

Wonder Valley Ranch Resort

Personal Equipment List

Clothing list is for three (3) days, two (2) nights
Weather forecast will be 100 degrees during the day and 71 degrees at night.

Clothing

- _____ 2 pairs cotton pants, i.e. jeans or khakis (well washed)
- _____ 2-3 pairs of shorts (preferably cotton)
- _____ 3 cotton t- shirts (***NO tank tops or sleeveless tops will be allowed, do not bring them***)
- _____ 3 sets of underwear
- _____ 3 pairs socks (cotton or wool)
- _____ 1 pair of boots or closed-toe shoes with smooth sole and at least a half-inch heel for horseback
- _____ 2 pairs of closed toed shoes (**no sandals**)
- _____ Shower shoes
- _____ 1 warm jacket with hood (or warm cap) or several sweaters to layer
- _____ 1 brimmed hat for sunshade
- _____ 2 set of warm pajamas or sweat shirt & pants
- _____ 1 -2 plastic bags for dirty clothes
- _____ 1 swimming suit and a set of light weight over-clothes
- _____ 1 beach towel
- _____ 1 pair of closed toed water shoes or old tennis shoes

Note: Clothing must be worn over the top of the swim suit (a t-shirt and shorts are appropriate) please send your daughter with light weight shorts that will dry quickly for this activity. Even though we are going to be in the water, sandals are still not appropriate for this event.

Personal Items

- _____ Ponytail holder(s) if hair is long
- _____ Toothbrush and toothpaste
- _____ Soap
- _____ Shampoo/conditioner
- _____ Towel & wash cloth
- _____ Comb or brush
- _____ Deodorant (non-aerosol)
- _____ Tissue
- _____ Lip Balm
- _____ Insect repellent
- _____ Sunscreen
- _____ Flashlight
- _____ Bandana
- _____ Sit upon (optional)
- _____ Feminine hygiene products
- _____ *Medication/s (if applicable)

Sleeping Items

- _____ Pillow (optional)
- _____ Small stuffed animal

Note: A mattress and/or bed will be available for all campers with sheets and blankets.

Other Items (Items with a * are required)

- _____ Glasses case for night storage
- _____ **Refillable water bottle with strap***
- _____ Disposable camera (optional)

- **Label everything** with your first and last name
- Pack sets of clothing by rolling them or placing in plastic bags to insure they stay clean & dry and to make it easier to get dressed.
- Place clean underwear and socks with pajamas to be worn overnight and next day. Each night fresh underwear and socks are to be worn for next day. *This will ensure the girls sleep warmer at night.*
- Remember the **layered look** is the proper camp style for warmth and to accommodate weather changes.
- *Any **medications** must be given to the camp nurse with full written instructions concerning their use.
- **Shoes and socks must be worn by everyone – including adults. No sandals! Shoes must have enclosed toes and back of the foot straps! Tank tops or sleeveless shirts are not allowed at anytime!**

Directions To Wonder Valley Ranch Resort

6450 Elwood Road, Sanger, California, 93657

With a Central California location just 30 minutes east of Fresno in the Sierra Nevada foothills, Wonder Valley Ranch Resort and Conference Center is about four hours away from both Los Angeles and San Francisco. You could not ask for a more central location for a business conference, wedding, or vacation getaway.

Please note: The major online mapping sites do not give accurate driving directions to Wonder Valley Ranch Resort and Conference Center. Please use the directions shown below. If you prefer to use your own GPS device, the street address is 6450 Elwood Road, Sanger, California, 93657.

FROM FRESNO/CLOVIS: From Fwy 41 north or south, take the Fwy 180 (Kings Canyon) exit. Drive EAST through Fresno until the 180 Fwy turns into a two lane highway (Kings Canyon Rd.) near Temperance Avenue. Drive EAST on Kings Canyon Rd. past the Academy Avenue intersection (controlled by a stop-light). Continue on Kings Canyon Rd. approximately 7 miles, and just after crossing the Kings River bridge, turn LEFT on Piedra Rd. Travel approximately 8 miles and turn RIGHT on Elwood Rd. Follow Elwood 5 miles and Wonder Valley Ranch Resort will be on your left.

FROM NORTHERN CALIFORNIA/BAY AREA: From the north, take Fwy 99 south to the Fwy 180 (Kings Canyon) exit. Drive EAST through Fresno until the 180 Fwy turns into a two lane highway (Kings Canyon Rd.) near Temperance Avenue. Drive EAST on Kings Canyon Rd. past the Academy Avenue intersection (controlled by a stop-light). Continue on Kings Canyon Rd. approximately 7 miles, and just after crossing the Kings River bridge, turn LEFT on Piedra Rd. Travel approximately 8 miles and turn RIGHT on Elwood Rd. Follow Elwood 5 miles and Wonder Valley Ranch Resort will be on your left.

