

HIGH SIERRA OUTDOOR INSTITUTE dba

Wolf Creek Outdoor Schools

10556 Combie Road Suite 6422

Auburn, CA 95602

Dear **Wolf Creek Outdoor Schools** Coordinator,

We are excited that your group is joining us for our **Wolf Creek Outdoor Schools (WCOS)** Program. This packet is designed to help you promote and plan for this exciting, educational and life-changing annual event. The size of this packet may appear intimidating at first but the following pages are designed to help you through the logistics and planning stages with as few problems as possible. Please feel free to call at anytime for help with this project. Please review the following enclosed materials:

1. **Planning Time Line:** To help you see all of the steps laid out so you won't be caught unprepared.
2. **Promotional Helps:** Valuable information that will help you recruit the needed Chaperones and to ensure that everyone brings the right equipment. Adapt, copy and distribute these pages as necessary.
3. **Involvement Survey:** To be sent home with all students. This is a great tool for encouraging participation.
4. **Letter #1 for Students:** What students should bring and important arrival/departure information.
5. **Letter #2 for Adults:** What all adults should bring and important arrival/departure information.
6. **Letter #3 for the Host Families:** Suggestions and "Thank You" to all Host Families.
7. **Required Registration Form for ALL Adults:** Each participating adult must submit this form.
8. **Required Registration Form for ALL Students:** Each participating student must submit this form.

Note on Registration Forms: Make copies of these forms and distribute them to all Students and All Adults that are planning to participate in the program. It can be very helpful to use colored paper to organize these forms.

9. **Transportation Roster:** Copy and distribute to vehicle drivers to keep track of all students while en route.

Note on Directions: You can access directions through Map Quest. The address of the program facility is:

Northern California

Salvation Army Camp Del Oro
17631 Lake Vera/Purdon Road
Nevada City, CA 95959

Southern California

Thousand Pines Christian Camp
359 Thousand Pines Road
Crestline

10. **Upon Arrival - Please be prepared to submit:** A completed and signed registration form for each student and each adult in attendance, and your final payment check, made out to High Sierra Outdoor Institute.

Sincerely,

Charles A. Welch
Executive Director

Suggested Wolf Creek Outdoor Schools Planning Time Line

4 to 6 Months

Before Departure: Organize a WCOS Planning Committee and begin meeting to plan; your committee meeting should include designation and discussion of the following:

1. Coordinator: This job entails overall organization and designation as WCOS contact person.
 2. Designated First Aid Person: Certified First Aid and CPR adult in attendance during program
 3. Registration: Distribution and dates for collection.
 4. Transportation: Bus or by private vehicle.
 5. Adult Chaperone and Host Family recruitment planning
 6. Fund raising: Methods of raising funds, and dates and methods of collection.
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3 Months

Before Departure: Begin Adult Chaperone recruitment and make transportation arrangements. Distribute Involvement Survey to parents, teachers, and administrators.

- Encourage the idea of total involvement. Introduce “Host Families” program.
- Prepare a cover letter for registration forms and brochures to be distributed to your parents.
- Schedule a “Parent Orientation” meeting which may include an HSOI representative.
- Distribute materials to:
 1. All students attending.
 2. Teachers and ALL adults attending.

Set an **early registration deadline** to receive all of the necessary completed, and signed, forms for High Sierra Outdoor Institute at least **two weeks** prior to your arrival. Contact your schools’ financial department alerting them to the **final payment check** made-out to **High Sierra Outdoor Institute** in payment for the program upon arrival.

6 Weeks

Before Departure: Schedule and promote an **Adult/Chaperone Orientation Meeting** to take place **three weeks** prior to departure. Be sure to include all *Adult Chaperones, Additional Adults, Host Family Representatives, your Designated First Aid Person, and your Coordinator*. This will allow participating Adults to connect with the Host Families and begin planning. Be sure to obtain copies of the WCOS **Program Guidelines** for distribution and discussion at this meeting. You may request a WCOS staff member to attend this Orientation Meeting; please call in advance for scheduling.

