



Camp Jack Hazard

Mailing Address
PO Box 192491
San Francisco, CA 94119

Address for Pick-ups, Drop-offs
and Orientation Meetings
Connections Family Center
2630 W. Rumble Road
Modesto, CA 95350

Camp Jack Hazard

2012 Parent Guide and Registration Forms

Resident Camp Sessions - \$495

Session I: JUNE 23-JUNE 30

Session II: JULY 6-JULY 13

AGES 9-16

Leaders-in-Training - \$550 (2 week Teen Leadership Program)

Session I: JUNE 23-JULY 6

Session II: JUNE 30-JULY 13

AGES 15-17

Rookies Sessions - \$295

Session I: JUNE 30-JULY 3

Session II: JULY 3-JULY 6

AGES 6-10

What's Inside?

Parent Packet

Especially helpful for parents of first time campers

Getting Ready for Camp

A CJH Preparation Check-List

Registration Form

Health History Form

Parental Consent Form

Waiver of Liability for Camp Activities

Responsible Conduct Agreement



For more information
please call (209) 965-7CJH, Email campjackhazardadventures@gmail.com or visit campjackhazard.org

Parent Packet

Registration Requirements

- Completing the CJH Registration Form along with a \$100 deposit is sufficient to complete an initial registration. (If you are applying for Financial Assistance, you are responsible for a \$50 non-refundable deposit at the time of registration. If approved, remaining payments will be adjusted to reflect the award amount.)
- 2 weeks before the start of the session, all of the enclosed forms must be received and fees paid.
- One parent or guardian of new-to-CJH campers must attend the **Orientation Meeting**, at 6pm on Thursday, June 14, for Resident Campers and LIT's and Thursday, June 28, for Rookies Campers. If you cannot attend orientation, you must make alternate arrangements with a member of Camp Jack Hazard staff.

Cancellations

If your child cannot go to camp as planned due to illness, please let Camp Jack Hazard management know as soon as possible. We may have a waiting list of other campers desiring a chance to go. All sessions require a \$100 deposit, which is non-refundable. The rest of the session fees will be refunded. Refunds will not be granted for any cancellations made fewer than 48 hours in advance of departure. We are able to reschedule campers for another session if there is available space, and we encourage this as an alternative to canceling if possible.

Departure and Transportation Information

Departures: Campers and their guardians must arrive by 9:00 am on the day of departure at Connections Family Center, 2630 W. Rumble Road, Modesto CA 95350. The bus will leave at and 10:00 am. Remember, we conduct health screenings, process all medication and make sure all registration materials are complete so please arrive with ample time.

Returns: Return times vary slightly, but campers are scheduled to return between 4:30 and 5 pm.

Bus Guidelines: The bus ride can be a little tedious. We would all rather be up at camp already, jumping, climbing and running around having a blast. However, we want to get to Camp safely!

Please talk about the following guidelines with your child before their departure: Please remain seated, facing forward while the bus is in motion; Do not throw anything; Remember that there are fun games that can be played while sitting down!

Letters and "Goodies" from Home

All care packages and letters can be sent to
Camper's Name - Session #
Camp Jack Hazard, Highway 108
Dardanelles, CA 95364

Please keep letters positive. Children who are having a good time can suddenly get homesick when they read about how much their parents and pets miss them! We recommend writing about what's happening at home and how excited you are to hear all about camp when they return.

We love it when parents send care packages. When you do, though, we ask that you send some items for your camper to share with the rest of his or her cabin and a note asking him or her to do so. This can prevent jealousy and tension from damaging your child's experience.

You are also welcome to bring packages with you when you drop your camper off on the first day of the session (saving you postage and ensuring that it "arrives" while your camper is there) and CJH staff will include it with mail for the day mid-session.

Visits During CJH Sessions

While visits from parents and visitors are allowed, we ask that you give CJH staff 24 hours notice before your trip. Please call (209) 965-4365.

If you are a parent or family member hoping to visit, please consider how you anticipate your camper will take your visit. Sometimes visits from loved ones cause campers increased homesickness.

Important Information about Overnights and Backpacking

All **Resident Camp and LIT** session campers can expect to go on a two-night overnight backpacking trip to a location in one of the two pristine wilderness areas near camp. Depending on interest and ability, this may take campers several miles away from the nearest road, phone, building, television, or X-box. To assure your child's comfort, we recommend a backpack with an internal or external frame, which can carry a sleeping bag, personal items, and some food. **Rookie Campers** will not be traveling far, so a good daypack will work just fine.

