



Camp de Benneville Pines

Fall Work Days: Monday, November 6 - Wednesday, November 8, 2017

Dear Camp Volunteer:

Thank you all for contributing your time to our fall fire clearance tasks! Without your helping hands and dedicated spirits, the camp would not thrive as it does.

Fall is finally here. We have had chilly mornings and nights. For working outside, dress in layers and bring clothes suitable for dirty projects. We ask that everyone in camp wear closed-toe shoes for safety reasons. Please bring a pair of heavy duty work gloves and your favorite rake.

Check-in will be informal on Monday afternoon. You will need to put your completed health form in the box located on the check-in table. **THE HEALTH FORM IS A REQUIREMENT FOR EVERYONE IN CAMP.** Cabin and room assignments will also be posted on the check-in table.

Dinner will be our first meal on Monday. If you would like to arrive earlier in the day, please pack a sack lunch or eat along the way. We will head out to tackle fire clearing tasks on Monday afternoon and seriously get into all of our tasks on Tuesday morning after breakfast. Wednesday lunch will be our last meal together. We will finish up work camp about 2 pm on Wednesday when we bring all the rakes, tools and gloves back to the lodge.

Bring the following items with you to camp:

- Sleeping bag or sheets and blankets and pillow
- Assorted work clothing for a variety of temperatures
- Sweatshirt or jacket for cold/rain jacket
- Sturdy, closed toe shoes
- Water bottle (good idea to write your name on it)
- A favorite beverage to share with others during Tuesday's social hour
- Towel and toiletries
- PJ's and underwear
- Swimsuit for hot tub/flip flops
- Brimmed hat and sunscreen
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- Snow chains **IF** we are expecting rain or snow

TOOLS to bring:

- **Garden rake with your name on it**
- **Work gloves with your name on them**

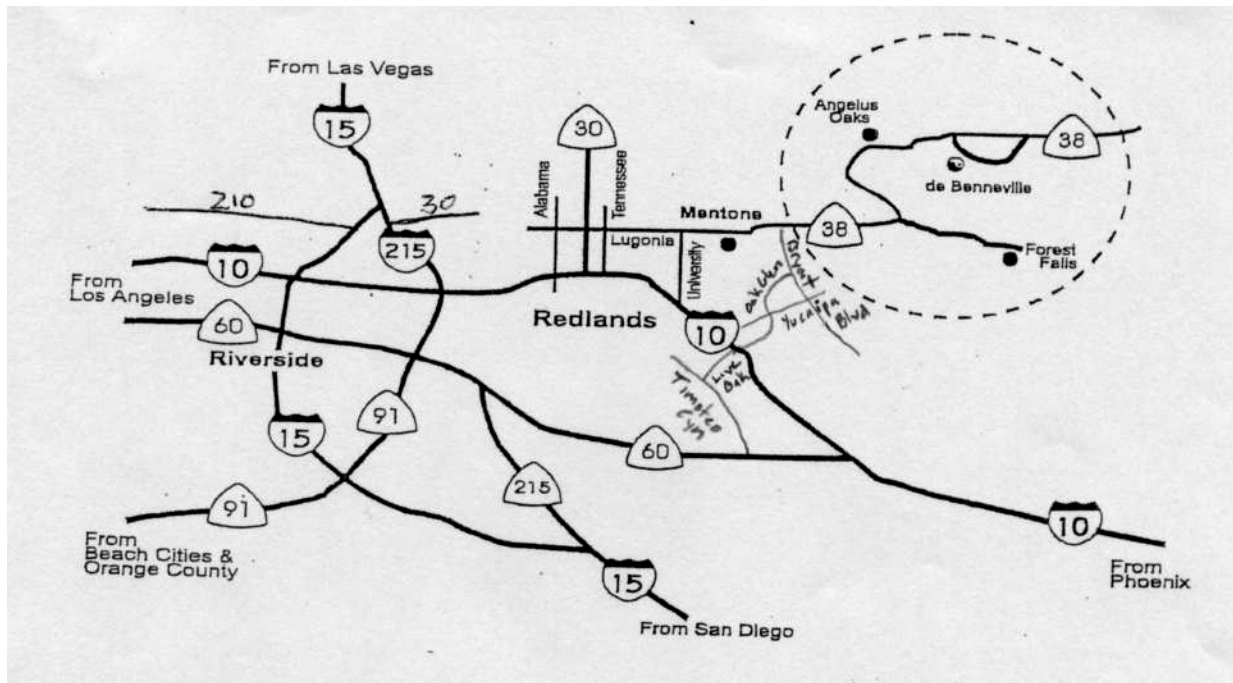
You will find directions to the camp and our required health forms attached. Complete the appropriate health form and bring it with you to camp. **Family Form if you are 2 or more in same family, Adult Form if you are the only adult from your family.**