2 Weeks

Before Departure: Collect **completed and signed Registration Forms**. Assemble and collate in preparation for submission upon arrival at the High Sierra Outdoor Institute program site.

- Collect final payment from all adults and students attending.
 - Contact school’s financial department to ensure that the **final payment** check is being prepared for, and made-out to, **High Sierra Outdoor Institute** in payment for the program.
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14 Days

Before Departure: **FAX your Attendance FAX Sheet to (530) 478-0281**. We will record this information in your file then forward needed dietary and housing information to the program site, in anticipation of your arrival.

PROMOTIONAL HELPS

The following pages are enclosed to help you to involve others, and to organize your efforts in preparation for your Wolf Creek Outdoor Schools program. These “helps” are designed to assist in disseminating and collecting all information needed to facilitate a positive experience for everyone involved.

One of your biggest jobs will be to recruit a sufficient number of Adult Chaperones for your visit. This task can be looked upon as a great inconvenience, or as a great opportunity to have a life-changing positive impact on your students.

The “Host Family” program is designed to help take some of the pressure off of those adults that are contemplating this responsibility, and is another means by which greater involvement, on the part of your parents, can be encouraged. Host Families “adopt” one of your Adult Chaperones, and his/her family during the week of your attendance. Their job is to help the Adult Chaperone’s family as needed while the Chaperone is away. Their first, and primary duty, is to provide as many of the following “helps” as possible:

- providing ready-to-serve meals for the family;
- making-up and delivering lunches to the Chaperone’s at-home children;
- babysitting the Chaperone’s at-home children;
- coordinating a “sleep-over” for the Chaperone’s at-home children.

The Host Family Program is a great way to encourage total involvement on the part of your parents. It may require an additional planning meeting for all adults involved to begin the initial "bonding" process and to transfer necessary information from one family to the other. Please call for help, or suggestions, in the organization of this important program.

Make sure to follow the “Suggested WCOS Planning Time Line” and to give adequate time for the distribution and collection of needed forms and payments. Please feel free to call at anytime; **we are here to help you.**

Wolf Creek Outdoor Schools Program Involvement Survey

Our school has the opportunity to participate in this dynamic and life-changing program for one week this year. This will be an exciting week of both academic and physical challenges for our students, and will be a positive, life-changing experience for all of us.

Our dates of attendance are: _____

You can help! We encourage everyone to become involved in some way. Please check the following areas that you would like to participate in:

____ I will commit to help, as needed, in the preparations for our school to participate in the WCOS Program, and to send "encouragement cards" to students and adults during their week of attendance.

____ I would like to be an Adult Chaperone.

____ I would like to learn more about participating as an Adult Chaperone.

____ I would like to be a Host Family to an Adult Chaperone and his/her family. I understand that this will require "helps" such as preparing meals and babysitting.

____ I will help to transport our students to, and from, the school and the program site.

____ I can help with babysitting the children of an Adult Chaperone, or Additional Visiting Adult.

____ I would like to pay for a student to attend the Wolf Creek Outdoor Schools Program.

Name: _____ Phone: _____

Email: _____

Address: _____

Please return this completed form to:

Letter #1 for Students

Dear

Our school’s trip to Wolf Creek Outdoor Schools will begin this coming week. We are all looking forward to an exciting and educational week. Use this form as a “check-off” list to make sure that you will have everything that you will need.