FROM SOUTHERN CALIFORNIA: Take Freeway 99 north to Manning Ave. Go RIGHT (east) on Manning 5 3/4 miles to Academy Ave. Go LEFT on Academy 9 miles through Sanger to Hwy 180/Kings Canyon Rd. Turn RIGHT on Kings Canyon and drive 5 miles to Piedra Rd. Turn LEFT on Piedra and go 5 miles. Turn RIGHT on Elwood Rd. Follow Elwood 5 miles and Wonder Valley Ranch Resort will be on your left.



CAMPER EXPECTATION FORM GIRL SCOUT CAMP

Camp Name: _____ Dates _____

Camper First and Last Name (print) _____

All of our camp rules, policies and safety regulations are in place to protect the safety and well-being of our campers. Please take a moment to review these behavior expectations. If you have any questions, please feel free to contact Customer Care at (800) 490-8653 or email customercare@girlscoutsccs.org.

- At all times, campers will be respectful to themselves and others.
- At all times, campers will be respectful to others' personal property.
- At all times, campers will be respectful of all camp property and equipment.
- Campers are to be sensitive to the needs of each campers.
- Campers are to dress appropriately, including wearing closed-toe shoes.
- Campers are to follow the camp itinerary and be on time for activities and meals.
- Campers are assigned to various bunks, cabins and patrols; and may/may not be assigned with their own troop, service unit or relative camper.
- Campers are required to participate in all camp safety discussions, emergency drills, meals, unit and all-camp "kapers". A "kaper" is a job or chore that must be done.
- Campers are to encourage to challenge themselves but campers will always have a choice in their level of participation. During their camp session, campers will have the opportunity to participate in a variety of program activities (i.e., arts and crafts, nature, archery, swimming, canoeing, mountain bicycling, horseback riding, etc.).
- Campers are to follow all Girl Scout Safety Activity Checkpoints and GSCCS Policies & Procedures.
- Campers are strictly prohibited from bringing electronic devices such as portable televisions, iPods, CD players, e-readers, handheld video games etc., personal sports equipment and weapons (any/all firearms, and switchblade/spring loaded knife).
- Campers are strictly prohibited from the use of alcohol, non-prescribed drugs and tobacco.

If a camper should have difficulty with these expectations to the extent that the camp environment is no longer safe for her, other campers or the staff, she will be sent home. It is the responsibility of the parent/guardian (or emergency contact, if parent/guardians cannot be reached) to pick-up the camper from camp.

I agree to abide by these expectations, prohibitions and to have a great experience at camp.

Media Permission: Participating in Girl Scout activities, I give consent to be interviewed, photographed, videotaped, or electronically imaged for the purposes of promotional materials, news releases or other published formats for either the local Girl Scout council or Girl Scouts of the USA. The images will be the sole property of the local Girl Scout council or Girl Scouts of the USA I hereby release and hold harmless the local Girl Scout council and Girl Scouts of the USA from any claim arising from the use of these images.

I wish to OPT OUT

Camper Signature Date _____

Parent/Guardian Signature _____ Date _____

CONSENT TO PROVIDE MEDICATION TO A MINOR

Name of event _____ Date(s) of event _____

Name of minor _____

1. **My child IS ALLERGIC to the following medications:**

2. **Medications Brought From Home To Be Given At The Event** – My child takes the medications listed below on a regular basis (include such things as allergy and menstrual cramp relief medications). **If a prescription does not have your child’s name as the designated patient, we cannot administer the medication.**

Medication	Prescription	Non-Pres.	Dosage	Possible Side Effects
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. **Over The Counter Medications** – My child has my permission to take the medications indicated below as deemed necessary by the event first aider/health supervisor.

<u>Name of Medication</u>	<u>Purpose</u>
_____ Acetaminophen	To reduce pain or fever (i.e. Tylenol)
_____ Ibuprofen	An anti-inflammatory for swelling or fever (i.e. Advil, Motrin)
_____ Throat Lozenges	To soothe a sore throat
_____ Antibiotic Ointment	To prevent minor skin infections from cuts, scraps or burns
_____ Eye Rinse	To clean, refresh or sooth eye from discomfort and debris
_____ Calamine Lotion	To soothe insect bites from itching, burning, stinging
_____ Antacid Tablets	Provide relief from upset stomach (heartburn, stomach acid)
_____ Bismuth	Provide relief from nausea, diarrhea, and bloating
_____ Hydrocortisone Cream	To reduce redness, swelling, itching from variety skin conditions
_____ Hydrogen Peroxide	To prevent infections of minor cuts, scrapes and burns
_____ Lip Balm	To soothe chapped, cracked, dry and sunburned lips

*****ALL medications will be dispensed by the event first aider/health supervisor*****

No medication will be dispensed without parent/guardian signature

Signature of Parent/Guardian _____ Date _____

Print Full Name _____ Relationship _____

YEARLY GIRL/ADULT HEALTH HISTORY FORM

Name _____ Age (If minor) _____

Address _____ City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____

Are there any physical limitations that should be known? _____

History of any of the following illnesses or allergies. Check all that apply.

