

## Letter from the Range Camp Directors

Dear Parents and Guardians,

Thank you for your interest in in the Range and Natural Resources Camp Experience (Range Camp).



This program has been organized by members of the California-Pacific chapter of the Society for Range Management (CalPac SRM) for 35 years now. Our goal is to introduce students to the professional world of plant, animal, and landscape management. To do this we invite experts in scientific disciplines related to wildlife, forestry, rangeland, and plants, as well as experienced professionals who are involved in managing resources of these kinds on a daily basis. We aim to make the camp an interesting and fun experience for the students. Our goal is to send them home with a useful understanding of the great diversity of career opportunities that are available, and the different paths through colleges and universities that can take them there.

The camp is run by a group of volunteers who take our personal time to organize each year's event and serve as primary staff for all or parts of the camp week. We do our best to limit costs to the greatest extent we can without undermining the educational and social experience of the program. The only paid staff are our nurse, two or three counselors, and our camp chef, Marty Deardorf, who, for actual gainful employment, manages Aurora catering (<http://auroracateringbayarea.com/>). A registered nurse will be on-site for all Range Camp activities and all staff who remain overnight during the week of camp are required to undergo a background check.

One of the ways we have tried to limit costs is to associate closely with the University of California Division of Agriculture and Natural Resources (UCANR). Our partnership with UCANR is the reason a substantial part of this application requires completing liability and health release forms. There could also be additional liability waivers depending on which facilities we have lined up this year to take the campers for activities and tours.

For additional information please visit our website or contact the Range Camp staff at [range.camp@gmail.com](mailto:range.camp@gmail.com).

Sincerely,  
Your Range Camp Directors Marc R. Horney and Theresa Becchetti

Range and Natural Resources Camp  
California-Pacific Section  
Society for Range Management  
<http://casrm.rangelands.org/HTML/rangecamps.html>  
[range.camp@gmail.com](mailto:range.camp@gmail.com)



**RANGE AND NATURAL RESOURCES CAMP**  
*California-Pacific Section, Society for Range Management*  
JUNE 16-21, 2019 / Elkus Youth Ranch, Half Moon Bay  
Phone (619) 532-2269 Email [range.camp@gmail.com](mailto:range.camp@gmail.com)  
Mailing Address: Range Camp 4586 Utah St San Diego CA 92116  
<http://casrm.rangelands.org/HTML/rangecamps.html>

**APPLICATION DUE: FRIDAY, APRIL 26, 2019**

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**IN ORDER TO APPLY THE APPLICANT MUST COMPLETE THE FOLLOWING APPLICATION, FORMS, AND SUBMIT CAMP REGISTRATION FEE.**

**AGE REQUIREMENT: To be considered for Range Camp the applicant must be a high school student and have completed the 9<sup>th</sup> grade by the start of camp.** Graduating seniors will not be eligible to attend the High School Youth Forum, in the event they win the Top Camper contest. Priority is given to applicants from California and Hawaii.

**APPLICATION** (*Please print neatly.*)

First and Last Name: \_\_\_\_\_

Gender:  M  F      Date of Birth: \_\_\_\_\_      Nickname: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Address) (City)

State: \_\_\_\_\_ Zip: \_\_\_\_\_ County in CA/HI: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

High School: \_\_\_\_\_ Grade (in spring 2019): \_\_\_\_\_

T-shirt Size:  SMALL  MEDIUM  LARGE  X-LARGE  XX-LARGE

Allergies (including food allergies): \_\_\_\_\_

Special Dietary requirements (vegetarian, health restrictions, etc.): \_\_\_\_\_

Other Special Needs: \_\_\_\_\_

Disclaimer: Camper participation is required during all Range Camp activities. Activities include moderate hiking in grassland or forested areas. Please note any allergies to grass or pollen.



**EMERGENCY POINTS OF CONTACT:**

Provide at least two Points of Contact, each with at least two phone alternatives (i.e., home and cell, work and cell, or home and work) and an email address. You may indicate “same” if phone numbers for the Secondary Point of Contact are the same as the Primary.

