



LETTER TO MY CHILD'S CABIN LEADER

(Parent, please complete this side and return to Griffith Park Boys Camp at Check-In)

Dear Cabin Leader:

I am thrilled to be sending (child's name) _____ to your camp this summer! When I read your brochure, I chose week # _____ because _____.

My child (circle one) **has**/**has never** been away from home before, and I am putting my faith and his innocence in your good care. While at your camp, I hope he has the opportunity to do activities such as _____, _____ and _____.

He really needs to improve his skills in _____ so please take extra care to help him learn and grow. You will, however, enjoy his excellent abilities at _____ hopefully you will learn from him too!

By the way, his favorite subject in school is _____.

You will always see him smile when he _____ and when he's mad about something you can tell because he _____.

He may miss _____ from home, but just _____ and he will feel better. He is a very special young man to me! In fact, what makes him unique is _____. And he would love to hear what makes you a special and unique person too!

I am looking forward to picking him up from camp at the end of the week and hearing the excitement in his voice as he tells me about his week of camp adventures!

Very truly yours,

Signature

Relation to Camper

**NOTE TO PARENT: Please have the attending camper complete the reverse side.
Thank You!**



LETTER TO MY CABIN LEADER

(To be filled out by camper)

Dear Cabin Leader:

Hi! My name is _____ and my friends call me _____
_____ I am so excited to come to camp!!! I'm coming for week # _____

Camp looks cool because _____.

I know how to do some things at camp like _____ and
_____, but I have never done _____,
_____, and _____ before! Hopefully, I can do
_____ as much as possible!

I know I will make a least one friend and that's you! When I come home from camp I will tell _____
_____ and
_____ about all of the fun I had.

Sometimes I get scared when _____
_____, so please help me when this happens!

My special talent is _____, and when I
have free time I like to _____.

My parent(s) are worried because _____
_____, but I know you'll make sure everything is okay.

I can't wait for the first day of camp. See you soon!

Sincerely,

P.S.: _____

NOTE TO PARENT: Please complete and return to camp office on Monday of your session. All information is kept confidential.



Camp Hollywoodland

City of Los Angeles Department of Recreation & Parks

AUTHORIZED SIGNATURE FORM



Camper's Name _____

In case I cannot be present, one of the following people have my permission to sign-in or sign-out my child and MUST show a photo ID.

Parent / Legal Guardian _____ Phone Number _____

Parent / Legal Guardian _____ Phone Number _____

Name _____ Relationship _____ Phone Number _____

Name _____ Relationship _____ Phone Number _____

Name _____ Relationship _____ Phone Number _____

Name of any person(s) NOT AUTHORIZED to sign out the camper named above

Name _____ Name _____

Parent / Legal Guardian Signature _____ Date _____

This form will be kept on file for the session unless replaced by the same parent.

Authorized Signature Form

We do not release campers to friends, neighbors or relatives without written confirmation from the parent/guardian. We provide an Authorized Signature Form for parents or guardian to list names and phone numbers of others who may sign-in or sign-out your child in case of an emergency. **Please list both parents/guardian and all individuals** authorized to pick-up your child. We require an additional written note, signed by the parent or guardian to release a camper to anyone under 18. **Any individual who did not drop off your child, will be required to show a photo identification to pick-up your child.** All measures are to insure the safety and well-being of your child.

Dear Parents: As an ACA accredited camp we are required to **request** a doctor's examination for every child. The examination is not mandatory: If you can please have your child examined before the first date of camp we would appreciate it. Thank you.

Name: _____ Birth date: _____ Age: _____ Sex: _____

Parent/Guardian _____

Telephone Number: (____) _____ Work Number: (____) _____ Other Number: (____) _____

Address: _____ City: _____ Zip Code: _____

If not available in an emergency, notify:

Name: _____ Relation: _____

Telephone Number: (____) _____ Work Number: (____) _____ Other Number (____) _____

Address: _____ City: _____ Zip Code: _____

Health Care Recommendation by Licensed Medical Personnel

I have examined the above camp applicant within the past two years. Date of Exam: _____

In my opinion, the above applicant ☐ is ☐ is not able to participate in an active camp program.

The applicant is under the care of a physician for the following condition(s): _____

Current Treatment (include current medications): _____

Explanation of any reported loss of consciousness, convulsion, or concussion: _____

Does applicant have epilepsy? ☐ Yes ☐ No **Does applicant have diabetes?** ☐ Yes ☐ No

Recommendations and Restrictions at Camp:

Any treatment to be continued at camp: _____

Any medical prescribed meal plan or dietary restrictions: _____

Any allergies (food, drugs, plants, insect, etc.): _____

Activities to be encourage or limited: _____

Additional health information: _____

Signature of Licensed Medical Personnel: _____

Print Name: _____

Address: _____ **City:** _____ **Zip Code:** _____

Telephone Number: _____ **Date:** _____



City of Los Angeles
Department of Recreation and Parks
Griffith Park Boys Camp ♦ 4730 Crystal Springs ♦ Drive Los Angeles, California 90027



Camper Health History Form

Please fill out this form in blue or black ink.

Camper's Name: _____
First Middle Last

Birth Date _____ Age: _____

Month/Day/Year

Indicate session(s) camper will attend camp

Session 1	Session 2	Session 3	Session 4	Session 5	Session 6	Session 7	Session 8	Session 9

To Parent(s)/Guardian(s): Please follow the instructions below. Attach additional information if needed.

1) Complete pages 1, 2 and 3 of this form (FORM 1). 2) Bring the original, signed FORM to camp on the first day of camp.

Camper Home Address: _____
Street Address City State Zip Code

Parent/guardian with legal custody to be contacted in case of illness or injury:

Name: _____ Relationship to Camper: _____ Preferred Phones: (_____) (_____) _____

Home Address: _____
(If different from above) Street Address City State Zip Code

Second parent/guardian or other emergency contact:

Name: _____ Relationship to Camper: _____ Preferred Phones: (_____) (_____) _____

Additional contact in event parent(s)/guardian(s) cannot be reached:

Name(s): _____ Relationship to Camper: _____ Preferred Phones: (_____) (_____) _____

Allergies: ☐ No known allergies. This camper is allergic to: ☐ Food ☐ Medicine ☐ The environment (insect stings, hay fever, etc.)
☐ Other (Please describe below what the camper is allergic to, the reaction seen and medication taken/prescribed for allergy.)