- | | | | | |
|--|---|--|---|---|
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Fainting | <input type="checkbox"/> Nose Bleeds | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Bed Wetting | <input type="checkbox"/> Constipation | <input type="checkbox"/> Motion Sickness | <input type="checkbox"/> Menstrual Cramps | <input type="checkbox"/> Kidney Trouble |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Sinus Infections | <input type="checkbox"/> Sleep Disturbances | <input type="checkbox"/> Emotional Disturbances | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Hearing Impairments | <input type="checkbox"/> Plant Allergies* | <input type="checkbox"/> Medication Allergies* | <input type="checkbox"/> Food Allergies* | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Insect Bites Allergies* | <input type="checkbox"/> Special Diet | <input type="checkbox"/> Other, please lists* | | |

*Specify and indicate how to treat reaction _____

Immunization History	Year Series Completed	Year of Last Booster
COVID-19	_____	_____
D.T.P.	_____	_____
Diphtheria		
Pertussis (whooping cough)		
Tetanus		
Td	_____	_____
Measles	_____	_____
Mumps	_____	_____
Rubella	_____	_____
Oral Polio	_____	_____
Hib	_____	_____
Tuberculin test (most recent)		(Result) _____
Date of last tetanus injection _____	Date of Last Medical Examination _____	

Any medication taken to camp or on troop events must be checked with the nurse or first aider and all instructions fully explained and signed by parents. NO medications can be given without written permission from parent or guardian.

_____ Yes, Medication is required, and I have provided a "Consent to Provide Medication to a Minor" form

_____ No, medication IS NOT required

I wear the following: _____ glasses _____ contact lenses _____ braces _____ head gear _____ retainer _____ dentures

Nearest relative contact in case of an emergency _____

Address _____ Relationship _____ Phone _____

Emergency contact, if nearest relative is not available _____

Address _____ Relationship _____ Phone _____

Name of Physician or Clinic _____ Phone _____

Personal Medical Insurance _____ Policy _____

If an emergency should arise which requires immediate medical attention, and I/guardians are unable to give my consent or my nearest relative cannot be contacted, you are authorized to initiate whatever steps are needed to protect my/my child's health.

Signed _____ Date _____

The Girl Scouts of Central California South carries group accident insurance with Mutual of Omaha for all registered girls and adults.

Wonder Valley Ranch Resort & Conference Center

Wonder Valley Family Camp / Wonder Valley Stables / Western Camps, Inc.

HORSE WAIVER/AGREEMENT OF RELEASE WAIVER OF LIABILITY AND INDEMNITY

I, _____
(Print name of rider)

of _____
(Address, with City, State and Zip Code)

Agree that I voluntarily applied for the rental of a horse with riding equipment from Western Camps, Inc. and Wonder Valley Family Camp and/or Wonder Valley Stables for recreational/sports riding.

(Initial each item)

1. _____ I AM AWARE THAT HORSEBACK RIDING IS A HAZARDOUS ACTIVITY, and I am VOLUNTARILY PARTICIPATING in this activity with the knowledge of the danger involved which include, but are not limited to, the unanticipated behavior of the horse such as the horse becoming frightened and suddenly galloping, the horse becoming spooked or frightened resulting in the horse galloping, the horse tripping, the horse may bite or change pace unexpectedly, the equipment loosening, the trail conditions may vary unexpectedly, and any other unforeseeable events which may result in injury to me.
2. _____ In consideration of my being permitted to rent a horse with riding equipment to participate in the activity of horseback riding, I AGREE THAT I, MY HEIRS, DISTRIBUTEES, GUARDIANS AND LEGAL REPRESENTATIVES WILL NOT SUE, MAKE A CLAIM, ATTACH THE PROPERTY OF, OR PROSECUTE Western Camps, Inc./Wonder Valley Family Camp/Wonder Valley Stables for any bodily injury, disability, or death resulting from said activity.
3. _____ I HEREBY AGREE TO RELEASE AND DISCHARGE Western Camps, Inc./Wonder Valley Family Camp/Wonder Valley Stables from ALL ACTIONS, CLAIMS OR DEMANDS as a result of my rental of a horse with riding equipment, and participation in the activity of horseback riding that I, my heirs, distributees, guardians, and legal representatives now have or may hereafter have.
4. _____ I AGREE TO INDEMNIFY, SAVE AND HOLD HARMLESS Western Camps, Inc./Wonder Valley Family Camp/Wonder Valley Stables while renting a horse with riding equipment participating in the activity of horseback riding.
5. _____ I AGREE THAT THIS RELEASE, WAIVER AND INDEMNITY AGREEMENT IS INTENDED TO BE BROAD AND INCLUSIVE and that if any portion is held invalid by the laws of the State of California, it is agreed that the balance of the agreement shall continue in force.
6. _____ I AGREE TO ACCEPT FULL RESPONSIBILITY AND RISK FOR ANY INJURY, DISABILITY OR DEATH from the rental of a horse with riding equipment and participating in the activity of horseback riding.
7. _____ I HEREBY ACKNOWLEDGE that for my safety I must abide by the age and weight requirements and I am over the **age requirement of 7 years old** and **under the weight limit of 230 lbs**. Closed toe shoes and long pants are also required.

