



PSWD Junior High Fall Camp 2017

Camp de Benneville Pines

#LoveYourSelfie

November 17 -19, 2017

Dear Junior High Campers and Families,

My name is Morgan Riddle, and I will be the Dean for this year's Fall Junior High Camp! I've been involved with de Benneville Pines for 17 years. My first camp was when I was in 7th grade and I've been coming back - as a camper, counselor, program staff member, and now Dean - since then! Camp holds a very special place in my heart and I am thrilled to share the weekend with so many people who feel the same way.

The theme for our camp is **#LoveYourSelfie**. We will spend time examining what makes each of us special and how we can continue to build our communities, both at camp and down the mountain. Campers will engage in self-reflection activities, collaborative discussions and projects with peers.

Campers will also have plenty of time to hang out with their fellow campers and participate in some usual camp activities. There will be several workshop opportunities where campers can enjoy arts & crafts, archery, capture the flag, and silent football, among other things. Friday night will be Game Night in the Lodge, where campers can play a variety of board and card games, as well as some fun "Minute to Win It" games. Saturday night will have two activities: Night Crossing and Talent Show. Don't forget to pack some dark clothing for Night Crossing and any instruments or props you want for the Talent Show!

Check in will be from 5:00 PM to 7:00 PM on Friday, November 17th, 2017. Please be sure to bring all completed forms with you at that time. Our first meal together is at 7 PM Friday night so please try to come early enough to get settled in your cabin prior to dinner.

Mid-November in the mountains could mean several things in terms of weather – please pack clothes for all weather! Temperatures will be cooler, especially in the evening, so remember to pack jackets and/or sweatshirts. Items that can be layered are always a good idea! All campers are required to wear closed toed shoes. A packing list, which contains specific items to bring, is included with this letter.

While the theme of camp is **#LoveYourSelfie**, I am encouraging campers to leave their cell phones at home. We will have other means of taking selfies, including a makeshift photo booth in the lodge. If your camper has a camera they would like to bring, they are welcome to do so. Any hats, wigs, or other props to be used in the photo booth are welcome as well!

Please feel free to contact me with any questions prior to our arrival at camp!

Regards,

Morgan Riddle
Ridkin18@gmail.com
(520) 449-3675

Arrival and Departure Times:

Check in will be from 5:00 PM to 7:00 PM on Friday, November 17th, 2017. Please be sure to bring all completed forms with you at that time.

If your camper is riding with another family, be doubly sure that all the forms are completed and that they arrive with your child. No one may remain in camp without all forms completed and signed by his/her parent or guardian.

Please pick up your camper between 11:00 AM and 12:00 PM on Sunday, November 19th, 2017. **Attending the camp closing is an important part of the camp experience. Please do not pull your camper out of the closing. Coffee and restrooms are available at the lodge if you arrive before the closing has finished.** The last meal served will be breakfast on the 19th so please feel free to pack a snack or lunch for your camper to enjoy in the car. There will be no supervision provided after 12:00 PM on the day of departure.

Arranging Transportation:

If your camper needs a ride to camp or you can offer another camper a ride, please send a message explaining your need or the area you can offer a ride to or from to the registrar in the camp office (909) 794-1252 or registrar@uucamp.org. They will be happy to send your request and contact information out via an email message to other campers attending from your area.

Health and Safety:

Enclosed are several forms. **The forms must be filled out completely.** No camper may check in without having **ALL** forms completed and signed by a parent or guardian. Please fill out the appropriate health form. Two choices are included in this packet. **NO EXCEPTIONS.** Campers without completed forms will not be allowed to stay at camp.

de Benneville Pines Camp Policy:

We are dedicated to providing a safe and fun community for youth and staff. Disruptive items and behaviors threaten the peace and safety of the community. We, therefore, have rules that we ask all campers and staff to adhere to. Campers and staff are expected to abide by these rules or they will be sent home. Please review with your camper the “PSWD YoUUth Camp Behavior Policies” included in this packet, then have your camper read and sign the “Youth Code of Conduct Agreement”. Parents need to read and sign the “Parent Accountability Statement”, also enclosed. The guidelines and rules will be reviewed on Friday when campers arrive.