Diet, Nutrition: ☐ This camper eats a regular diet. ☐ This camper eats a regular vegetarian diet.
☐ This camper has special food needs. (Please describe below or on back of this form)

Restrictions: ☐ I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.
☐ I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations. (Please describe below or on back of this form)

Health-Care Providers:

Name of camper's primary doctor(s): _____ Phone: (_____) _____

Name of dentist(s): _____ Phone: (_____) _____

Name of orthodontist(s): _____ Phone: (_____) _____

Medical Insurance Information:

This camper is covered by family medical/hospital insurance ☐ Yes ☐ No

Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.

Insurance Company _____ Policy Number _____

Subscriber _____ Insurance Company Phone Number (_____) _____

Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial Parent/Guardian _____ Relationship to Camper: _____
Date: _____

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



Birth Date _____
Month/Day/Year

Immunization	Date — Month(s) & Year(s)	Immunization	Date — Month(s) & Year(s)
Tetanus Booster*	Current within 10 years:	Mumps	
DPT (diphtheria, tetanus, pertussis)*		Measles	
Pertussis Booster (Whooping Cough)	Recommended Update at 12 years:	German Measles	
Polio*		Covid-19 Vaccine	
Tuberculosis (TB) test	<input type="checkbox"/> Negative <input type="checkbox"/> Positive	Date:	

Provide enough of each medication to last the entire time the camper will be at camp.						
Name of Medication	# of Pills	Date Started	Reason for Taking it	When is it given	Amount of dose given	How it is given
				<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other		
				<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other		
				<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other		
				<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other		
				<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other		

injury. Check the box if the camper may be given the following over-the-counter medicine:

<input type="checkbox"/> Acetaminophen (Child Tylenol)	<input type="checkbox"/> Ibuprofen (Advil, Motrin)
<input type="checkbox"/> Pseudoephedrine decongestant (Sudafed)	<input type="checkbox"/> Non Aspirin
<input type="checkbox"/> Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol)	<input type="checkbox"/> Diphenhydramine antihistamine/allergy medicine (Benadryl)
<input type="checkbox"/> Sunscreen	<input type="checkbox"/> Aloe
<input type="checkbox"/> Calamine lotion	<input type="checkbox"/> Antibiotic Ointment

NOTE: The signing of this Consent to Treatment Authorization is not mandatory but it is requested for your protection.



Camper Immunization History and Medication Information



Camper's Name: _____
First Middle Last

Birth Date _____
Month/Day/Year

General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper ever have/had:

- | | | | |
|--|--|--|--|
| 1. Been hospitalized? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. German Measles? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Had surgery? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. Rheumatic Fever? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Recurrent/chronic illnesses? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Scarlet Fever? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. A recent infectious disease? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Passed out, fainting or dizziness? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. A recent injury? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Heart trouble, chest pain during exercise? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Asthma/wheezing/shortness of breath/hay fever? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Mononucleosis ("mono") during the past 12 months? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Diabetes? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Problems falling asleep/sleepwalking | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Seizures? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Back/joint problems? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Had headaches? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 21. A history of bedwetting? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Wear glasses, contacts, or protective eyewear? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 22. Problems with diarrhea/constipation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Chicken Pox? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 23. Any skin problems? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Measles? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 24. Traveled outside the country in the past 9 months? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please explain "Yes" answers in the space below, noting the number of the question(s). For travel outside the country, please name countries visited and dates of travel.

Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement.

Has the camper:

- | | |
|--|--|
| 1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever been treated for emotional or behavioral difficulties or an eating disorder? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. During the past 12 months, seen a professional to address mental/emotional health concerns? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a significant life event that continues to affect the camper's life? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)

Please explain "Yes" answers in the space below, noting the number of the questions. The camp may contact you for additional information.

What Have We Forgotten to Ask? Please provide in the space below any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. **Attach additional information if needed.**

Individual Health Record (For Camp Use Only)

Screening Session	Date/Time	Signature	Screening Session	Date/Time	Signature	Screening Session	Date/Time	Signature
1			4			7		
2			5			8		
3			6			9		

Screening has been conducted according to camp protocol and significant findings noted as follows:

- | | | |
|---|--|----------------|
| A. Any signs/symptoms of illness or injury upon arrival? | <input type="checkbox"/> Yes <input type="checkbox"/> No | as noted below |
| B. History of exposure to communicable disease? | <input type="checkbox"/> Yes <input type="checkbox"/> No | as noted below |
| C. Additions or corrections to information on this health history | <input type="checkbox"/> Yes <input type="checkbox"/> No | as noted below |
| D. Medication given to health-care staff? | <input type="checkbox"/> Yes <input type="checkbox"/> No | as noted below |
| E. Any signs/symptoms of head lice? | <input type="checkbox"/> Yes <input type="checkbox"/> No | as noted below |

Screener notes: (date/time/initial all entries, use back if necessary)

Exit Note: Check one of the following: ☐ This person left camp with no reported illness or injury symptoms.

☐ This person left camp with the following problem/concern _____ and was told about the problem and instructed to follow-up.

Date(s)/Time(s): _____ Signature: _____

Griffith Park Boys Camp

2025 Summer Camp Registration Form

Camper's Information

(Please Print in Black or Blue Ink)

☐ First Time Camper

☐ Returning Camper

How did you hear about us? _____

Camper's Name _____ Age * _____

Address _____ City _____ State _____ Zip _____

Contact Phone () _____ Date of Birth: _____

Parent/Guardian _____ Legal Custody? ☐ Yes ☐ No

Parent/Guardian _____ Legal Custody? ☐ Yes ☐ No

Contact Phone () _____ Work/Cell () _____

Email Address _____

Will you be out of town while your child is at camp? ☐ Yes ☐ No

In case of emergency, contact _____

Relationship _____ Phone () _____

Would you like to be added to our email list ? ☐ Yes ☐ No

Early Pick-Up Procedures Due to Camper Misconduct:

Campers will be sent home without a refund for the following reasons:

1. Fighting with campers or staff;
2. Possession and/or use of alcohol, matches, lighters, drugs or tobacco;
3. Possession of weapons of any kind;
4. Repeated refusal to obey the rules or directions of the cabin leaders and staff;
5. Refusal to remain with a designated group or in a designated area;
6. Stealing or shoplifting. Anyone caught stealing or shoplifting will not be welcomed back to Griffith Park Boys Camp

Children being sent home must be picked-up within one hour of being contacted by Griffith Park Boys Camp staff. If your child is not picked up within one hour from our initial contact, we will contact the proper authorities (LAPD and/or Child Services) to take custody of your child.