Required Items:

- ___ Sleeping Bag
- ___ Pillow with pillow sheet
- ___ Towel (at least one/no more than two)
- ___ Jacket or Sweater (seasonally appropriate)
- ___ 1 pair of Sturdy Shoes and 1 pair of Comfortable Shoes (two pair)
- ___ Flashlight
- ___ Something to write with (a pencil/good idea to bring an extra one)
- ___ A change of clothes for each day, plus one. Extra socks are a good idea.
- ___ Toiletry items: toothpaste, toothbrush, soap, shampoo, and a washcloth)

Recommended Items:

- ___ Camera
- ___ Sun screen
- ___ Insect Repellant

Seasonal Items:

Early Spring

- ___ Rain gear
- ___ Long pants
- ___ Jacket or Sweater/Sweat Shirt
- ___ Boots
- ___ Clothes that can get dirty

Late Spring

- ___ Short sleeved shirt
- ___ Short pants
- ___ Swim suit if water activities scheduled
- ___ Sandals
- ___ Clothes that can get dirty

Early Fall

- ___ Short sleeved shirt
- ___ Short pants
- ___ Swim suit if water activities scheduled
- ___ Sandals
- ___ Clothes that can get dirty

Late Fall

- ___ Rain gear
- ___ Long pants
- ___ Jacket or Sweater/Sweat Shirt
- ___ Boots
- ___ Clothes that can get dirty

DO NOT BRING CELL PHONES, ELECTRONIC GAMES, OR OTHER ELECTRONIC DEVICES

Be at the school between _____ and _____ am to check-in. You will be returning to the school, at the conclusion of our program, by _____ pm on _____.

If you have any last minute questions, please call: _____ at: (____) _____.

See you next week!!

Letter #2 for Adults

Dear

Our school's trip to Wolf Creek Outdoor Schools will begin this coming week. We are all looking forward to an exciting and educational week. Use this form as a "check-off" list to make sure that you will have everything that you will need.

Required Items:

- Sleeping Bag
- Pillow with pillow sheet
- Towel (at least one/no more than two)
- Jacket or Sweater (seasonally appropriate)
- 1 pair of Sturdy Shoes and 1 pair of Comfortable Shoes (two pair)
- Flashlight
- Something to write with (a pencil or pen)
- A change of clothes for each day, plus one. Extra socks are a good idea.
- Toiletry items: toothpaste, toothbrush, soap, shampoo, and a washcloth)

Recommended Items:

- Camera
- Sun screen
- Insect Repellant
- Laptop for use during non-student-supervision hours only (optional)

Seasonal Items:

Early Spring

- Rain gear
- Long pants
- Jacket or Sweater/Sweat Shirt
- Boots
- Clothes that can get dirty

Late Spring

- Short sleeved shirt
- Short pants
- Swim suit if water activities scheduled
- Sandals
- Clothes that can get dirty

Early Fall

- Short sleeved shirt
- Short pants
- Swim suit if water activities scheduled
- Sandals
- Clothes that can get dirty

Late Fall

- Rain gear
- Long pants
- Jacket or Sweater/Sweat Shirt
- Boots
- Clothes that can get dirty

Be at the school by _____ am, on _____ . We will leave at _____ sharp!

We will be returning to the school by _____ pm, on _____ .

Remember that your Host Family supporting you. If you have any special requests, or concerns, please call: _____ at: (_____) _____ .

If you have any last minute questions, please call: _____ at: (_____) _____ .

Thank you for giving of your time for these students

See you next week!!

Letter #3 for Host Family

Dear

Thank you for your willingness to host: _____

Now, is not too soon to begin encouraging for him/her. Specific areas of encouragement are for:

- Physical strength,
- Insight into the emotional and spiritual needs of the students,
- Discernment in discipline issues, and
- For opportunities to impact individual students through "teachable moments".

If you have the time, please send a card of encouragement to your Chaperone during the week. It is very exciting to receive mail during the week. The mailing address is:

Northern California

Chaperone's Name/Name of School
c/o Wolf Creek Outdoor Schools
Camp Del Oro
20864 Rector Road
Nevada City, CA 95959

Southern California

Chaperone's Name/Name of School
c/o Wolf Creek Outdoor Schools
Thousand Pines Camp
359 Thousand Pines Road
Crestline, CA 92325

Please try to think of "helps" that may be of special encouragement to your Chaperone. Suggestions include:

- Providing ready-to-eat meals for the family,
- Sack lunches for the Chaperone's at-home children, and
- Babysitting (a sleepover might be a good way to include several "helps" in one).

