



DAVIS CHILDREN'S CHORALE

RACHEL DAY KESSLER,
FOUNDER AND ARTISTIC DIRECTOR

756-3807

Dear Parents and Chorale members,

The annual DCChor retreat will be September ___ - ___, 20__ at the "Community of the Great Commission" campground in Forest Hill, California. It is approximately 80 miles from Davis, and directions are below. I need to know who can drive and/or also be a chaperone. I will also be asking high school students who are former members of DCChor to be the student chaperones. There needs to be at least one HS student and one parent in each cabin.

I DO NOT WANT THE STUDENTS TO LEAVE SCHOOL EARLY, so we have adjusted the schedule to accommodate. We should arrive around 5 to 5:15 to prepare our cabins and then have dinner. We will have some activities after dinner and a short rehearsal before ending the evening around the campfire. It will be chilly, so bring appropriate clothing.

We will leave camp on Sunday after lunch and cabin check (for clean-up), around 12 or 12:30, and arrive back in Davis around 2-2:30, depending on the traffic.

I'm asking everyone to pay \$50. The cost of the camp is \$135 per person, but I'm using some of the fundraising monies from last year's Rotary Turkey barbeque raffle to help fund the camp. Valley Artist Productions will take care of the rest.

DIRECTIONS:

Take I-80 to Auburn.

Just east of Auburn, take the Foresthill (Auburn Ravine Road) exit.

Turn right, crossing over the American River.

Go through Foresthill; proceed for ~4 miles to Baker Ranch Bar (on the left).

Turn right on Michigan Bluff Road.

The turn-off to Community of the Great Commission is to the left, ½ mile before Michigan Bluff.

From Davis, allow 2 hours. From Auburn, allow 45 minutes.

At this time of year, it is very heavy traffic going up to the mountain area, especially getting through Sacramento.

Check list for what (what not) to bring:

- | | |
|--|--|
| _____ Sleeping bag and pillow | _____ Pair of sneakers
(not new, comfortable
sturdy, <u>NO SANDALS</u>) |
| _____ Extra blanket (optional) | _____ Pair of socks |
| _____ Large plastic bag for dirty clothes | _____ Pair of underwear |
| _____ Towel and wash cloth | _____ T-shirts |
| _____ Toilet supplies (soap, toothbrush, toothpaste,
comb) in plastic bag to take to shower | _____ sweatshirts, long sleeve shirts
DCChor hooded sweatshirt? |
| _____ Sunblock, <u>insect repellent</u> * | _____ Pair shorts |
| _____ Chapstick | _____ Pair long pants (Levi's, jeans) |
| _____ FLASHLIGHT (A MUST! w/ good batteries) | _____ Pajamas (sweatsuit is good) |
| _____ Kleenex | _____ Sweater |
| _____ WATER BOTTLE | _____ Cap/Poncho or rain gear |

*NOTE: Avon's "Skin So Soft Sun Care Plus" is an excellent combination sunscreen, insect repellent and moisturizing cream.

ITEMS NOT TO BRING:

NO knives or similar dangerous items.

No other drugs except what is prescribed by your physician.

(You MUST let Mrs. Kessler know what medication you have and need to take.)

THE CHORALE WILL NOT BE RESPONSIBLE FOR LOST, DESTROYED, OR STOLEN
PROPERTY OF CAMPERS.

SCHEDULE

FRIDAY

- 5:30 ARRIVAL/SETTLE IN CABINS
- 6:00 WALK TO DINNER (CLAIRE) (6:15 DINNER)
- 7:30 REHEARSAL (BOBBITT)
- 8:30 CAMPFIRE SONGS/GAMES
- 9:30 WALK TO CABINS (BRING FLASHLIGHTS) / CABIN TIME
- 10:30 LIGHTS OUT