I HAVE CAREFULLY READ THIS AGREEMENT OF RELEASE/WAIVER OF LIABILITY AND INDEMNITY, AND FULLY UNDERSTAND ITS CONTENTS. IN SIGNING THE RELEASE/WAIVER OF LIABILITY, I VOLUNTARILY ASSUME ALL RISKS KNOWN AND UNKNOWN, INJURIES, HOWEVER CAUSED, EVEN IF CAUSED IN WHOLE OR IN PART BY THE ACTION, INACTION, OR NEGLIGENCE OF THE RELEASED PARTIES TO THE FULLEST EXTENT ALLOWED BY LAW. I AM SIGNING THIS AGREEMENT OF RELEASE/WAIVER OF LIABILITY AND INDEMNITY AGREEMENT OF MY OWN FREE WILL.

Signature of Rider: _____ Date ____/____/____

Signature of Parent or Guardian: _____ Date ____/____/____

Email Address: _____ Phone: _____

Group name (if applicable): _____

IF THIS RELEASE IS NOT SIGNED IN FRONT OF AN AGENT OR EMPLOYEE OF WONDER VALLEY FAMILY CAMP, THE SIGNATURE OF A WITNESS IS REQUIRED. THE WITNESS MUST BE 18 YEARS OF AGE OR OLDER.

I HEREBY ACKNOWLEDGE THAT I HAVE WITNESSED THE SIGNATURE OF THE ABOVE SIGNED RIDER AND PARENT OR LEGAL GUARDIAN. I ALSO ACKNOWLEDGE THAT I AM AT LEAST 18 YEARS OF AGE.

Signature of Witness: Date ____/____/____

Group: _____ Date: _____



Ropes Course Participation Information Form and Release of Liability

Disclosure

The Wonder Valley Course involves a variety of activities including warm-ups, games, group initiative problems, low and high challenge course elements, and other rigorous physical adventure activities. The level of participation in the Wonder Valley course is entirely voluntary at all times. Safety measures have been designed into the program (highly trained staff, state of the art equipment and strict safety standards) to safeguard all participants against possible injury. As with any program of this type, there is a risk which must be assumed by each participant.

I have read and understand the above. (INITIAL HERE) _____

Participant Information

Certain health/medical information must be known to the instructor(s) conducting the program so that they are prepared to respond appropriately if the need arises. This information will be held in confidence. Please complete the form and return it to Wonder Valley prior to participating in any activities.

1. Name: _____
2. Do you have health/accident insurance? Yes____ No____
3. Do you have limiting physical disabilities, handicaps, or vulnerabilities? Yes____ No____
(If yes, identify and explain) _____
4. Are you currently taking medication (prescribed or otherwise)? Yes____ No____
(If yes, state what you are taking and condition it is for) _____
5. Do you have any allergic reactions to medications, any other medical limitations? Yes____ No____
(If yes, identify and explain) _____

Release of Liability

I understand that parts of the Wonder Valley Program may be physically or emotionally demanding. I affirm my health is good and that I am not under a physician's care for any undisclosed condition that may endanger my health or that of other participants. I recognize the inherent risk of injury that could result from any of these activities. I release Wonder Valley and its staff members from all liability for any injury to me from participation in the Wonder Valley Program. I have read and understand the above. (INITIAL HERE) _____

Medical Permission Agreement

I hereby give Wonder Valley permission to assume responsibility for securing necessary medical care for the well-being of _____ as long as she/he is a participant in the Wonder Valley Program. In case of sudden medical emergency, I give Wonder Valley permission to secure any needed medical or surgical care. I understand that Wonder Valley is not responsible for any medical expense incurred.

Participant's Signature (if at least 13 years old)	Participants Age	Date	
Home/Cell Phone Number	Email Address		
Participant's Address	City	State	Zip Code
Parent or Guardian's signature (if under 18 years old)	Print Name	Date	

Do not write below line – Office use only

Responses to Questions #3, 4, and 5 reviewed by _____

Signature	Title	Date
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