Temperatures at the higher altitudes (campers over 10 can expect to camp at altitudes as high as 8,000 feet) can get chilly, and a warm, lightweight sleeping bag is recommended. Please pay attention to the temperature rating of the bag and add at least 10 degrees to that.

Above all, please be assured that while the overnight is an experience in roughing it without many of the material comforts of the modern world, we provide a safe, comfortable environment in the woods for your child to enjoy their camp experience. The overnight is the centerpiece of Camp Jack Hazard's program, and it is also the part of the program which year after year seems to have the most dramatic impact on camper's growth in confidence and social skills. We look forward to providing this priceless and enriching experience for your child as we have for so many thousands of others.

Preparing for Camp

Please remember that Camp Jack Hazard is about getting back to basics. Be practical and only bring the absolute necessities. Keep in mind that things that go up to camp will get dirty! On the overnight your camper will be carrying all of their own gear, so please keep it light. At camp everything gets dirty so don't bring anything too nice. Be sure to mark EVERYTHING with your full name. We try to keep careful track of lost and found, but with the large number of campers that come through camp each session things inevitably get lost or mixed up. CJH is not responsible for anything lost or stolen. If you mark your child's belongings with a permanent marker, it becomes much easier for camp staff to return lost items to the right person.

Packing List

- Sleeping Bag
- Backpack – internal or external frame backpacking backpack
- Extra Pair of Shoes
- Clothes: Warm sweater/jacket, t-shirts, shorts, long warm pants, socks, underwear and a pancho or waterproof jacket
- Hats
- Bathing Suit and Towels
- Toiletries
- Sunscreen, chapstick and bug repellent
- Flashlight
- Waterbottle (preferably 32 oz. bottle)
- Positive Attitude

Additional Optional Items

- Small pillow
- Disposable camera
- Fishing gear
- Books/writing materials
- Sunglasses
- Costumes

Things to Leave at Home!

Electronics, including cell phones and mp3 players and headphones, food or candy, knives/firearms, weapons, fireworks, aerosol sprays, hair dryers, curling irons, money, alcohol/drugs and cigarettes.

Medication

All medication – including over-the-counter drugs – **MUST** be given to the Camp Director or Health Specialist prior to departure.

Please clearly indicate, for each medication: 1) who the medication is for, 2) proper dosage, 3) when it should be taken.

Camp can only dispense prescription medications when they are in their **original container, and only by the instructions on the bottle**. If the label on a prescription bottle is incorrect, this must be changed by the pharmacy prior to attending camp. The camp health specialist will be responsible for any medication that is to be taken to camp.

Getting Ready for Camp!

A CJH Preparation Check-List

- Send in non-refundable \$100 deposit and registration form to secure your campers spot, prior to the 2-week registration deadline.
(don't forget about our "early-bird" and "refer a friend" discounts)
- Schedule and complete a health examination for your child if he or she has not completed one in the past eighteen months.
- If you reserved the camp session with a deposit, be sure that payment in full is received 2 weeks before the session starts.
- Complete and return all required forms 2 weeks prior to your child's session, including:
 - Registration Form
 - Health History Form – with current immunization records, doctors signature and copy of health insurance card (if applicable)
 - Parental Consent Forms
 - Transportation Release
 - Photograph Release
 - Pick-up Authorization
 - Waiver of Liability for Camp Activities
 - Responsible Conduct Agreement - prepare camper for time at CJH; discuss behavioral expectations.
- Attend new-to-CJH Orientation Meeting on Thursday, June 14, for Resident Campers and LIT's and Thursday, June 28, for Rookies Campers. Both at 6pm at Connections Family Center 2630 W. Rumble Road, Modesto, CA 95350
- Mark all packed clothing and equipment with Camper's name
- First Day of Camp!! Bring sack lunch, luggage and medications (in original container), to be given to the Health Administrator at check-ins. Please pack medication separately – it should NOT go to CJH in your child's luggage.