See you soon. And again, thank you for lending a hand!

Janet James

Janet James
Camp Manager

Cell: 909-435-6298 Email: director@uucamp.org



- Arizona:** Take the I-10 West to Oak Glen/Live Oak Canyon Rd. Turn right on to Oak Glen Rd. Follow the road across Yucaipa Blvd and continue to Bryant St. Turn left and go to Hwy 38. Turn right. Follow the directions below from Hwy 38.
- Orange Co:** Take the 91 Freeway toward Riverside until it becomes the I-215 East toward San Bernardino. Take the I-10 East to Redlands. Follow the instructions below from Redlands.
- Las Vegas:** Take the I-15 South to San Bernardino. Take the 210 (formerly Hwy 30) East to Redlands. Exit at San Bernardino Ave. Go through the light to the next street, Lugonia/Hwy 38. Turn left and follow the directions below from Hwy 38
- San Fernando Valley:** Take the 101 East to the 134 East to the 210 East. In Redlands, exit at San Bernardino Avenue. Go through the light to the next street, Lugonia/Hwy 38. Turn left. Follow the directions below from Hwy 38.
- San Diego:** Take the I-15 North to the I-215 East toward San Bernardino. In Moreno Valley take the 60 East to the Redlands Blvd exit. Turn left and go North on Redlands Blvd until it dead ends at Timoteo Canyon Rd. Turn left and continue approximately 1 mile to Live Oak Canyon Rd. Turn right and continue over the 10 Frwy, where the name changes to Oak Glen Rd. Continue through Yucaipa to Bryant St. Turn left, continue to Hwy 38. Turn right. Follow the directions below from Hwy 38.
- Ventura:** Take the 26 East to the 5 South to the 14 East. Exit for Pear Blossom Hwy/138 East. Go to the I-15 South, taking the 210/30 East to Redlands. Exit at San Bernardino Ave. Go through the light to the next street, Lugonia/Hwy 38. Turn left. Follow the directions below from Hwy 38.
- Redlands:** From I-10, take the University exit. Turn left on University. Turn right on Lugonia/Hwy 38. Follow Hwy 38 toward Big Bear, up into the mountains. At the road to Forest Falls, bear to the left, continuing on Hwy 38. At the top of the hill, pass through the town of Angelus Oaks and continue another 5 miles. Turn right on West Jenks Lake Road. The sign for Camp de Benneville Pines will be on the right approximately 1 mile up. (If you see the sign for Seven Oaks on Hwy 38, you have missed the turn. Go back to West Jenks Lake Road.)

Winter Travel to Camp

When you have to drive on unfamiliar mountain roads during the winter, there are important things every driver should know. Before beginning a trip to camp please review the following suggestions offered by CalTrans and the California Highway Patrol to help promote safe winter travel:

When planning a trip – Before you leave you should know where you are going. Check on the road conditions. Plan your route. Make sure your car is winterized. Buy or rent the correct sized chains to fit your vehicle. Check antifreeze for colder temperatures, brakes, windshield wipers, defroster heater and exhaust system. Make sure your tires have good tread for added traction on icy roads.