Campers Signature: _____ Date _____

Parents Signature: _____ Date _____

*Age for campers is determined as the age the camper will be on their first day of camp.

I understand cabin buddy requests will not be honored. Initial _____

Please complete the Waiver and Release Form on the next page.

Office Use Only

Date Received: _____

Receipt # _____

Confirmation Sent: _____ / _____ /2024

Notes: _____

Processed by _____

(Staff name)

Wavier And Release Form

In consideration of the City of Los Angeles acting through its Department of Recreation and Parks at Griffith Park Boy's Camp ("Camp") granting my child ("Minor") the opportunity to participate in the Griffith Park Boy's Camp Program ("Program") I, (print name) _____ the undersigned, and the parent/guardian of (print child's name) _____

I do hereby agree as follows:

I am aware that there are certain risks of injury and/or damage inherent in the Program's activities;

I understand that if my child misbehaves and/or is sick and needs to be sent home, I agree to pick them up at the time requested by the Camp staff;

I agree to complete the Camp's Health History Form providing Minor's current, complete and truthful health history, including immunization history and overall health status;

I understand that under certain medical conditions the Camp staff may require a written authorization based on a physical examination by a licensed medical person as requirement for the Minor to participate in the Program;

I confirm, to the best of my knowledge and belief, the Minor is not subject to a physical or mental infirmity nor under the influence of any medication or substance which might hinder their safe participation or the safety of others in the Program;

I will instruct the Minor to abide by all safety rules, policies and regulations and to take reasonable precautions to minimize risk of injury or damage arising from participation in the Program;

I give my consent to have the Minor participate in all aspects of the Program;

I knowingly assume full responsibility for all risks of bodily injury, emotional injury, death or property damage that may occur in relation to the Minor as a consequence of participation in the Program at the Camp;

I agree and/or give my consent to have the Minor transported by: car, van, chartered school bus and/or public transportation as part of the Program;

I understand that the Camp has no obligation to obtain medical treatment for the Minor. Should it become necessary for the Minor to have emergency medical care while participating in the Program,

I hereby give the Camp personnel my permission to use their judgment in obtaining medical care, and

I give permission to the medical care provider selected by the Camp personnel to render medical care deemed necessary and appropriate;

I understand that the Camp, at it's sole option but without obligation, may procure insurance to cover part or all of such medical expenses incurred by the Minor;

I understand and agree that any cost incurred for such treatment which is not covered by insurance shall be my sole responsibility; I, (print name) _____ waive all rights of recovery which the Minor and/or I have now or in the future, whether known or unknown, against the City of Los Angeles, Department of Recreation and Parks, Griffith Park Boy's Camp, its officers, agents, employees and /or personnel, and

I release, acquit and forever discharge the City of Los Angeles, Department of Recreation and Parks, Griffith Park Boy's Camp, its officers, agents, employees and/or personnel, from all liability for any bodily injury emotional injury, or other personal injury, damage, loss or expense, claims, demands, causes of action, costs, loss of services or use, compensations, debts, monetary damages, including but not limited to attorney fees, which result from or are in any way connected with the Minor's participation in the Program or any related activities;

I agree to keep the Camp advised if I will be out of contact for any period of time during the Program and to provide additional and/or alternate contact information prior to my leaving;

I authorize the Camp, City of Los Angeles and Department of Recreation and Parks to make, procure and/or use photographs, films, tapes, digital media recordings or other likeness of myself and/or the Minor physical image and/or voice for use with the Program and/or Camps' publicity, marketing, social media and/or advertising materials;

I have read this agreement and I understand what it means to my legal rights and the Minor's participation and signature is made of my own free will and act;

II agree to abide by the rules and policies set forth in the registration and waiver release forms;

I have read and understand the payment, refund and conditions of enrollment policies as found in this registration form.

I agree to be legally bound by signing the registration and waiver release forms and extend this binding to the Minor.

Important: Parent or Guardian's Original Signature Required.

Child's Name (Please print child's name) _____

Parent/Guardian Name (Please print) _____

Signature _____ Date _____



Request for Medication to Be Given During Camp

(To be filled out by parent/guardian)



Camper Name _____

Cabin # _____

Camper Birthday _____

Session # _____

I request that my child, _____ be monitored/ allowed to take the following prescribed medication(s) and non-prescribed medication(s) while (s)he is at camp.

****We cannot give prescribed medication at a time, dosage or frequency that differs from the pharmacy label on the medication bottle without a written prescription or letter addressed to us and signed by your child's doctor, including the time, dosage, and frequency of each listed medication.**

Instructions: Please fill out "dosage" section listing the amount of medication in number of pills, sprays, puffs, mL. If your child is taking the same medication in different dosages, please fill out the request as separate logs.

Name of Medication: _____ # of Pills in Container upon Check-in: _____

Date of Prescription: _____ Dosage: _____ Frequency: _____

Reason for Medication: _____

Special Instructions: _____

Time(s): ☐ Breakfast ☐ Lunch ☐ Dinner ☐ Night Time ☐ As Needed ☐ Other _____

Name of Medication: _____ # of Pills in Container upon Check-in: _____

Date of Prescription: _____ Dosage: _____ Frequency: _____

Reason for Medication: _____

Special Instructions: _____

Time(s): ☐ Breakfast ☐ Lunch ☐ Dinner ☐ Night Time ☐ As Needed ☐ Other _____

Name of Medication: _____ # of Pills in Container upon Check-in: _____

Date of Prescription: _____ Dosage: _____ Frequency: _____

Reason for Medication: _____

Special Instructions: _____

Time(s): ☐ Breakfast ☐ Lunch ☐ Dinner ☐ Night Time ☐ As Needed ☐ Other _____

Parent Name: _____ Signature: _____

Date: _____ Home Phone: _____ Work Phone: _____



WELCOME TO GRIFFITH PARK BOYS CAMP

We are excited you chose us for your child's overnight camp adventure. Griffith Park Boys Camp is here to provide a place campers come to have fun, meet new friends, face new challenges, learn and master new skills, experience group living, learn to express their creativity and build a positive self-image.

This packet will help prepare your camper for overnight camp. Inside you will find all the information about our policies and forms which you will need to prepare for camp policies/procedures, forms and packing lists. Please take some time to read the packet and review it with your camper. If you have any additional questions after reviewing the packet, please call or email our office.