CJH Registration Form

All registration forms and \$100 deposit received by **March 15, 2012**, will receive early bird discount rates. (See rates below)

Camper's Name _____ Date of Birth ____/____/____ Sex M F

Primary Guardian _____ Phone # (____) _____ (home/cell/office)

Mailing Address _____ City _____ State _____ Zip _____

E-mail _____

If possible, Camper would like to share a cabin with _____ (Optional)

Please mark the circle for the session for which you would like to register

CJH Resident Camp (ages 9-16) - \$495

(one week)

Session I: 6/23 to 6/30

Session II: 7/6 to 7/13

Rookies (ages 6-10) - \$295

(4 days)

Rookies I: 6/30 to 7/3

Rookies II: 7/3 to 7/6

Leaders- In- Training (ages 15-17) - \$550

(two weeks)

LIT I: 6/23- 7/6

LIT II: 6/30-7/13



CHECK ALL THAT APPLY:

- I am registering before March 15 - I get the 10% early-bird discount!
- I referred my friend _____ (name) who is also registering for camp - I get a 10% referral discount.

I understand that my registration is not confirmed until I have paid my \$100 deposit and returned this form. I understand that all payments are due in full on or before the due date or a late fee may be assessed. I also understand that the full balance and all forms are due 10 days prior to the departure date, and if my balance is not paid on or prior to that date, my registration is subject to cancellation.

Parent Signature _____ Date _____

Your \$100 deposit will be withheld from all cancellations. Refunds will only be granted for medical reasons and require written verification from a physician. No cancellations made fewer than 48 hours prior to departure will be honored. An additional fee may be charged for any changes made less than 10 days prior to the departure date.

Please send all registration materials (including your \$100 deposit) to:

Camp Jack Hazard • PO Box 192491 • San Francisco, CA 94119

Camper's School: _____ Grade in fall 2012: _____

All information about ethnicity is confidential and strictly used for statistical evaluation of the diversity of individuals served by our programs. Aside from being beneficial for our personal evaluation of the effectiveness of our community outreach, many foundations and governmental programs require us to demonstrate the diversity of our clientele.

Ethnicity (optional)

Latino/a Caucasian African American Asian American Native American Other: _____

Are parents living together? Yes No

Is your child living: With parents With other relatives In a Foster Home or other residential program

Please list camper's siblings (include ages): _____

Does your child get along well with his/her siblings? Please explain: _____

Are camper's siblings attending CJH during the same session? Yes No

Are there any special family circumstances of which we should be aware? _____

Has your child been to a resident camp before? Yes No If yes, where and for what length of time? _____

What is the longest your child has ever been away from home and his or her parents? Please explain special circumstances, if any: _____

How does your child feel about attending CJH? _____

Does he/she have any specific misgivings, fears, hopes, etc about attending CJH? _____

What do you especially hope your camper will get out of CJH (i.e. what can the cabin leader do that will be helpful for your child)? _____

Does your child know how to swim? Yes No

Do you foresee any problems for your child going on an overnight backpacking trip? Yes No If yes, please explain: _____

Would you say your child is (circle one): Passive Quiet Medium Energy Energetic Hyperactive

How does your child gets along with others: With difficulty Hesitantly Pretty Easily Easily Extremely Easily

Does your child usually play with children that are: Younger Older Same age

What kinds of behavior do you most often discipline your child for? _____

What kinds of discipline have you found most effective for him/her? _____

What suggestions do you have aside from calling home to help your child overcome home sickness? _____

What other information can you provide to help us make your child's summer camp experience the best ever? _____

Camper Name: _____ Session: _____

Parent/Guardian Name: _____ Relationship: _____

Parent/Guardian Signature: _____ Date: _____

Health History Form

(Complete one form per child – ALL pages – Must be submitted 2 weeks before camper's arrival)

Mail to: Camp Jack Hazard, PO Box 192491, San Francisco, CA 94119, or scan and email to campjackhazardadventures@gmail.com

Child's Name: _____ M F Age (during camp) _____ Birth Date: ___/___/___
 Address: _____ Apt # _____ City: _____ State: _____ Zip: _____
 Parent/Guardian 1: _____ Parent/Guardian 2: _____
 Primary Phone #: (____)____-____ Home/Cell Primary Phone #: (____)____-____ Home/Cell
 Work Phone #: (____)____-____ Work Phone #: (____)____-____
 Employed by: _____ Employed by: _____
 Occupation: _____ Occupation: _____

Emergency Contact Information

Name: _____ Phone: (____)____-____ H/C/W Relationship: _____
 Name: _____ Phone: (____)____-____ H/C/W Relationship: _____
 Name: _____ Phone: (____)____-____ H/C/W Relationship: _____