Registration Refund Policy:

Should your camper need to cancel prior to arrival for any reason, the \$75 deposit is non-refundable. If your camper needs to leave camp early for any reason, the full camp fee is non-refundable. In some instances, camp fees may be transferable to a future PSWD YoUUth Camp.

Theft and Missing Articles Policy:

Neither the camp, nor its’ employees will be held financially responsible for any lost or stolen clothing, articles, or money. Please send only used or worn equipment to camp. We encourage campers to leave valuable items and new clothing at home. Should your camper have a tendency to misplace things, please mark their name on all items. Any **Lost & Found** articles are held at camp for four (4) weeks and will be shipped at the owner’s expense. All unclaimed **Lost & Found** items will be donated to local needy families.

Telephone Policy:

Please allow your camper to adjust to camp without phone calls from home. Campers are rarely near a phone and it can be difficult to locate them quickly. Non-emergency calls are highly discouraged. Please do not ask your camper to call home. Unnecessary phone calls can disrupt your camper's emotional state and make him/her homesick. Encourage your camper to write postcards or letters and send them mail from home. If you have an emergency, please call the camp office at 909-794-2928. **Campers are NOT permitted to bring cell phones to camp.**

Camp Store:

The de Benneville Trading Post sells souvenirs, sundries, camp shirts and snacks. It will be open each day after lunch. The store will be open during check-in and check-out for the convenience of parents and campers. Camp t-shirts and sweatshirts can be purchased at that time. Campers will receive a camp photo upon check-out. The cost is included in the registration fee.

If you have any questions or need clarification about the policies and procedures in this packet, please feel free to contact Geoff Anderla, the Camping Ministries Director at pswdcmd@gmail.com or 623-252-5619.

Health History Form & Authorization to Treat for children attending Camp de Benneville Pines

The information on this form is gathered to assist us in identifying care your child may need while at camp. Please provide complete information so that the camp can be aware of your campers needs.

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

Address _____
Street Address City ST Zip

Custodial Parent/Guardian _____ Home phone _____
Cell phone _____ Business phone _____

Will you be out of town while your child is at camp? YES / NO

Additional Parent/Guardian or Emergency Contact (Required) _____

Home Phone _____ Cell phone _____ Business phone _____

If not available in an emergency, notify: _____ Relationship _____

Home Phone _____ Cell phone _____ Business phone _____

Insurance Information Is camper covered by family medical/hospital insurance? YES / NO

If yes, carrier or group name _____ Group# _____

Attach photocopy of front and back of health insurance card to this form

IMPORTANT - These boxes must be complete for attendance *

Parent/Guardian Authorizations: This health history is correct and complete as far as I know. The camper described has permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek 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 camp to arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the child named above. This complete form may be photocopied for trips out of camp.

Signature of parent/guardian _____

Printed name _____ Date _____

I understand and agree to abide by any restrictions placed on my participation in camp activities.

Signature of minor _____ Date _____

** If for religious reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.*

Restrictions (the following restrictions apply to this individual - circle items that apply)

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 - List all known

Describe reaction and usual management of reaction

Medications: _____

Foods: _____

Other: (include insect stings, hay fever, asthma, animal dander, etc.)

If your child requires an epi pen to be close at all times, please be sure to send one to camp

Camp Dates

Cabin

Camper Name

Medications being taken

Please list ALL medications (including over-the-counter or non-prescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle which identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage and the frequency of administration.