Office Hours Monday-Friday
9:30 am - 4:30 pm

 **(323) 664-0571**

 **gp.boyscamp@lacity.org**

 **instagram.com/griffithparkboyscamp**

Confirmation Packet

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BEFORE CAMP

- Clear your child's calendar for all doctors appointments and meetings or sporting practice and games for the week they will be at camp. There are no ins and outs.
- Write your child's name on everything they plan to bring to camp.
- Please notify camp of any allergies or dietary restriction your child might have at least two (2) weeks prior to camp.
- The night before coming to camp, place the completed Registration Form, Health History Form, Authorization Signature Form and any medication/prescriptions/vitamins (original package only) together and be ready to bring them with you to camp. (Do not pack medication/vitamins in suitcase/duffel bag)
- Persons with disabilities are welcomed to participate in our classes and programs. Reasonable accommodations will be made with prior arrangements. Please be aware that some accommodations may take 30 days or longer. Please submit your request for an accommodation as soon as possible.



Griffith Park Boys Camp is proud to be accredited by the American Camp Association. Developed exclusively for the camp industry, this nationally recognized organization focuses on a camp program's quality, safety, health issues and staff development and requires us to continuously review every facet of our operation. Our camp has voluntarily submitted to this independent appraisal done by camp experts and have earned this mark of distinction.



ePACT

Introducing ePACT

To ensure the safety and well-being of all campers, we are now using ePACT, a secure online emergency network, to handle much of our camp paperwork. It must be updated quarterly, but it can carry your information over to save you time on future registrations.

What is ePACT?

ePACT is an online system that helps us collect and manage emergency information for your child. It allows us to quickly access important details such as medical conditions, emergency contacts, and consent forms, ensuring we have everything we need to keep your child safe. Registration and fees will continue to be on LAParks.org; ePACT notifications will be sent after you have registered.

Why ePACT?

Convenience: Complete and update your child's emergency information online, anytime, anywhere.

Security: Your data is stored securely and only accessible to authorized camp staff.

Efficiency: Streamlines the registration process, reducing paperwork and ensuring we have accurate information.

How to Register:

Invitation: You will receive an email invitation from ePACT to create an account.

Create Account: Follow the link in the email to set up your ePACT account.

Complete Forms: Fill out the required emergency information and consent forms for your child.

Submit: Once completed, submit the forms through ePACT.

Make sure you print your ePACT forms and bring them with you. Do not screen shot and print forms (we will not accept them and you will need to fill out the forms when you arrive at camp)

Tips to download and print forms:

Go To My ePACT

1. Click on my household
2. Click on campers name
3. Click on "City of Los Angeles Department of Recreation and Parks Residential Camps"
4. In the left side box, click on "Profile Actions"
5. Select "Download Record" from the drop down box

If you have any questions or need assistance with the registration process, please don't hesitate to contact us. We're here to help!

If you are unable to complete ePACT, please download the "summer camp forms" from our webpage, complete them and bring them with you.

DIRECTIONS TO CAMP

Going north on the Golden State Freeway (I-5), North of Dodger Stadium off ramp

exit Griffith Park, turn right at the stop sign onto Crystal Springs Drive. Continue on Crystal Springs Drive to the 2nd stop sign, Griffith Park Drive. Turn left onto Griffith Park Drive. At the fork in road make a sharp left onto our access road called Camp Road. Drive up to the camp and park on Camp Road facing downhill.

Going south on the Golden State Freeway (I-5), south of the Ventura Freeway (134)

exit Los Feliz, exit west, turn right at the signal Riverside Drive/Crystal Springs Drive. Continue on Crystal Springs Drive to the 3rd stop sign, Griffith Park Drive. Turn left onto Griffith Park Drive. At the fork in road make a sharp left onto our access road called Camp Road. Drive up to the camp and park on Camp Road facing downhill.

From the Hollywood Freeway (101)

Exit Hollywood Blvd. Go East on Hollywood Blvd to Western Ave turn left. Head north on Western Blvd, and curve to the right onto Los Feliz Blvd. (Western becomes Los Feliz) Head east on Los Feliz to Riverside Drive, turn left. Continue on Riverside Drive to the 3rd stop sign. (Riverside Drive becomes Crystal Springs Drive). Turn left at the third stop sign onto Griffith Park Drive. At fork in road make a sharp left onto our access road called Camp Road. Drive up to the camp and park on Camp Road facing downhill.

Parking

Please park along Camp Road on the hillside, vehicles facing downhill. Do not block gates or driveways. Do not drive up the service road into the camp area.

Important information for check-in on Monday morning

When you arrive at camp have your child's luggage, forms and medication with you to make the sign-in process go as smoothly as possible. Having these items accessible helps you expedite your check in:

- Letter to My Cabin Leader/Letter to My Child's Cabin Leader
- Money or prepaid card for trip
- Medication (in its original packaging or prescription bottle)
- Closed toed shoes (please make sure your camper is wearing closed toed shoes)
- Letters to your campers label with which day you want them given

FIRST DAY OF CAMP

Check-In Procedures

Check-in is Monday 8:00 am - 9:30 am

NO early check-ins.

NO late check-ins without prior notification and approval from Camp Director.

Check-in Procedures: Allow 30 minute to complete the check-in procedures. There is no early check-in.

Note: If your child is late, they miss out on important information, introductions and bed assignments. If you arrive after 9:30 am and you did not make prior arrangements your camper is considered a **“no show”** and your child’s spot will not be held. Your child will not be allowed to attend camp this session and you **will not** receive a refund. Prior approved arrangements for late arrivals are required to save your campers spots.

Luggage

Bring your luggage with you to the Dining Hall for check-in. Set your luggage along the wall outside of the Dining Hall. You will take your campers luggage up to their cabin after their health check. Be sure medication, vitamins and trip money are NOT left in the camper’s luggage.

Cabin Assignments and Cabin Buddies

Cabin assignments will be posted outside of the Dining Hall. Look for your child’s name on the list to find out which cabin they are in. It will also tell you who your child’s Cabin Leader is.

Cabin assignments are made according to child’s age (ages 7-8, 9-11, 12-14, 15-17). We do not honor cabin buddy requests and we do not guarantee placement in a particular cabin.