Thank you for serving your school, your students, and other parents in this way. Your help is a big part of what makes this special program so successful.

With thanks,

Wolf Creek Outdoor Schools Transportation Roster

School _____ Phone _____

Coordinator _____ Cell Phone _____

Vehicle _____ Driver _____ Cell Phone _____

Please make sure that you have the right number of students and the right number of students in your vehicle. Please try to have female student gear and male student gear in separate vehicles, if possible. Please fill in the names of your students below, and conduct a ROLL CALL before departing the school for the program site. It is important to make sure that you do not have a student in your vehicle that is not on your roster. The Wolf Creek Outdoor Schools contact numbers are as follows:

Camp Del Oro - (530) 264-4701
Thousand Pines Camp – (909) 338-2705

Wolf Creek Outdoor Schools – (530) 575-8988
Executive Director Charles Welch - (530) 205-7552

Date and Time leaving school: _____

Date and Time leaving program: _____

Student Names:

1) _____

2) _____

3) _____

4) _____

5) _____

7) _____

8) _____

9) _____

Please check with the students on your roster to make sure that each student has submitted the proper Student Registration Form to the Coordinating Teacher before departing the school grounds.

Please check with the students on your roster to ensure that each student knows where their clothing and other belongings are prior to departure from the program facility. It is always a good idea to double check, before departing, that personal items have not been left behind.

VISITING ADULT Registration Form: Wolf Creek Outdoor Schools (WCOS) Program

Sponsoring School _____ Program Dates _____

Full Name _____ M/F _____

Birthdate _____ Home Phone _____ Cell Phone _____

Address _____

Email address _____

In case of emergency please notify:

Name _____ Phone _____ Relationship _____

HEALTH HISTORY

Check if you are subject to any of the following:

Allergies _____ (specify) _____ asthma _____ fainting/convulsions _____

heart condition _____ severe reaction to bee stings _____ diabetes _____

Other conditions or allergic reactions: _____

Immunizations: Tetanus _____ Polio _____ Measles _____ Mumps _____ Rubella _____

Any current conditions requiring medication? Yes ___ No ___ If Yes please explain _____

Any activity restrictions for medical reasons? Yes ___ No ___ If Yes please explain _____

Please give further information on any items checked above:

Do you carry health insurance? Yes ___ No ___ Carrier _____ ID# _____

Family Doctor _____ Phone _____

Family Dentist _____ Phone _____

To make any additional comments please check here _____ and continue on the back of this page.

Medical Release: This health history is correct as far as I know, and the person herein described has permission to engage in all prescribed outdoor education/camp classes and activities except as noted. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by my school's WCOS Program on-site Coordinating Teacher, and/or the medical facility medical staff, to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for the person named above. I understand that High Sierra Outdoor Institute dba Wolf Creek Outdoor Schools does not provide medical insurance or reimbursement for medical fees or prescriptions and that I am solely responsible for any and all such fees and the charges arising from illness or accident that may occur. This completed form may be photocopied for transportation records.

Photograph Release: I understand that photographs capturing the image of the person herein described may be printed in future High Sierra Outdoor Institute (HSOI) and/or, Wolf Creek Outdoor Schools (WCOS) publications.