Insurance and Physician Information

Please include a copy of your insurance card, if applicable

Health Insurance Co : _____
 Policy Number: _____
 Family Physician: _____
 Phone: (____)____-____
 Family Dentist: _____
 Phone: (____)____-____

Vaccines approx. date immunized

DPT: ___/___/___ Measles: ___/___/___
 Tetanus: ___/___/___ Mumps: ___/___/___
 Hepatitis B: ___/___/___ Rubella: ___/___/___
 Polio: ___/___/___ Influenza: ___/___/___

Medical Information Past or Present Please Check

ADD/ADHD <input type="checkbox"/> Yes <input type="checkbox"/> No	Exercise Induced Dizziness <input type="checkbox"/> Yes <input type="checkbox"/> No	Recent Hospitalization <input type="checkbox"/> Yes <input type="checkbox"/> No
Asthma <input type="checkbox"/> Yes <input type="checkbox"/> No	Frequent Ear Infections <input type="checkbox"/> Yes <input type="checkbox"/> No	Seizures <input type="checkbox"/> Yes <input type="checkbox"/> No
Bed-Wetting <input type="checkbox"/> Yes <input type="checkbox"/> No	Frequent Headaches <input type="checkbox"/> Yes <input type="checkbox"/> No	Skin Problems (itching, rash) <input type="checkbox"/> Yes <input type="checkbox"/> No
Chicken Pox <input type="checkbox"/> Yes <input type="checkbox"/> No	German Measles <input type="checkbox"/> Yes <input type="checkbox"/> No	Sleepwalking <input type="checkbox"/> Yes <input type="checkbox"/> No
Currently under Dr. Care <input type="checkbox"/> Yes <input type="checkbox"/> No	Head Lice (recent) <input type="checkbox"/> Yes <input type="checkbox"/> No	Tuberculosis <input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No	Heart Disease/Defect <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Conditions <input type="checkbox"/> Yes <input type="checkbox"/> No
Diarrhea/Constipation <input type="checkbox"/> Yes <input type="checkbox"/> No	Measles <input type="checkbox"/> Yes <input type="checkbox"/> No	For each Yes, please explain: _____
Eating Disorders <input type="checkbox"/> Yes <input type="checkbox"/> No	Psychological Conditions <input type="checkbox"/> Yes <input type="checkbox"/> No	

Allergies & Special Needs Please Check

Hay Fever <input type="checkbox"/> Yes <input type="checkbox"/> No	Bee Stings <input type="checkbox"/> Yes <input type="checkbox"/> No	Penicillin <input type="checkbox"/> Yes <input type="checkbox"/> No
Poison Oak/Ivy <input type="checkbox"/> Yes <input type="checkbox"/> No	Have Epinephrine (Epi Pen)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Drugs <input type="checkbox"/> Yes <input type="checkbox"/> No
Foods <input type="checkbox"/> Yes <input type="checkbox"/> No	Other insects or animals <input type="checkbox"/> Yes <input type="checkbox"/> No	Any other allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No

List all known allergies, reactions and how to manage: _____

Dietary Restrictions: Yes No _____

Any reason to restrict full activity including swimming, long hikes, strenuous physical games?: Yes No

If yes, please explain: _____

Non-Prescription Medications I authorize the following medications to be administered as needed:

Tylenol <input type="checkbox"/> Yes <input type="checkbox"/> No	Benedryl <input type="checkbox"/> Yes <input type="checkbox"/> No	Pepto Bismol <input type="checkbox"/> Yes <input type="checkbox"/> No	Neosporin <input type="checkbox"/> Yes <input type="checkbox"/> No
Chloraseptic <input type="checkbox"/> Yes <input type="checkbox"/> No	Cough Drop <input type="checkbox"/> Yes <input type="checkbox"/> No	Ibuprofen <input type="checkbox"/> Yes <input type="checkbox"/> No	Calamine Lotion <input type="checkbox"/> Yes <input type="checkbox"/> No

Camper's Name: Last

First

Session

Prescription Medications* I authorize the following medications to be administered as needed:

- This camper does **NOT** take any medications on a routine basis.
- This camper **DOES** take medications. I have listed all medications, including over-the-counter drugs and vitamins, that will be taken while at camp.