Pets

Although we love our pets and like to take them places with us, camp is not the place for your pets. Please leave all pets at home. **NO PETS ALLOWED AT CAMP.** People with pets will be asked to leave the facility immediately. Service animals are permitted.

Proceed with your child(ren) to the Dining Hall for health screening. Please be patient, this portion takes the longest.

We are an American Camp Association Accredited Camp. We are required to request a doctor’s examination of every child. This is not mandatory, but we strongly recommend it. If you can please have your child examined before the first day of camp, we would appreciate it.



CAMPER HEALTH SCREENING

The health check is the portion of check-in that takes the longest.

A health screening is necessary to comply with the American Camp Association Standards. We need a health screen for each child attending camp. The screening is done by a male member of our staff who has been trained and approved by the City of Los Angeles Doctor.

A parent/guardian is required to stay with the camper until the health screening is complete and they are signed in with their Cabin Leader(s).

A review of the ePACT Form will occur during health check. Please be sure it's complete, accurate, and up-to-date. Identification of any physical restrictions, limitations or allergic reactions must be listed on the Health History Form. People other than parents/guardians cannot fill out any paperwork for campers. We may have to base medical decisions on the information provided. The Health History Form will be kept on file until the end of summer. Please make sure to let staff know if there are any changes to your child's health if he is registered for more than one week. You can update ePACT at any time.

During the health screening your child will be checked for:

- Temperature
- Head lice check
- Abrasions
- Eyes for jaundice
- Ears for infection
- Mouth for swelling of the tonsils/throat
- Hands for mites
- Stomach for chicken pox
- Feet for athlete's foot
- Jumping jacks for physical ability

Any camper with evidence of illness, injury or communicable conditions will not be permitted into camp. Campers with a temperature of 100.4 or higher, oozing sores, pink eye, hair lice, communicable conditions, cast, splints or wrap will not be allowed to attend camp until the condition is cleared by a licensed physician and we receive a written note from the physician that the camper is cleared to participate in normal camp activities. If your child does not pass the lice check he will not be able to stay. You can take him to do a lice removal treatment at a nearby facility. If you chose the treatment he will have to come back the same day with a certificate stating that he's clear to return to camp. Griffith Park Boys Camp will not incur the cost of treatment nor provide a refund of camp registration or fees for any camp activities missed.

If your child is in a cast, splint or wrap we will need a physician's note stating there are no restrictions or limitations on the camper's participation in the program. It is not our responsibility to provide wound care.

MEDICATION

If your child(ren) has any medication or vitamins you will check in the medications after the health Screening. Camp should be viewed just like school. Children who are on medication should remain on it while they are here. Camp is new and exciting experience and children will be participating in activities all day. Please keep them on their medication and proper dosage while at camp. If possible, contact your doctor to check if the dosage is correct for a camp setting. Please feel free to contact the Camp Director if you have any questions. Routine medications are distributed at breakfast, lunch, dinner or bedtime, unless otherwise directed on your Request for Medication Form. Please call (323) 664-0571 with questions.

All medication, including prescription, non-prescription and vitamins/supplements must be listed on the "Request for Medication to be Given During Camp" Form, with the proper name of the medication and complete instructions for its use.

If your child has been pre-diagnosed with a condition requiring the use of Epi-pens, additional policies apply. Please call for more details.

Each prescription medication must:

- Be in its original packaging and container given by doctor or pharmacy
- Have the Camper's name and dosage and expiration date (Only the dosage marked on the container will be given unless accompanied by a letter from the prescribing doctor) - There is not exception.
- Dosage instructions should be in English
- No ziplock baggies of pills/gummies, no single packs of unlabeled pills out of a box.
- Inhalers need to be in their original containers with prescription
- Campers must be able to administer their own medication (pills, inhalers, insulin, drops, injections, topical cream, patches, tablets, sprays, etc.) Parents or guardians cannot come to camp to administer medication.
- **Medication must not be expired.**

Non-prescription/over the counter medications or vitamins must be in their original packaging and container with dosage, instructions and active and inactive ingredients written in English. Medication/vitamins must not be expired.

Do not leave medication in your child's luggage. All medication must be checked-in. This includes over the counter medication: aspirin, vitamins/supplements, inhalers, cough drops, allergy medication and creams, etc. If unchecked medication is found in your child's luggage, it will be confiscated and will not be administered until signed in by you.

Griffith Park Boys Camp does not have a nurse on site.

SIGNING IN WITH CABIN LEADERS

Meeting the Cabin Leaders

Once the health screening is complete, proceed to your campers assigned cabin and meet the Cabin Leader(s). A parent or guardian must accompany the camper to their cabin to sign them in with his Cabin Leader. We are not responsible for campers who are not properly signed in. Be sure to bring your campers luggage with you to their cabin.

You will be called to return to camp if your child is not properly signed in.

Give the Authorization Signature Form, “Letter to my Cabin Leader”, money/prepaid card and any special instructions regarding the camper to the Cabin Leader at this time.

Authorization Signature Form on ePACT

We provide an Authorized Signature Form (online) for parents or guardians to list name and phone numbers of others who may sign-in or sign-out your camper in case of an emergency. Please keep the following in mind when you are filling out the form:

- List all parents and individuals (family, friends, etc.) authorized to pick-up your child. We will not release campers to anyone who is not on the campers Authorization Form.
- All persons picking-up and signing-out children signed into our program will need to provide a valid state issued identification (i.e. Drivers License). These measures are to insure the safety and well-being of your child(ren).
- Please list at least one person besides the parent/guardian, just in case.

Money (or prepaid cards) for the trips need to be checked in with the Cabin Leader. Please make sure the prepaid cards are activated. We will provide an envelope. On the envelope write your campers name, cabin number and amount written legibly on the front, seal the envelope and your signature on the “seal” of the envelope. Give the envelope to the Cabin Leader and record the amount on the sign-in sheet.

You have now completed the required check-in procedure. Before you leave verify your child is signed in with their Cabin Leader and give your goodbye hugs.

CAMPERS AT CAMP

Daily Schedule

Our schedule varies daily, but typically starts around 7:00 am, when campers wake-up. By 8:00 am campers are at the flag pole getting ready for breakfast. Morning activities start at 9:00 am activities may include archery, climbing wall, crafts, science, sports, nature, games, etc. After activities we have lunch followed by games, group activities and team building challenges. Dinner is at approximately 5:00 pm followed by an evening activity such as, hiking, campfire or camper choice activity. After the evening activity campers will shower and get ready for bed. Bed times range from 9:00 pm-10:00 pm.