Circle one: the camper **takes NO medications** on a routine basis the camper **takes medications** as follows:

Med #1 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med #2 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Attach additional pages for more medications

General Questions (explain "yes" answers below)

1	Had any recent injury, illness or infectious disease?	Y / N	16	Ever had a back problem?	Y / N
2	Have a chronic or recurring illness/condition?	Y / N	17	Ever had problems with joints (e.g. knees, ankles)?	Y / N
3	Ever been hospitalized?	Y / N	18	Have an orthotic appliance being brought to camp?	Y / N
4	Ever had surgery?	Y / N	19	Have any skin problems (e.g. itching, rash, acne)?	Y / N
5	Have frequent headaches?	Y / N	20	Have diabetes?	Y / N
6	Ever had a head injury?	Y / N	21	Have asthma?	Y / N
7	Ever been knocked unconscious?	Y / N	22	Had mononucleosis in the past 12 months?	Y / N
8	Wear glasses, contacts, or protective eyewear?	Y / N	23	Had problems with diarrhea/constipation?	Y / N
9	Ever had frequent ear infections?	Y / N	24	Have problems with sleepwalking?	Y / N
10	Ever passed out during or after exercise?	Y / N	25	If female, have an abnormal menstrual history?	Y / N
11	Ever been dizzy during or after exercise?	Y / N	26	Have a history of bed-wetting?	Y / N
12	Ever had seizures?	Y / N	27	Ever had an eating disorder?	Y / N
13	Ever had chest pain during or after exercise?	Y / N	28	Waived or missed any scheduled immunizations?	Y / N
14	Ever had high blood pressure?	Y / N	29	Ever had emotional difficulties for which professional help was sought?	Y / N
15	Ever been diagnosed with a heart murmur?	Y / N			

Please explain any "yes" answers, noting the number of the questions: _____

Name of family physician _____ Phone _____

Name of family dentist/orthodontist _____ Phone _____

Use this space to provide any additional information you believe the camp staff should be aware of regarding the campers behavior, physical, emotional, or mental health: _____

Authorization to Treat During Transportation/Carpooling to Camp

Permission Form:

My child/ward has permission to travel to and from Camp de Benneville Pines near Angelus Oaks, California. I understand that the camp is not responsible for the safety of my child until my child has been properly checked-in at the time of registration. Furthermore, once my child checks-out of camp on the final day, the camp is no longer responsible for the safety of my child. Unless otherwise contacted by me, my child has permission to carpool to and from camp with the following adults **(please include names of all adults permitted to pick your child up from camp, including parents):**

Name _____ Home Phone _____ Cell Phone _____

Name _____ Home Phone _____ Cell Phone _____

Name _____ Home Phone _____ Cell Phone _____

Name _____ Home Phone _____ Cell Phone _____

Emergency y Authorization to Treat:

I hereby give permission to the medical personnel selected by my child/ward's driver to order x-rays, routine tests and treatment for my child/ward; and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the driver of my child/ward to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child/ward named above. This form may be photocopied. I recognize that neither de Benneville Pines, Inc., nor the Pacific Southwest District of the Unitarian Universalist Association is responsible for persons carpooling to or from camp.

Signature of parent/guardian _____ Date _____

During the times my child will be transported to and from camp, you should be able to reach me:

To Camp - Phone _____ Alternate Phone _____

From Camp - Phone _____ Alternate Phone _____

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 _____ E mail/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.

