Minor)

Release and waiver of liability and indemnity agreement. I further agree to indemnify, protect, defend, and hold harmless Camp Ronald McDonald at Eagle Lake, Ronald McDonald House Charities Northern California and their directors, officers, employees, volunteers, and/or agents from and against any cost, damage, expense, claim, or liability caused by or arising out of my use of, presence at, or trip to or from the facilities of Camp Ronald McDonald at Eagle Lake, including any injury to or death of any person, any damage to any real or personal property on or about the Camp or belonging to Camp Ronald McDonald or Ronald McDonald House Charities Northern California and any attorney's fees and/or costs arising out of this Agreement.

I, the undersigned, hereby waive any and all claims that I or my heirs may have against the directors, officers, employees, volunteers, and/or agents of Camp Ronald McDonald at Eagle Lake or Ronald McDonald House Charities Northern California for any injuries or property damages which may arise while my child is on the Camp Ronald McDonald premises. I acknowledge that this waiver includes any claim for wrongful death, personal injury or property damage caused by or arising out of the negligence of Camp Ronald McDonald at Eagle Lake, Ronald McDonald House Charities Northern California, or their directors, officers, employees, volunteers and/or agents.

Authorization for use of photo. I hereby authorize Camp Ronald McDonald at Eagle Lake and Ronald McDonald House Charities Northern California to use, for any purpose whatsoever, any photograph (including digital media and videotape) taken at or near Camp Ronald McDonald at Eagle Lake that contains my child's likeness.

Date: _____

Signature of Parent/Guardian: _____

Printed Name: _____

Minor's Name: _____

Camp Session: July 20-27, 2024

Camp Grizzly Counselor-in-Training (CIT)

Description of CIT Roles and Responsibilities:

Qualifications

Demonstrates the ability to practice safety and respect to others and campground.

Demonstrates motivation and ability to work with children outdoors.

Demonstrates the ability to relate to one's peer group.

Demonstrates the ability to accept guidance and supervision.

Demonstrates the ability to assist in teaching an activity.

Demonstrates the ability to maintain the confidentiality of all campers/staff.

Demonstrates good character, integrity, and adaptability.

Demonstrates enthusiasm, sense of humor, patience, and self-control.

Must be between 16-18 years of age.

Report to

CIT Counselor

Camp Goals

Camp Grizzly goals are to promote peer and social interaction in a fun and safe environment, and to gain confidence and wisdom from their older peers to help them understand their unique cultural identity, develop friendships, leadership skills and increased self-esteem.

General Responsibilities

To identify and meet camper needs and the camp program.

Specific Responsibilities

1. Learn the likes/dislikes of each camper in your group.
2. Recognize and respond to opportunities for problem solving in the group.
3. Develop opportunities for interaction among campers and staff.
4. Provide opportunities for the group so that each camper experiences success during camp.
5. Help each camper have a fun experience while at camp.
6. Assist assigned Counselors with their campers as needed during camp program activities.
7. Assist in teaching or leading an activity as assigned.
8. Adhere and uphold the Camp Grizzly CIT agreement, Code of Conduct,
9. Behavior Management policy and respect the policies of Camp Lodestar.
10. Make suggestions for the following season.
11. Perform other duties as assigned.
12. Complete a camp survey, CIT evaluation with CIT Counselor/Camp Director.