Activity Requirements

Campers will participate in a wide variety of activities during their stay at camp. Activities will vary throughout the week. They can be all camp activities (ie. carnivals), cabin activities (i.e., hike) or campers choice (ie. ropes course). Only campers that are 9 years and up will be able to choose their activities for campers choice.

Ropes Course Requirements

Camper must be 9+ years old and must fit into the harness properly to participate on the ropes course and zip line. Younger campers will get an opportunity to go on the climbing wall.



CAMPERS AT CAMP

Camper Illness

If a camper becomes mildly ill, displaying symptoms that may be cured by a little rest, he will be sent to camp's first aid room for needed rest during the day. Please keep in mind that he will sleep in his cabin at night. If the camper displays flu-like symptoms a mask will be given and we will also monitor him. If a camper maintains a fever for an extended period of time, has a fever that reaches 100.4 degrees or displays symptoms of a communicable condition, the parent or guardian will be called to take him home within one hour. He is not considered well enough to return until the condition is cleared and we receive a written note from the child's physician. Children are not allowed to stay at camp while the rest of the camp is on a field trip. No refunds for camper(s) sent home due to illness. Please pick up your child at the time requested by staff.

Insurance Coverage

We provide insurance coverage for accidents, but not for illness. As signed by parent/guardian in the waiver release form, camp as its sole option but without obligation may procure insurance to cover part of all of medical expenses incurred by the minor, and agree to any cost incurred for such treatment which is not covered by insurance shall be the parent/guardian's sole responsibility.

If a camper receives a minor injury such as a cut or scrape, we will perform routine first aid and the parent or guardian may be informed by the end of session. If a camper receives an injury requiring professional first aid, the parent/guardian or other adults listed on the health card will be notified. The camper will be transported to Glendale Memorial Hospital, Children's Hospital Emergency Room or Providence St. Joseph Medical Center for treatment. **If the camper receives a life-threatening injury, we will contact 911 first, then notify parent/guardian or other adult listed on the health form.**

Trip Day Supervision

On trip day all campers will be assigned to be with a group, each group is under the supervision of a Cabin Leader. Additional support and supervision is provided during the trip. While at an amusement park or other location that has rides, campers are encouraged to experience the ride, but not forced.

Trip Day - Spending Money

Any spending money a camper is permitted to have is for TRIP DAY ONLY. Spending money for trips can be cash or prepaid visa cards. Prepaid Visa Cards are highly preferred for field trips, most sites have gone to a cashless system. During check-in place your camper's money in the envelope, clearly write the child's name, cabin number and the amount on the front of the envelope. Seal the envelope, sign the seal of the envelope and give the envelope to your camper's Cabin Leader during check-in and record the amount on the sign-in sheet. **The envelope will be secured with the rest of the cabins and locked away in the camp safe. On trip day, the envelopes will be given back to the campers.**

IMPORTANT PARENT INFORMATION

A Special Note To Parents

Please take the time to have your child and yourself fill it out “Letter to My Cabin Leader”. It will assist our cabin leader(s) in understanding your child better. Certain sensitive information about your child could be beneficial to us here at camp. This is confidential information may help us understand and better handle a camper’s behavior. We understand a parent’s reluctance to disclose this information, but rest assured it will be used in the strictest of confidence. While we try to accommodate all campers, be aware that our staff is not specially trained to handle all special needs. Children attending camp will need to be able to care for their own basic needs with regard to cleaning themselves, using the bathroom, showering, etc. Please feel free to contact the Camp Director or Program Director if you have any questions.

First Time/Homesick Campers

If your child is a first time camper, missing home is normal. We encourage all of our campers to make the most of their experience and to enjoy their time at camp. We work hard to try and help campers work through and overcome missing home.

We have a few tips to help your child’s transition from home to camp easier:

- Write letters to your camper. Receiving mail reminds campers they are loved. However be careful of phrases like “we wish you were here” or “can’t wait until you get home.” Instead try phrases like “hope you are having an amazing time” or “can’t wait to hear about all of the amazing things you are doing.” Bring letters to check in with the day you want them to get them.
- A family photo is also helpful.
- Pack a secret note in their luggage, saying how proud you are of them, etc.
- Send plenty of stamps, stationery, and pens so they can write. Pre-addressed stamped envelopes with home address is helpful.
- Never tell your child he can call home.
- Never tell your child that you will come and visit .
- Never tell your child he will be with a cabin buddy.
- Never tell your child you will pick them up early.
- Never tell your child that you will come and pick them up early if they don't like camp.



We’re excited to share the wonderful moments from Summer Camp with you! We use a SmugMug portal to showcase all the photos from your child’s week at camp. Each week of camp will have it’s own gallery and we’ll provide you with a personalized link to access it. You’ll be able to view and download the pictures, so you won’t miss any of the fun memories. Thank you for being a part of this adventure! Keep an eye on your email for the SmugMug link. Downloading photos is FREE. You also have the option to purchase items from SmugMug that will ship directly to you, purchased items proceeds benefit our camp program.

IMPORTANT PARENT INFORMATION

Contact with Campers During Camp

We realize that your children are important to you, when you choose to give your child a camping experience and entrust us with the care of your child(ren), we request you observe the following rules to enhance their experience:

- Please do not call camp requesting to speak with a camper. If there is an emergency, please contact the Camp Director at (323) 664-0571.
- Please clear your son's calendar. (i.e. doctor appointments, sporting events, etc).
- Parents, relatives and friends are not to visit campers at camp or on the field trips for the following reasons.
 - It disrupts the camp routine
 - It takes away from the leadership position of a Cabin Leader
 - It adds to potential of "missing home" for campers (including your child)
 - It reduces our ability to properly supervise all campers
- Unapproved camper contact reduces our ability to keep all campers in our care safe and properly supervised.
- We do not allow campers to use the telephone at camp or on field trips. The Camp Director or designated member will call on behalf of the camper if a problem occurs.

Correspondence For Campers:

We recommend dropping mail for your child with the camp office rather than relying on the post office. We are happy to space out the letters throughout the week.

While at camp, many campers love to receive letters from home. Please remember that we handle many pieces of mail everyday so be sure to include your campers name and cabin number.