Option 1

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 _____

Option 2

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 _____

PSWD YoUUtH Camps –Camper Profile 2017

Name of Camper			
Preferred Nickname (if any)		Gender Identity	
Dietary Preference	<i>Vegan</i> <i>Vegetarian</i> <i>Omnivore</i>	Food Allergies/Restrictions (list below)	
Camper's Family Status (check all that apply)		<input type="checkbox"/> Two Parents <input type="checkbox"/> Single Parent <input type="checkbox"/> Other Relative <input type="checkbox"/> Foster Home <input type="checkbox"/> Separated <input type="checkbox"/> Divorced	
The camper lives with:		<input type="checkbox"/> Two Parents <input type="checkbox"/> One Parent <input type="checkbox"/> Other, Please list _____	
Siblings		<input type="checkbox"/> Only Child, # of Brother(s) _____, # of Sister(s) _____	
Primary Parent/Guardian Contact during camp			
Relation to Camper		Best Contact Number(s)	
Parent/Guardian Contact during camp			
Relation to Camper		Best Contact Number(s)	
Has the camper attended overnight youth camp before?		YES NO	# of nights
Is this the camper's first time at Camp de Benneville Pines?		YES NO	Year last camp attended
What UU Congregation does this camper attend?			
Is the camper involved in their youth group? YES NO Other local group/community activities?			
How is the camper feeling about attending this camp?			
Swimming level of camper: please circle one <i>Not Independent</i> <i>Shallow End</i> <i>Deep OK</i>			
Please share some of the camper's main interests:			
Social Skills (please place your camper on the continuum):			
Extremely shy		Dynamic and outgoing	
What fears does this camper have?			
Is the camper afraid of the dark? YES NO <i>SOMETIMES</i>		History of homesickness? YES NO <i>SOMETIMES</i>	
Does the camper have any special needs? (e.g.: IEP or 504 Plan)			
Is there any reason why the camper may need additional supervision?			
Have there been any significant or life-changing circumstances in the camper's life recently or that you would care to share?			
<i>Thank you for sharing this information so that we can best meet the campers needs and provide a safe, happy, and healthy experience.</i>			

PACIFIC SOUTHWEST DISTRICT YOUTH CAMP BEHAVIOR POLICIES

1. All camper housing is in single-sex cabins.
2. Curfew is defined as the time after which all campers are to be in their own cabins. Lights Out for Junior High Youth Camp is 11:00 PM to 7:30 AM.
3. Campers may not leave the campgrounds at any time during camp without the permission and supervision of adult staff. No group smaller than four (4) people may leave the premises for any reason.
4. The water tower, staff housing, interior kitchen, pool pump room, maintenance buildings, propane tanks, sewer plant/leach fields and any construction sites are off limits to all campers. Use of a camp landline and/or wood burning stove requires adult permission and supervision. There is no use of the **First Aid Station** without the supervision of a trained adult staff member.
5. No visitors are allowed during camp. This includes unannounced family members, former campers, and former staff members. Any visits must be pre-arranged and approved by the Dean and/or Camping Ministries Director. All pre-arranged visitors must check-in upon arrival and wear a VISITOR BADGE while in camp.
6. Attendance at workshops, worships and meals is expected.
7. Campers are asked to respect each other and the belongings and privacy of other campers and staff. The campgrounds and camp equipment should be used in the intended manner.
NO PRANKS.
8. Dangerous or disruptive behavior of any kind will not be tolerated; any camper engaging in such will be immediately sent home. This includes the use of rude and abusive language.
9. **Closed toed shoes must be worn when a camper is outdoors.** Open toed shoes are only permitted in showers and at the pool. Campers may walk to and from the pool in open toed shoes yet must carry closed toe shoes with them in case of emergency evacuation, or schedule change.
10. No tree climbing or rock throwing.
11. No youth camper may use the hot tub at any time, under any circumstances. Proper swimsuit attire is required for swimming; no street clothes are permitted in the pool.
12. No one is allowed in the kitchen without a valid food handler's card.
13. No drugs, alcohol or weapons are allowed at camp. All prescription and over-the-counter medications must be turned in to our Camp Nurse during camp check-in. The use of all medications is to be monitored by the camp health professional and adult staff. Medications must be in their original packaging.
14. Campers may not engage in sexual activities while at camp.
15. PSWD Youth Camps are SMOKE FREE. Campers and staff may not smoke at camp. This includes vape pens and e-cigarettes.
16. No hair dye or permanent inks or hennas allowed inside cabin bedrooms, bathrooms or kitchens. Use only at the arts/crafts area.
17. No body/hair modifications are allowed at camp. This includes the shaving of hair.

Any camper unable to abide by these policies will be asked to leave camp immediately, without benefit of any refund, and may be restricted from participating in future PSWD events.