SATURDAY

- 7:15 REVEILLE
- 8:00 WALK TO BREAKFAST (CLAIRE) (8:15 BREAKFAST)
- 8:45 WALK TO REHEARSAL (BOBBITT)
- 9-10:30 REHEARSAL
- 10:30 ELECTIVES (CRAFTS/TABLE GAMES, VOLLEYBALL/BASKETBALL, STUDY HALL, PRIVATE VOCAL INSTRUCTION, etc.)
- 11:45 WALK TO LUNCH (PICNIC AREA) (12:00 LUNCH)
- 12:45-1:30 OWN CABIN (QUIET TIME)
- 1:30-3:00 REHEARSAL (BOBBITT)
- 3:00 ELECTIVES (CRAFTS/TABLE GAMES, VOLLEYBALL/BASKETBALL, STUDY HALL, PRIVATE VOCAL INSTRUCTION, etc.)
- 4:30 REST IN OWN CABINS
- 5:15 WALK TO DINNER (CLAIRE) (5:30 DINNER)
- 6:15 WALK TO REHEARSAL
- 6:30-8:00 REHEARSAL (BOBBITT)
- 8:00-9:30 FUN TIME (BOBBITT) -- TO BE ANNOUNCED
- 9:30 WALK TO CABINS (BRING FLASHLIGHTS) / CABIN TIME
- 10:30 LIGHTS OUT

SUNDAY

- 7:15 REVEILLE
- 7:45 WALK TO BREAKFAST (CLAIRE) (8:00 BREAKFAST)
- 8:45 WALK TO REHEARSAL
- 9-10:30 REHEARSAL
- 10:30 CLEAN CABINS/PACK UP FOR HOME
- 11:15 WALK TO LUNCH (CLAIRE) (11:30 LUNCH)
- 12:00-12:30 LEAVE FOR HOME -- SAFE DRIVING!

**PARENTAL ASSURANCE OF GOOD PHYSICAL AND MENTAL CONDITION
AND AUTHORIZATION FOR IMMEDIATE EMERGENCY TREATMENT**

Chorale member name: _____ Age: _____ Birth Date: _____ (M or F)

Home address: _____ City: _____ Zip: _____ Home phone: _____

Mother's Name: _____ Work phone: () _____ Cell: () _____

Father's Name : _____ Work phone: () _____ Cell: () _____

Emergency contact: _____ Phone () _____ Alt: () _____

Family Physician: _____ Phone: () _____

Health Insurance Co. _____ Policy No.: _____ Last tetanus shot: _____

I understand that all medications brought by the campers will be given to their adult chaperone(s) and administered as prescribed. I have explained the proper method of taking medication to my child and she/he understands and agrees to take the medication as prescribed. All medications must be marked with the camper's name.

Please describe on other side any applicable health factors (such as recent surgery, asthma, nose bleeds, illnesses, allergies (food, medication, insect bites), epilepsy, prescribed medications, sleep walking, bedwetting, fainting, extreme shyness, fears, phobias, running away), or other issues, that might be important to know.

It is understood that camp staff are not able to provide the same degree of personal attention to each camper that they receive from their parents. I will give as much personal attention as I can over the course of two days; therefore strict adherence to camp rules is paramount. My child and I have read together the Camp Policy Sheet for this weekend and I have explained to him/her the importance of obeying the camp rules and promptly notifying chaperones/counselors of any problems or illness.

Camp will be at 4000 feet. Having personally satisfied myself that the ration and quality of staff, the location and physical conditions at camp, and the rules are sufficiently safe and acceptable to myself and my child, I assume the risks inherent in camp activity and release Valley Artist Productions, Inc. (Davis Children's Chorale) from a standard of absolute liability in the case of an accident.

I certify that to the best of my knowledge and belief that my child is in good physical condition and hereby release Valley Artist Productions, Inc. (Davis Children's Chorale), Mrs. Rachel Kessler, the counselors, chaperones, or any employee of the camp of any medical liability.

I hereby authorize the physician contacted by the camp director to provide immediate medical or surgical care, including transportation, for my son/daughter in an emergency which may occur during these two days.

Parent/guardian's signature: _____ Date: _____

AUTHORIZATION FOR MEDICAL TREATMENT MUST BE SIGNED BY PARENT OR GUARDIAN BEFORE MEDICAL ATTENTION CAN BE ADMINISTERED IN THE EVENT OF AN EMERGENCY.

I, _____, GIVE PERMISSION FOR MY SON/DAUGHTER TO RIDE IN A PARENT'S CAR TO CAMP ON FRIDAY, SEPT ___-___, 20___ AND DURING THE RETURN TRIP ON SUNDAY AFTER LUNCH.

THE ABOVE INFORMATION CAN APPLY TO THIS TRIP AND ANY OTHER TRIP THIS 20___-20___ YEAR.