Letters: To help us get your letter to your child, send the letter several days before camp starts

Address letters to:

Griffith Park Boys Camp

Campers name and cabin number

4730 Crystal Springs Drive

Los Angeles, CA 90027

Letters are not delivered directly to Griffith Park Boys Camp by the United States Post office. We receive and pick up mail delivered by the United States Post Office at the Ranger Station daily.

IMPORTANT PARENT INFORMATION



Phone Calls

Camp is a place for campers to develop independence. In order to support the campers in that growth process, we do not permit campers to make or receive calls. Please do not ask your camper to call you. Campers should leave cell phones at home as they will not be allowed at camp. If A camper brings a cell phone to camp, it will be confiscated and kept safe in the office and returned to parent or guardian at check-out.

Electronics at Camp

Griffith Park Boys Camp is an electronic-free camp. We are offering your camper a week filled with fun activities, special events and trips. With all we have to offer we feel there is a very little need or time for electronics. Please leave phones, tablets, smart watches, airpods and other devices at home.

No Outs and Ins

There are no Outs and Ins at camp. You cannot pick up your camper and bring them back to camp.

Bedwetting

Sometimes when children are away from home and in an unfamiliar environment, they experience bedwetting. If your child wets the bed while at camp we will contact you or designated guardian in the morning to bring clean bedding BEFORE THAT EVENING. If the bedwetting occurs during the night and the Cabin Leader is made aware of the situation, we will provide a fresh blanket for the remainder of the night. If your child is a chronic bedwetter we request that you inform the cabin leaders at check-in and include that information on your "Letter to My Child's Cabin Leader" as this will provide the cabin leaders the opportunity to take precaution before and after bedtime. Please pack enough "Over-Nights" for the entire week.



IMPORTANT PARENT INFORMATION

Misconduct

Campers will be sent home for any of the following:

- Fighting that results in the physical injury of another person.
- Refusal to obey the rules or directions of staff.
- Possession or use of alcohol, drugs, tobacco or vaping paraphernalia
- Stealing or shop lifting - they will be sent home and if your camper exhibits these behaviors he may not be welcomed back to Griffith Park Boys Camp. If your camper is detained for misconduct while on a trip, you will be notified and we will leave them with the local authorities and it will be the parents responsibility from that point.

Cancellations and Refunds

All cancellations must be in writing. In order to request a refund, please submit the request for refund form to gp.boyscamp@lacity.org

The form is available at www.laparks.org/camp/griffith-park-boys-camp

Refunds take at least 8-10 weeks after the written request is received. The registration fee will be refunded minus:

- A \$50 processing (per session/per camper fee with two week or more notice
- A \$75 processing fee (per session/per camper) with two weeks or less notice
- There is no refund for “NO-SHOWS” (failure to arrive at camp prior to 9:30 am Monday morning is considered a NO-SHOW), Missing Home Campers or for Campers being sent home for misconduct or illness.
- Refunds will be credited to the credit card you paid with.
- Griffith Park Boys Camp reserves the right to cancel any program if the minimum registration requirements are not met.
- No cancellations and no refunds after Thursday, 12:00 pm before the requested session.

Camp Program is subject to change and/or cancellation, with or with out prior notice

IMPORTANT PARENT INFORMATION

Our Mission Statement:

Griffith Park Boys Camp's Mission is to provide a safe adventurous outdoor environment where boys come to make new friends, meet new challenges, experience nature, and develop positive self esteem in a camping environment.

Goals:

All campers:

- Develop an understanding and respect for the cultural diversity in which they live.
- Develop their interpersonal communication skills.
- Will be encouraged to take responsibility for caring for the natural environment in which we live.
- Learn new skills and gain knowledge about the outdoors.
- Develop awareness, appreciation, and respect for ones self and for others.
- Campers will have fun.

Objectives:

- The Campers are safe at all times.
- The Campers will have a positive and memorable experience at camp.
- The Campers will have staff as positive role models to imitate.
- The Campers will learn new things about themselves, others and the outdoors.
- The Campers will have camp as the highlight of their summer.
- The Staff, as a team, will have fun and a positive memorable experience with the campers.

Each Camper will:

- Participate in an activity and/or program that will enable him to express himself creatively to others.
- Perform a specific skill that he has gained a higher level of proficiency in or learned new at camp.
- Practice camp ecology by recycling. He will also be responsible for keeping his cabin and cabin's restroom clean.
- Demonstrate problem-solving abilities and help in the making of key group decisions within their cabins.
- Each camper will have fun.

CHECK-OUT PROCEDURES

Check-out - Friday, 4:30 pm - 6:00 pm, session 3 Thursday, 4:30 pm - 6:00 pm

Starting at 4:30 pm, a parent or guardian who is listed on the AUTHORIZED SIGNATURE FORM must sign-out the camper with the Cabin Leader at their cabin. We will not release your child(ren) to anyone who is not listed on their “Authorized Signature Form (this includes friends, neighbors relatives, etc) . The person picking up and signing out your child(ren) from our program must show a valid state ID (i.e. Drivers License) These measures are to ensure the safety and well-being of your child(ren). If your child(ren) are not signed out correctly, parents/guardians will be asked to return to camp to sign out their child. Failure to return or sign-out properly will result in cancellation of any additional camp registration for the summer and any future program registration. Please advise anyone picking up your child of our policies.

Before leaving with your child(ren) please make sure you have signed-out with their Cabin Leader and picked up any awards, medication, crafts, pictures, etc. We suggest checking your child’s belongings before leaving. Also check the lost and found for any misplaced belongings.

On ePACT we provide an Authorized Signature Form for parents or guardians to list names and phone numbers of others who may sign-in or sign-out your child. When filling out the Authorized Signature Form please make sure that you add people that are available to come and pick-up your child(ren) in the event you are not able to.

Authorized Signature Form

- We do not release campers to friends, neighbors, or relative who are not written on the Authorized Signature Form.
- Please list both parents and ALL individuals authorized to pick-up.
- Only persons 18 years and over will be allowed to pick-up your child(ren)
- Please do not put more than one person on a line.
- Please inform anyone picking-up your child to have Photo ID ready for the Cabin Leader.
- Make sure you update Authorized Signature Form as need on ePACT if your camper is coming multiple weeks.