YOUTH CODE OF CONDUCT AGREEMENT

Junior High Winter Camp 2017

I have read and understand the rules of camp and agree to abide by them while in attendance at camp. I agree to accept established consequences in the unfortunate event I violate these rules or engage in any activity or behavior which is disruptive to the camp community. Furthermore, I pledge to be an active participant in the building and nurturing of a loving spiritual community and to conduct myself in a manner which is respectful of myself and others.

Signature of Camper	Date	Age	Birth date
Camper Email:		Camper Cell:	

PARENT ACCOUNTABILITY STATEMENT

I am aware my child/ward will be attending the PSWD Junior High Youth Camp between the dates of **November 17th, 2017** and **November 19th, 2017**. As parent/guardian of, _____, I have completely read and understand the rules for camp and am aware that there are set consequences for the violation of these rules. I agree that if my child does not comply with the rules of camp as published and posted at camp, I will arrange for the prompt departure of my child without refund of any camp fees.

Furthermore, should my child be responsible for damaging the camp, it's equipment, or the property of another camper, I will pay to replace or repair said property.

Should my child, for any reason, need to be sent home prior to the closing date/time of camp, and I am not available to pick up my child, the name of the responsible adult with whom the camp staff may release my child is:

Full Name of Adult in case of Parent/Guardian not available	Relationship
Best Contact Phone Number(s):	

I have contacted said person, and they have agreed to be responsible in my absence.

Signature Parent/Guardian	Date
Email:	

I give my permission for my child to be photographed or videotaped participating in camp activities and for the photos/video to be used in Camp de Benneville Pines and PSWD publications/promotions.

Initials

Date

I give permission for my child to be contacted by Camp de Benneville Pines via email and/or Facebook to receive camp newsletter and camp related information.

Initials

Date



What to Bring

Please pack the following items to ensure you have a warm and enjoyable time at camp, the fall weather shifts throughout the day. Light and warm layers are recommended:

- Warm, waterproof jacket(s)
- Gloves
- Warm hat(s)
- Scarf
- Long pants
- Long-sleeved shirts
- Sweatpants
- Sweatshirts
- Warm PJ's
- Underwear and at least 5 pair of warm socks (wool or acrylic)
- 2 pairs waterproof shoes/boots
- Sleeping bag
- Pillow
- Blankets
- 2 towels
- Dirty clothes bag
- Prescription meds in original med bottles
- Soap, shampoo, comb & hairbrush
- Toothbrush & toothpaste
- Lotion, sunscreen, lip balm
- Camera and fresh batteries
- Flashlight and fresh batteries
- Set of dark clothes for a night tag game
- Costumes, clothing to dress in the spirit of the camp theme

If you need to reach camp, here are some handy numbers:

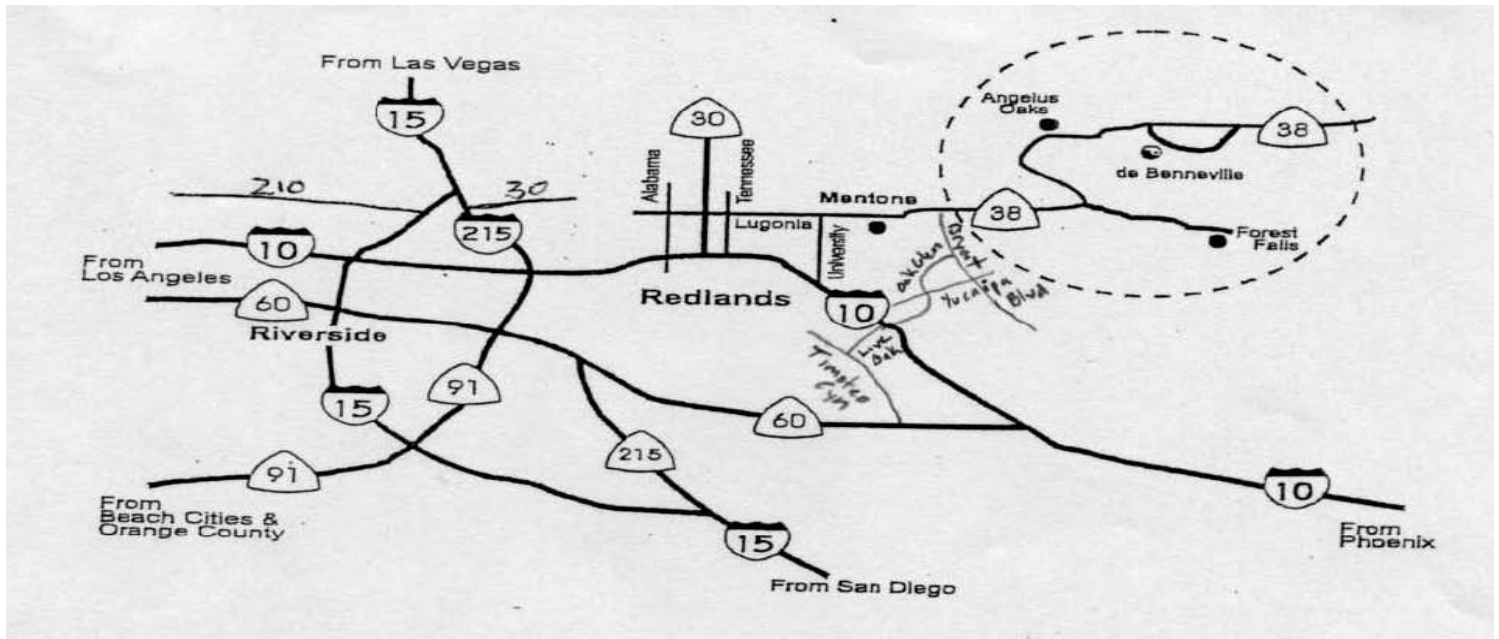
Janet James, Camp Manager, cell phone (909) 435-6298

Camp Office (909) 794-2928 Camp Lodge (909) 794-8712

Camp email: uucamp@aol.com Camp website: www.uucamp.org

Directions on website: <http://www.debenneville.org/Information/Directions2Camp.html>