Emergency items – Consider carrying the following items in your vehicle: flashlight with good batteries, deicer or ice scraper, gloves, and old jacket should you need to be on the ground installing chains, a plastic garbage bag to kneel on, a small broom to brush snow from your car, a shovel, sand or kitty litter for traction, warm blanket, thermos with hot beverage and a few candy or snack bars.

Driving tips – Be especially observant of road conditions. Watch out for snow removal equipment, and never attempt to pass snowplows in the unplowed lanes. Safe speeds on dry roads can be deadly on icy and snowy roads. Adjust your speed to match conditions. Observe speed limits. Chain control speed limit is 25 MPH except where posted. Highway 38 from Angelus Oaks to camp can be very icy. Much of the highway is shaded in the late afternoon, so ice can form on the road before nightfall. Allow plenty of drive time. Keep your gas tank full in case you experience delays or need to make unexpected detours. When stopping on winter roads, never apply brakes suddenly. Pump them gently to avoid locking the wheels. Use a lower gear if possible to slow down. Leave plenty of stopping room between you and the car in front of you. Always make sure everyone in the car has their seat belt buckled.

Chains are a fact of life – You must stop and put on chains when highway signs indicate that chains are required. There is about a mile between the “*Chains Required*” sign and the check point where you will be required to stop to install your chains. Failure to install the chains is a citable offense. Conversely, when you are removing your chains, drive beyond the “*End Chain Control*” sign to an appropriate pull-off area. Try to install chains on a flat or level surface.

If you use the services of a chain installer, make sure you get a receipt and then write the installer’s badge number on it. Chain installers are independent business people and are not employed by CalTrans. They set their own rates, which generally run between \$20-\$25 per vehicle. Chain installers are not allowed to sell or rent chains, so be prepared with chains prior to driving up into the mountains. Many stores sell chains (Pep Boys, Wal-mart, Auto Zone, etc.)

It is a good idea to practice installing your chains before leaving home.

Remember: Put chains on front tires for front-wheel drive cars, rear tires for rear-wheel drive cars.

DO NOT ATTEMPT TO ENTER THE CAMP’S DRIVEWAY WITHOUT CHAINS IF THE “Chains Required” SIGN IS POSTED AT THE ENTRANCE. Only four-wheel drive vehicles can make it up the driveway without chains. Do not install chains in the camp’s driveway. Please do not block traffic. **Chain Requirement Code – R2:** Chains required on all vehicles except four-wheel drive vehicles. All two-wheel drive vehicles must install chains. Four-wheel drive vehicles with mud-and-snow tires may proceed as long as they are carrying chains. **R3:** Chains required on ALL vehicles. No exceptions. This is a rare occurrence in the San Bernardino Mountains, but be prepared!

CARRY CHAINS !!!!!

. For current road conditions, call (800) 427-7623 or log on to www.dot.ca.gov/hq/roadinfo/

Camp Phone numbers: OFFICE: (909) 794-2928 LODGE: (909) 794-8712

Manager: (909)435-6298 (cell)

. **Email:** uucamp@aol.com **Website:** www.uucamp.org

Emergency Information Form - for Families attending Camp de Benneville Pines

This form is required to be completed and on file with the Medical Supervisor during camp only. After camp, the form will be shredded. Camp policy does not include retaining medical records for adult or family campers.