CHECK-OUT PROCEDURES

Early Pick-up

If a camper must be picked-up early (before check-out times) please notify the Camp Director or Program Director and make arrangements in advanced. There are specific times during the day that we allow pick-up. Generally, this is during our breakfast and lunch. No early pick-ups are permitted prior to breakfast. Please be aware the gates to Griffith Park Boys Camp are locked at night. Night pick-up times may require additional coordination with the Park Rangers or Office Staff for

pick-up

Late Pick-up

If you know you are going to pick-up your child late you must call Griffith Park Boys Camp at (323) 664-0571 and leave a message. You will still be subject to late fees. If you made arrangements with someone else to pick up your camper you will be held responsible if they are late. Late fees are as follows:

- There is a \$20.00 late fee for each camper for every 15 minutes (or portion thereof) after the end of check-out (6:00 pm).
- If your child is not picked-up within 30 minutes after check-out ends (6:30 pm), we will contact the proper authorities (Los Angeles Police Department or Department of Children and Family Services) to take custody of your child.
- Late Payment of cash is due the time of pick-up. Failure to pay late charges will affect your child's ability to participate in future Camp Programs.

Lost and Found

Please check thoroughly for the campers items before leaving camp. Items left around camp during the week that have not be claimed are placed in lost and found. Items left after check-out will be kept for two weeks. If you discover that something is missing, call the camp to arrange a time for you to come to camp and look trough the lost and found. If items are not claimed we will donate them to charity. Please call the office to arrange a time to come search though our lost and found. Camp Staff is not able to look for each individual's article's. Camp is closed during the weekend. We do not mail lost items.

PACKING LIST

Please make sure to pack for the entire week and that all your items fit in 1 duffel bag or suitcase

Clothing

- Shirts
- Pants
- Shorts
- Sweatshirt
- Sweater or Jacket
- Pajamas
- Socks
- Underwear
- Swimming Trunks
- 2 Pairs of Sturdy Tennis Shoes or Hiking Boots
- Water Shoes (For Shower)
- Hat/Cap
- Beanie

Bedding

- Pillow
- Sleeping Bag or Twin Sheets & Blanket

Suggested

- Backpack for Trip
- Book
- Disposable Camera
- Flashlight
- Reusable Water Bottle
- Pen, Stationery, Stamps, Preaddressed Envelopes
- Plastic Bag(s) or Laundry Bag for Dirty Clothes

Toiletries

- Shampoo
- Soap
- Toothbrush/Toothpaste
- Lotion
- Lip Balm/Chapstick
- Stick Deodorant (No Aerosol Cans or Sprays)
- Sunscreen
- Insect Repellent
- Tissues/Kleenex
- Brush/ Comb
- Wash Cloth
- Bath Towels

Medication

Medication cannot go in luggage. Prescription Medication must be in its original container given by a doctor or pharmacy with campers name and dosage. Instructions must be in English

Over the Counter medication or vitamins - must be in its original package and container with dosage, instructions, active and inactive ingredients written in English.

What not to bring to Camp

Please do not bring TV's toys, pets/animals, water balloons, personal sports equipment, radios, video game consoles, tablets, laptops, cell phones, Ipads, ipods, smart watches that connect to a cellular or bluetooth network (i.e. apple watch, gizmo watch, galaxy watch, etc.) video recorders (they detract from the camp experience), aerosol cans, snack food, gum etc., (they attract bugs, rodents and other animals. No crocs, skate or wheelies shoes. These items will be confiscated and returned to the parent at the end of the session. Griffith Park Boys Camp is not responsible for lost, stolen or damaged items. Griffith Park Boys Camp staff has the right to conduct an administrative search when possession of illegal substance and weapons is suspected. Possession and/or use of weapons, knives, vapes, drugs, alcohol, matches, lighters and/or cigarettes have no place at camp and are cause for immediate dismissal. Campers do not have access to outlets for charging.

EXTRA ITEMS TO PACK

Below is a list of special clothing your child may want to bring to camp for the session below!

Session 1 June 16-20 <ul style="list-style-type: none">• Monster Clothing (especially Godzilla or King Kong)• White t-shirt (for color war)	Session 2 June 23-27 <ul style="list-style-type: none">• Knight, wizard or dragon clothing	Session 3 June 30-July 3 <ul style="list-style-type: none">• Sports team shirt or jersey• Crazy Socks
Session 4 July 7-11 <ul style="list-style-type: none">• Camouflage or spy outfit	Session 5 July 14-18 <ul style="list-style-type: none">• Hawaiian shirt• White t-shirt (tie dye)• Swim Trunks without metal rivets• Water Shoes and Backpack (for field trip)	Session 6 July 21-25 <ul style="list-style-type: none">• Race car clothing or racing outfit• Crazy hair supplies
Session 7 July 28-August 1 <ul style="list-style-type: none">• Bug catcher costume and or scientist costume	Session 8 August 4-8 <ul style="list-style-type: none">• Superhero or villain costume• T-shirt (blank) for craft project	



CONFIRMATION PACKET FORM

Confirmation Packet Form I have read and understand the policy on the camp's drop-off/early pick-up; I understand that if it necessary to pick-up my child early, I must make arrangements with the camp staff and will abide by the program needs. Initials: _____

I have read and understand the policy on late fees; there is a \$20.00 late fee each camper for every 15 minutes they are still at camp after the end of check-out (6:00pm). Initials: _____

I have read and understand that any pets are not allowed on camp property. I understand that the only animals allowed on site are certified service animals. Initials: _____

I have read and understand the policy for showing up at camp during non-check-in/out times. I understand that I must call and make appropriate arrangements if I need to drop something off or come to the camp for any reason throughout the week. Initials: _____

I have read and understand that there is no nurse on duty. Children must be able to administer their own medication, I have read and understand the medication policy which states that each medication must be in its original container and package with the dosage instructions in English. This includes prescriptions, non-prescription/over the counter medications, inhalers and vitamins. I understand that only the camper is named on the original prescription may be given the medication and we cannot accept expired medications. Initials: _____

I have read and understand the policy on cabin buddies; we do not honor cabin buddy requests and we do not guarantee placement in a particular cabin. Initials: _____

I have read and understand the codes of misconduct which state what my child be sent home for. I understand that if my child if my child is sent home for misconduct I must pick them up at the time requested by the camp. Furthermore, I understand that if my child is sent home for misconduct, there will be no refund or partial refunds. Initials: _____

By my signature, I have read and understand all the policies in the confirmation packet and on this form.

Parent/Guardian Name (Please Print): _____

Signature: _____

Child's Name (Please Print): _____

Child's Name (Please Print): _____

Child's Name (Please Print): _____

Child's Name (Please Print): _____