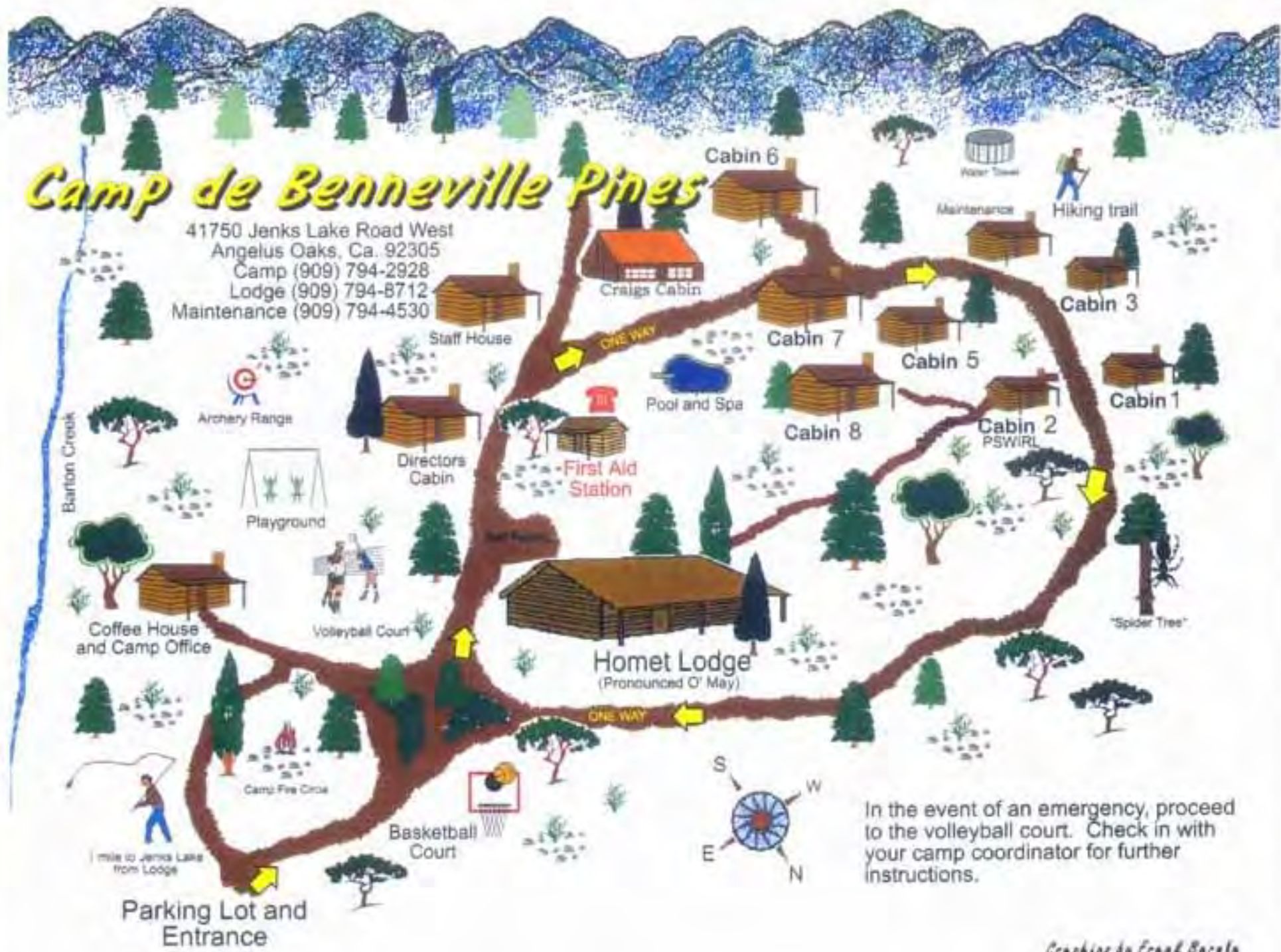
DIRECTIONS



- 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 **IN BOLD 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 **IN BOLD 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 **IN BOLD 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 **IN BOLD 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 San Timoteo Canyon Rd. Turn left and continue approximately 1 mile to Live Oak Canyon Rd. Turn right and continue over the 10 Fwy, 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 **IN BOLD 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 **IN BOLD 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 mountain, pass through the town of Angelus Oaks and continue another 5 ½ miles. Turn right on West Jenks Lake Road. The sign for Camp de Benneville Pines will be on the right approximately 1 ½ mile up. (If you see the sign for Seven Oaks on Hwy 38, you have missed the Jenks Lake turn. Go back to West Jenks Lake Road.)**

Camp de Benneville Pines

41750 Jenks Lake Road West
Angelus Oaks, Ca. 92305
Camp (909) 794-2928
Lodge (909) 794-8712
Maintenance (909) 794-4530



In the event of an emergency, proceed to the volleyball court. Check in with your camp coordinator for further instructions.

Winter Travel to Camp

Before beginning a trip to camp, please review the following suggestions offered by Cal Trans 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, an 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 snackbars.
- ❖ **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 limit 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 of 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 Cal Trans. They set their own rates, which generally run between \$20 and \$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 to put chains on front tires for front-wheel drive vehicles, rear tires for rear-wheel drive vehicles.

DO NOT ATTEMPT TO ENTER THE CAMP’S DRIVEWAY WITHOUT CHAINS IF THE “CHAINS REQUIRED” SIGN IS POSTED AT THE ENTRANCE INTO CAMP. *Only four-wheel drive vehicles can make it into camp 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, come prepared! **CARRY CHAINS! CARRY CHAIN TENSIONERS!**
- ❖ For current road conditions, call 800-427-7623 or log-on to www.dot.ca.gov/hq/roadinfo/
- ❖ Camp telephone numbers: Office: 909-794-2928 Lodge: 909-794-8712 Camp Director: 909-435-6298
- ❖ Camp Director’s email address: uucamp@aol.com Camp website: www.uucamp.org