Camp Dates

Parent (Primary Insured) at Camp _____ Birthdate _____
Last First Middle

Address _____
Street Address City ST Zip

Second Parent at Camp _____ Birthdate _____
Last First Middle

Child Camper _____ Birthdate _____ Age at camp _____
Last First Middle

Child Camper _____ Birthdate _____ Age at camp _____
Last First Middle

Child Camper _____ Birthdate _____ Age at camp _____
Last First Middle

Please include any additional family members on the back

Cabin

Please be sure to have your health insurance card with you and accessible to the Health Supervisor at camp

Insurance Information Is family covered by medical/hospital insurance? YES / NO
 Carrier/Group _____ ID or Group# _____

Family Physician _____ Phone# _____
 If you have no insurance, please provide Social Security numbers for each family member at camp so that care could be obtained at the County Hospital emergency room

Emergency Contact not at camp: _____ Relationship _____
 Home Phone _____ Cell phone _____ Business phone _____

Restrictions (indicate which family member is affected)
 Does not eat: Red Meat Pork Dairy Products Poultry Seafood Eggs Other (describe) _____
 Explain any restrictions to activity (what cannot be done, what adaptations or limitations are necessary)

Allergies & Illnesses - List all known	Describe reaction and usual management of reaction
_____	_____
_____	_____
_____	_____

Current Medications (OTC & RX) If a family member requires an epi pen available at all times, please bring one to camp

I understand that if a family member or I become injured or ill while at camp, the Health Supervisor is authorized to determine if we require care outside the bounds of what is available in our wilderness setting. Due to de Benneville's isolation and elevation, any camper remaining ill for more than 12 hours may be asked to leave camp and may only return with authorization from a physician. I have been made aware that it may take 45 minutes or more, for paramedics to respond to a 911 emergency call. If road conditions are icy or hazardous, it may take substantially longer.

I hereby give permission for the camp Health Supervisor to provide routine health care and emergency medical treatment, including ordering x-rays or routine tests to myself and my family members listed above. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. I give permission to the retreat organizers or the camp staff to arrange necessary related transportation. In the event of an emergency, I hereby give permission to the physician selected by the retreat organizers or camp staff to secure and administer treatment, including hospitalization to myself or my family members.

I agree to follow the safety rules of the camp and will ensure that my children also follow the rules.

Family Name

Signature of Parent at Camp _____ Date _____

Signature of Second Parent at Camp _____ Date _____

Emergency Information Form – Adults at Camp de Benneville Pines

Name _____ DOB _____

Address _____ City _____ ST _____ Zip _____

Home Phone# _____ Cell Phone# _____

Medical Insurance Company _____ Phone# _____

Policy# _____ Group# _____

Emergency Contact (not at camp)

Name _____ Phone#1 _____

Phone#2 _____ Email/SMS _____

My immunizations are up-to-date YES NO Date of last tetanus shot _____

Known allergies to food, medication and/or anesthetics, environmental factors (use other side for additional information):

Known medical problems/conditions and medical treatment that may be needed at camp (use other side for additional information):

Please list all medications, OTC & RX that you will be taking while at camp (use other side for additional information):

I understand that if I become injured or ill while at camp, the Health Supervisor is authorized to determine if I require care outside the bounds of that available in our wilderness setting. Due to de Benneville's isolation and elevation, any camper remaining ill for more than 12 hours may be asked to leave camp, and may return only with authorization from a physician. I have been made aware that it can take 45 minutes or more for paramedics to respond to a 911 emergency call. If road conditions are icy or hazardous, it can take substantially longer. I agree to follow the safety rules of the camp.

This form is for use by the Health Supervisor during camp only. After camp, it will be shredded. We do not retain medical records for adult campers.

I hereby give permission for the camp first aid person to provide routine health care and emergency medical treatment, including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. I give permission to the retreat organizers or the camp staff to arrange necessary related transportation. In the event of an emergency, I hereby give permission to the physician selected by the retreat organizers or camp staff to secure and administer treatment, including hospitalization.

Signature of Adult Camper/Participant _____ Date _____

Although I understand that my medical information is being requested only so that medical treatment can be provided in case of an emergency, loss of consciousness or inability to make a decision on my own, and that not having this information may make it impossible for the Health Supervisor to provide appropriate medical care, I wish to decline to provide the requested medical information.

Signature of Adult Camper/Participant _____ Date _____