Primary Point of Contact

First and Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Numbers:

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Secondary Point of Contact

First and Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Numbers:

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

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**RANGE CAMP REGISTRATION FEE**

The **\$450.00** camp fee must be paid by the application deadline. Applicants can withdraw until May 25<sup>th</sup> 2019 without a penalty. Thereafter, a \$100.00 charge will be retained from the camp fee. *Refunds will not be given for cancellations made after June 8, 2019 or for withdrawals while at camp.* **Those who have received sponsorships may be responsible for reimbursing sponsors in the event of a late cancellation or premature departure from camp.**

\_\_\_\_\_  
Applicant’s Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please check if you have received a sponsorship for Range Camp. If so, please submit the Range Camp Sponsor Form.

Please check if the applicant is looking for financial assistance and needs help finding a sponsor in order to attend camp. If the box is checked, Range Camp Staff will contact you.



**APPLICANT BACKGROUND INFORMATION**

*Please feel free to submit the answers to the following questions in a separate document if there is not enough space below.*

**SCHOOL AND COMMUNITY ACTIVITIES:**

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**PAST & CURRENT RANGELAND AND/OR NATURAL RESOURCE-RELATED ACTIVITIES:**  
(Include hobbies, field-trips, major camping/hiking experiences, ranch or farm work, etc.)

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**WHAT THINGS RELATED TO ENVIRONMENTAL SCIENCE, WILDLIFE MANAGEMENT, LIVESTOCK PRODUCTION, BOTANY/PLANT ECOLOGY, AND OTHER NATURAL RESOURCES AND LAND MANAGEMENT PRACTICES ARE YOU INTERESTED IN LEARNING ABOUT?**

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## **IMPORTANT DATES**

**APRIL 26, 2019 Application Deadline** Camper Applications will be evaluated and accepted based on the information provided in the application. Applications received after the deadline will be evaluated and accepted based on available space. In the event enough applications are received to meet camp capacity a standby list will be created. Contact [range.camp@gmail.com](mailto:range.camp@gmail.com) to learn whether spaces remain.

**MAY 10, 2019 Notification of Acceptance** Range Camp will contact you via email with additional information regarding your application and acceptance. Please be sure to provide accurate email addresses.

**MAY 25, 2019 Applicant Withdraw Date** Applicants can withdraw until this date without a penalty and will be refunded in full. Withdrawals between May 25<sup>th</sup> through June 7<sup>th</sup> will be refunded a portion of the camp fee, \$100 will be retained to cover camp expenses already incurred. *Refunds will not be given for cancellations made after June 8, 2019 or for withdrawals while at camp.*

**JUNE 16, 2019** at 1:00pm Camper Registration/Drop-off

**JUNE 21, 2019** at 10:30am Camper Pick-up

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## **SUBMITTAL INFORMATION**

**APPLICATIONS AND FORMS** can be submitted electronically or hard copy via mail. All forms that are submitted electronically must have proper signatures in order to be accepted.

Electronic Submittal: [range.camp@gmail.com](mailto:range.camp@gmail.com)

Hard Copy Submittal: Cal-Pac Range Camp; 4586 Utah Street; San Diego CA 92116

**PAYMENT:** Please submit payment by the Application Deadline. Checks can be submitted to the above address and should be made payable to: **California Section, Society for Range Management**

Questions? Contact Cece Dahlstrom at (619) 532-2269, [range.camp@gmail.com](mailto:range.camp@gmail.com)

For additional information please visit our website: <http://casrm.rangelands.org/HTML/rangecamps.html>



## **RANGE CAMP SPONSOR**

Many participants in Range Camp receive scholarship support in order to attend. Examples of sponsors would include Resource Conservation Districts (RCD), Cattlemen's Associations, Service Clubs, etc. that have helped the applicant cover the cost of camp.

If you are looking for a sponsor, Range Camp recommends that applicants contact their local RCD office first, in order to see if they would be willing to sponsor a student. Please visit [http://www.carcd.org/rcd\\_directory0.aspx](http://www.carcd.org/rcd_directory0.aspx) in order to find your local RCD office. Some RCD offices have developed specific selection requirements in order to determine who will receive a sponsorship for Range Camp. Please contact your local RCD to find out more information. If you need help determining which RCD office to contact or if you need help finding a different sponsor, please contact Range Camp at [range.camp@gmail.com](mailto:range.camp@gmail.com) or (619)532-2269. Range Camp staff will attempt to match students requesting financial assistance with potential sponsors, but this will require some initiative on the student's part to be effective. The more lead time a student gives to asking for assistance, the better the chances of success.