Liability Release: The undersigned, for himself or herself and personal representatives, assigns, heirs, and next of kin (herein referred to as releasors), hereby releases, waives, discharges and covenants not to sue High Sierra Outdoor Institute dba Wolf Creek Outdoor Schools, its agents, servants, and employees (herein referred to as releasees) from all liability to the releasors for all loss or damage and any claim demands on account of injury to the person or property or resulting death of the releasors, whether caused by the negligence of the releasees or otherwise while participating in activities associated with outdoor education/camp classes and activities to the fullest extent of the law. The undersigned is fully aware of the inherent hazards and hereby elects to participate voluntarily and assume all risks of loss, damage, or injury that may be sustained by him or her.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THIS MEDICAL RELEASE AND WAIVER OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

Signature _____ Date _____

Print Name: _____

STUDENT Registration Form: Wolf Creek Outdoor Schools (WCOS) Program

Sponsoring School _____ Program Dates _____

Full Name _____ M/F _____

Birthdate _____ Home Phone _____ Cell Phone _____

Address _____

Email address _____

If Parents cannot be contacted and in case of emergency please notify:

Name _____ Phone _____ Relationship _____

HEALTH HISTORY

Check if you are subject to any of the following:

Allergies _____ (specify) _____ asthma _____ fainting/convulsions _____

heart condition _____ severe reaction to bee stings _____ diabetes _____

Other conditions or allergic reactions: _____

Immunizations: Tetanus _____ Polio _____ Measles _____ Mumps _____ Rubella _____

Any current conditions requiring medication? Yes _____ No _____ If Yes please explain _____

Any activity restrictions for medical reasons? Yes _____ No _____ If Yes please explain _____

Please give further information on any items checked above: _____

Do you carry health insurance? Yes _____ No _____ Carrier _____ ID# _____

Family Doctor _____ Phone _____

Family Dentist _____ Phone _____

To make any additional comments please check here _____ and continue on the back of _____

Medical Release: This health history is correct as far as I know, and the person herein described has permission to engage in all prescribed outdoor education/camp classes and activities except as noted. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by my school's WCOS Program on-site Coordinating Teacher, and/or the medical facility medical staff, to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for the person named above. I understand that High Sierra Outdoor Institute dba Wolf Creek Outdoor Schools does not provide medical insurance or reimbursement for medical fees or prescriptions and that I am solely responsible for any and all such fees and the charges arising from illness or accident that may occur. This completed form may be photocopied for transportation records.

Photograph Release: I understand that photographs capturing the image of the person herein described may be printed in future High Sierra Outdoor Institute (HSOI) and/or, Wolf Creek Outdoor Schools (WCOS) publications.

Liability Release: The undersigned, for himself or herself and personal representatives, assigns, heirs, and next of kin (herein referred to as releasors), hereby releases, waives, discharges and covenants not to sue High Sierra Outdoor Institute dba Wolf Creek Outdoor Schools, its agents, servants, and employees (herein referred to as releasees) from all liability to the releasors for all loss or damage and any claim demands on account of injury to the person or property or resulting death of the releasors, whether caused by the negligence of the releasees or otherwise while participating in activities associated with outdoor education/camp classes and activities to the fullest extent of the law. The undersigned is fully aware of the inherent hazards and hereby elects to participate voluntarily and assume all risks of loss, damage, or injury that may be sustained by him or her.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THIS MEDICAL RELEASE AND WAIVER OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

Signature _____ Date _____

Print Name: _____

ATTENDANCE FAX SHEET

Name of School _____

Name of School Coordinator _____

School Phone _____ Coordinator Cell _____

Program Dates: _____ to _____

Please plan arrival by 10 am on the first day and departure by 1 pm on the final day

PLEASE COMPLETE and FAX to (530) 478-0281 - 14 DAYS prior to arrival

Total number of students attending: _____ Grade Levels: _____

Total number of BOYS: _____ Total number of GIRLS: _____

Total number of Adults: _____ Total number of Chaperones: _____

Total number of Classroom Teachers: _____

Total number of Additional Adults: _____

We will be arriving by _____ (bus or private vehicles)

**Special dietary requests: _____
(options may include vegetarian menu or special allergy concerns)**

**Additional information regarding menu request: _____

_____**

**Additional requests: _____

_____**

**ALL REQUESTS MUST BE PRE-APPROVED TWO WEEKS PRIOR TO
YOUR ARRIVAL**