Medication Name: _____ Purpose: _____

Dosage: _____ Specific Times Administered: a.m. lunch p.m. before bed _____

Medication Name: _____ Purpose: _____

Dosage: _____ Specific Times Administered: a.m. lunch p.m. before bed _____

Medication Name: _____ Purpose: _____

Dosage: _____ Specific Times Administered: a.m. lunch p.m. before bed _____

*All medications must be checked-in on the first day, in their original packaging. Prescription medications must also:

- Have the correct patient name, medication, dosage prescribing physician and instructions printed on the container
- Be supplied in sufficient quantity to last the entire camp session
- Prescription medications will only be administered per directions printed on the container

Additional Information

Is there any additional information about this camper’s physical, mental or emotional well-being about which our staff should know? If yes, please explain:

Health Care Understanding

This history and description of care to be given at camp are complete and accurate to the best of my knowledge. I agree to provide the camp staff with immediate updates should any of this information need to be changed prior to the beginning of the camp session. I agree to allow disclosure to camp staff and medical professionals.

I hereby give Camp Jack Hazard and its designee’s permission to administer medications per the schedule listed above and provide routine health care for my child. I also give permission for the camp to seek and give consent for health care or emergency treatment at their discretion, including, but not limited to, x-rays, routine tests and treatment, hospitalization and/or emergency transportation. I understand that I, or my insurance company, will be responsible for paying all health-care costs. I also understand that it is my responsibility to provide the camper’s insurance card to camp staff; if I do not, the insurer may not be included on any health care bills.

I hereby give permission for the physician selected by the camp to secure and administer treatment for this camper including hospitalization, in the vent that I cannot be reached in an emergency. I further give permission for potentially life-saving care to be provided immediately, without any delays to seek my permission, provided that camp staff attempts to notify me at the first available opportunity.

If this camper is a minor, I wish Camp Jack Hazard and its designees to be treated as acting *in loco parentis*. Camp representatives should be considered “personal representatives” and privy to protected health information under the Health Insurance Portability and Accountability act of 1996. I hereby agree that camp representatives should be provided disclosure of protected information for this camper to provide relevant information on the camper’s ability to participate in camp activities and keep emergency contacts informed on the camper’s health status. I hereby agree that health information may also be disclosed to the emergency contact listed above.

Camper Name: _____ Session: _____

Parent/Guardian Name: _____ Relationship: _____

Parent/Guardian Signature: _____ Date: _____



Reminder! Did you remember to include a photocopy of the camper’s health insurance card?

Parental Consent Form

Transportation Release

I hereby give consent for Camp Jack Hazard and its designees to provide transportation for my child to and from camp or any camp-related activity.

Parent/Guardian Signature: _____ Date: _____

Photograph Release (optional)

I hereby grant permission for any photograph or filming that is taken during his/her participation in Camp Jack Hazard activities to be used for purposes that include publicity. This publicity may be in several mediums, including session photos, brochures, and the internet. Further, I give permission for these photographs to be used without any compensation to my child, myself, or any parties acting on our behalf.

Parent/Guardian Signature: _____ Date: _____

Release of Custody

To ensure the safety of our campers, Camp Jack Hazard will only release custody of each camper to adults who we can verify are authorized to take custody of that child. In order to do this, we require parents to bring a photo identification to pick up their children. You will need to sign out your child as well as any medications that were checked in at the beginning of the session.

I, _____ (printed parent/guardian name), give permission for my child to be released from camp to the following adults: (please include yourself, your emergency contact from the health form and at least one other person):

Name as it appears on Driver's License	Relationship to Camper	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Camper Name: _____ Session: _____

Parent/Guardian Name: _____ Relationship: _____

Parent/Guardian Signature: _____ Date: _____

Waiver of Liability for Camp Activities

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Camp Jack Hazard programs include rock climbing, rappelling, high ropes challenge course, low elements activities and overnight backpacking trips. The activities at CJH are sometimes strenuous and psychologically demanding and require participants to be in good physical condition. CJH staff members take all reasonable precautions to reduce these risks and provide safe, healthy and enjoyable experiences. Despite these efforts the risks associated with camp activities cannot be completely eliminated. Camp activities and the associated risks include, but are not limited to:

- General camp participation:
 - Environmental hazards, such as fallen trees, lightning, insects or bodies of water.
 - Physical exertion that could exacerbate medical conditions
- Rock Climbing, rappelling and challenge course:
 - Potential falls of up to 50' through slipping, running, jumping, or the actions of others.
 - Debris falling from heights of up to 50'.
 - Failure of safety equipment.
 - Failure of the participant to follow safety instructions.
- Swimming:
 - Drowning or near-drowning.
- Overnight hikes:
 - Delays communicating with and meeting Emergency Medical Services.