Range Camp encourages sponsors and campers to establish agreements that indicate the sponsor's expectations of the camper before, during, and after camp (pre- or post-camp meeting with the sponsor etc.). We also suggest that sponsors include in that agreement a determination of who will be financially responsible for camp fees in the case that a camper withdraws from camp after the camp fee refund cutoff date (May 25, 2018). Additionally, some sponsors require that campers make a small presentation about their camp experience to their board members.

## **SPONSOR INFORMATION**

*Once a sponsorship is acquired please provide the following information to Range Camp. If you are unable to easily get the sponsor's signature please have them email [range.camp@gmail.com](mailto:range.camp@gmail.com) in order to confirm sponsorship.*

Sponsor #1: \_\_\_\_\_ Amount of Sponsorship: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Point of Contact (name): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Sponsor Address: \_\_\_\_\_  
(Street address) (City) (State) (Zip)

Sponsor Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Sponsor #2: \_\_\_\_\_ Amount of Sponsorship: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Point of Contact (name): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Sponsor Address: \_\_\_\_\_  
(Street address) (City) (State) (Zip)

Sponsor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor #3: \_\_\_\_\_ Amount of Sponsorship: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Point of Contact (name): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Sponsor Address: \_\_\_\_\_  
(Street address) (City) (State) (Zip)

Sponsor Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**UNIVERSITY OF CALIFORNIA  
Agriculture & Natural Resources**

**Waiver of Liability, Assumption of Risk, and Indemnity Agreement**

**Waiver:** In return for being permitted to participate in the following activity or program (“The Activity”), including any associated use of the premises, facilities, staff, equipment, transportation, and services of the University, I, for myself, heirs, personal representatives, and assigns, **do hereby release, waive, discharge, and promise not to sue** The Regents of the University of California, its directors, officers, employees, and agents (“The University”), from liability **from any and all claims, including the negligence of The University**, resulting in personal injury (including death), accidents or illnesses, and property loss, in connection with my participation in the Activity and any use of University premises and facilities.

**Description of Activity or Program:** California-Pacific Section Range and Natural Resources Camp  
**Date(s):** June 16 – 12, 2019

**Assumption of Risks:** Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injury. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains, to 2) major injuries such as eye injury, joint or bone injuries, heart attacks, and concussions, to 3) catastrophic injuries such as paralysis and death.

**Indemnification and Hold Harmless:** I also agree to indemnify and hold The University harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney’s fees, arising out of my involvement in The Activity, and to reimburse it for any such expenses incurred.

**Severability:** I further agree that this Waiver of Liability, Assumption of Risk, and Indemnity Agreement is intended to be as broad and inclusive as permitted by law, and that if any portion is held invalid the remaining portions will continue to have full legal force and effect.

**Governing Law and Jurisdiction:** This Agreement shall be governed by the laws of the State of California, and any disputes arising out of or in connection with this Agreement shall be under the exclusive jurisdiction of the Courts of the State of California.

**Acknowledgment of Understanding:** I have read this Waiver of Liability, Assumption of Risk, and Indemnity Agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I confirm that I am signing the agreement freely and voluntarily, and **intend my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

\_\_\_\_\_  
Participant Name (print)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

*(If the participant is a minor)*

I, the parent/legal guardian of the Participant, hereby agree to the above on behalf of the Participant.

\_\_\_\_\_  
Parent/Guardian Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





**Youth Treatment Authorization Form - Print all information clearly.**

(THIS PAGE MUST BE SUBMITTED WITH APPLICATION AND WILL BE RETAINED BY CAMP STAFF)

This Treatment Authorization Form is authorized for all Range and Natural Resources Camp (Range Camp) activities during the dates specified below. (Please Note: This information must be updated annually)

First Name

Last Name

From: **June 16, 2019 to June 21, 2019**

**PARENT(S)/GUARDIAN(S)**

First & Last  
Name

Home/Work/Other  
Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:** (Must be an adult other than Parent/Guardian)

First & Last Name: \_\_\_\_\_ Home/Work/Other Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

While my child is attending or traveling to or from Range Camp, I HEREBY AUTHORIZE THE Range Camp ADULT VOLUNTEER OR STAFF MEMBER, or in his/her absence or disability, any adult accompanying or assisting him/her, TO CONSENT TO THE FOLLOWING MEDICAL TREATMENT FOR SAID MINOR:

Any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code Section 2000 et seq.; or any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered by a dentist licensed under the provisions of the Dental Practices Act, California Business and Professions Code Section 1600 et seq.

This authorization is given pursuant to the provisions of California Family Code Section 6910. This authorization shall remain effective until my child completes his/her activities in this program unless sooner revoked in writing. I understand that as a parent/guardian, I will be responsible for the cost of any service or treatment provided.

**AUTHORIZATION AND CONSENT AND RELEASE**

I hereby certify that my child is in good health and can travel to and participate in all functions of the Range Camp as described above. I am the parent/guardian having legal custody of the youth member named above as stated under California Family Code Section 6550. I understand it is my responsibility to keep the information on this form updated (including Health History) by contacting the County 4-H Office.

\_\_\_\_\_  
Signature of Parent/Guardian

Date

**NON-CONSENT** Range Camp CANNOT accept campers whose parents have signed the NON-CONSENT Statement.

I do not desire to sign this authorization and understand that this will prohibit my child from receiving any non-life threatening medical attention in the event of illness or accident.

\_\_\_\_\_  
Signature of Parent/Guardian

Date

University policy and the State of California Information Practices Act of 1977 require the following information be provided when collecting personal information from you: The information entered on this form is collected under authority of the Smith-Lever Act. Submission of the medical data is voluntary. However, a signature is required on one or the other of the two signature lines above. Failure to provide the medical information and authorization may result in our inability to provide necessary medical treatment. You have the right to review University records containing personal information about you, with certain exceptions as set forth in policy and statute. Copies of University policies pertaining to the collection, use, or release of personal data are available for your examination from the local UCCE County Director or at University of California, Division of Agriculture and Natural Resources, 2801 Second Street, Davis, CA 95618-7774. Only your own records are open to your review.



**Health History Information - Print all information clearly.**

(THIS PAGE MUST BE SUBMITTED WITH APPLICATION AND WILL BE RETAINED BY CAMP STAFF; SHRED AFTER THE PROGRAM YEAR) (please attach extra page if more space is needed)

|            |           |
|------------|-----------|
|            |           |
| First Name | Last Name |

|               |  |  |  |
|---------------|--|--|--|
|               |  |  |  |
| Date of Birth |  |  |  |

Date of last Tetanus Vaccination: \_\_\_\_\_  Not Sure  None

Please check over-the-counter medications that may be administered:

- Tylenol  
  Ibuprofen  
  Cough Syrup  
  Decongestant  
  Dramamine  
  Antacid  
  Polysporin  
 Hydrocortisone  
 Benadryl  
 Other: \_\_\_\_\_

Please identify if this participant has any health conditions that are important for program staff to know in order to maximize participation and ensure safety and well-being:

Or check this box if no information needs to be shared

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Please list all current medications:

| Name of Medication | Dosage | Times Taken |
|--------------------|--------|-------------|
|                    |        |             |
|                    |        |             |
|                    |        |             |

Please identify any allergies including allergies to food, medications, and drug reactions:

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Please include any additional remarks and special instructions to better assist emergency service personnel.

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Please list any additional assistance the youth will need in order to participate in this program or activity.

Note: in some cases, a Doctor's note may be required to confirm the request.

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|  | Yes | No |
|--|-----|----|
| Does the youth have any current emotional or behavioral difficulties that would be helpful for us to know about?             |     |    |
| Are there any ways of responding to the youth's negative moods or feelings that you found to be effective?                   |     |    |
| Would you like to share any significant life or family events that will help us support the youth's current emotional state? |     |    |

Please explain any "Yes" answers on this page.

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**Photograph and Information Release**

I give to the California-Pacific Section, Society for Range Management (CalPac-SRM), Range Camp, The Regents of the University of California (UC), and units, its nominees, agents, and assigns, unlimited permission to copyright and use, publish, and republish for purposes of advertising, public relations, trade, or any other lawful use, information about me and reproduction of my likeness (photographic or otherwise) and my voice, whether or not related to any affiliation with CalPac-SRM or UC, with or without my name. I hereby waive any right that I (and minor) may have to inspect or approve the copy and/or finished product or products that may be used in connection therewith or the use to which it may be applied.

\_\_\_\_\_  
Participant Name (print)                      Date of Birth

\_\_\_\_\_  
Participant Signature                      Date

(If the participant is a minor)  
I, the parent/legal guardian of the Participant, hereby agree to the above on behalf of the Participant.

\_\_\_\_\_  
Parent/Guardian Name (print)                      Signature                      Date