Participant is aware and understands that participating in Camp Jack Hazard's programs involves a potential risk of injury that may not only be from his/her own actions, inactions or negligence but also from the actions, inactions or negligence of others, conditions of the environment, equipment or areas where the event or activity is being conducted.

Participant understands that the programs are physically demanding and potentially dangerous. Therefore, all participants must be free of medical or physical conditions, which might create undue risk to themselves or others who depend on them. If there are any questions about the participant's ability to participate, please consult with the participant's physician prior to signing this form or participating in the program.

Participant understands that he/she is responsible to behaving in a careful and prudent manner to minimize the risk of injury to themselves or others.

Participant understands that activities are voluntary and that he/she should participate only to the extent that they feel appropriate for their own condition and skill level.

• • •

With this understand, I shall not hold Camp Jack Hazard and its designees or its staff liable for any damages caused by participation in camp activities. I deem my child of appropriate age and skill level to participate fully in all activities as supervised by the CJH staff except as restricted below:

In consideration of my participation in Camp Jack Hazard programs, I, the undersigned user, agree to INDEMNIFY AND HOLD HARMLESS Camp Jack Hazard, its officers, agents and employees from any and all causes to action, claims, demands, losses or costs of any nature whatever arising out of or in any way related to my participation in CJH programs.

Camper Name: _____ Session: _____

Parent/Guardian Signature: _____ Date: _____

Responsible Conduct Agreement

In order to uphold the values of caring, honesty, respect, and responsibility, we must ask that the behavior of campers and staff meet certain standards. If we feel that any participant presents a danger to themselves or others, are preventing others from enjoying their stay at camp, or have become involved in drugs, alcohol, or intimate sexual behavior, we will not be able to host them at camp. Because it is part of our mission to aid our participants' personal growth, camp staff will usually give participants more than one chance to change their behavior, but this cannot be guaranteed. Some behavior is serious enough to warrant immediate dismissal from Camp. Our staff reserves the right to determine when a return home is necessary.

SEARCH AND SEIZURE PROCEDURES

Camp directors reserve the right to search the personal belongings of campers who they suspect to be in possession of contraband items (please refer to the Things To Leave At Home! section of the enrollment packet) that may jeopardize any other camper's experience. The search will be performed discreetly, with the camper(s) suspected of contraband present, and with care not to damage the personal belongings of the camper(s).

EXPULSION TERMS AND PROCEDURES

Should a camper be expelled, parents or guardians must provide transportation home for the expelled camper. They must also bring the necessary identification for us to release custody of the camper. If a parent or guardian is unable to provide transportation, we will transport the camper to Modesto and charge that parent/guardian a \$75 fee. If we cannot transfer custody of the child within 24 hours of attempting to make first contact with the parents or guardians, we will charge an additional fee of \$50 per day to supervise the camper. Camp staff will make reasonable, repeated efforts to contact parents or guardians until they are reached. No part of the program fee will be refunded if your child is sent home for breaking any part of the Responsible Conduct Agreement.

MEMO OF UNDERSTANDING

1. Camper agrees to abide by the rules and regulations set by the camp for the health, safety and welfare of all campers.
2. Campers are not allowed to smoke, chew tobacco, possess any smoking materials, alcohol or illegal drugs.
3. All medications/prescribed drugs must be kept in a secure location under the control of the Health Specialist.
4. Campers are not to possess or use any firecrackers or explosives. Campers may not possess weapons of any kind.
5. Willful destruction of property will be the financial responsibility of the camper's parent/guardian.
6. Campers may not leave CJH property or established boundaries without CJH staff permission.
7. Continued inappropriate behavior, including threatening, swearing, not following directions, teasing, sexual harassment/intimidation and improper behaviors in transportation vehicles, may result in immediate dismissal from CJH with no refund.
8. Camp Jack Hazard is not responsible for the loss or damage of articles of clothing or personal belongings.

Thank you for your support and cooperation.

I have read, and understood and will abide by the rules as stated above throughout my stay at CJH.

Camper Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____