



Dear Counselor Campers,

We are excited to welcome you as a participant of Counselor Camp 2011. This year's theme is *Perseverance*. This short registration packet contains information to help you and us prepare for our time together on a practical level.

This retreat is meant specifically for folks who, like you, are working in youth services: prevention, intervention, and treatment. We hope that your time with us at Cispus Learning Center in Randle, WA will be both invigorating and restful.

Counselor Camp 2011: *Perseverance*
Friday, September 16-18, 2011
Registration: Friday, September 16, 3 – 5 pm
Opening: Friday, September 16, 7 pm

What to Expect

Cispus Learning Center is a modern (running water, electricity, etc) but rustic location. During this retreat you will be staying in single gender dormitories with bunk beds and very few amenities. Modern bathrooms with showering facilities will be available for all campers.

You will be served meals in a Mess Hall. Cispus tries to the best of their ability to meet the needs of all food preferences (vegetarian, vegan, etc) as well as allergies and intolerances. Please indicate on your registration form your eating preferences; this information will be communicated with Cispus before the retreat. While Cispus is willing to be flexible and accommodating, please consider bringing supplementary food if you have multiple restrictions or unique needs.

Workshops will take place in small indoor classrooms, unless the presenter chooses to spend time out of doors. The indoor temperature is moderate but please dress in layers so that you can regulate your own comfort.

And please, take advantage of the beautiful location! We are fortunate to retreat to the wilderness and spend time together in the fresh fall mountain air. Outdoor activities will be available throughout the weekend, including an evening campfire and morning hikes on local trails. Come prepared to spend some time outside with your friends.

What to Bring

- Clothing to Dress in Layers
- Rain Jacket and/or umbrella
- Hiking Boots or other sturdy/water resistant shoes
- Sleeping Bag
- Towel and Toiletries
- A personal Water Bottle
- A notebook and pen to record your thoughts and ideas

- Camera (Optional)
- Eye Pillow and/or Ear Plugs (Optional)

Please return the following Registration and Explanation of Risks forms to our office, via email (info@ropj.org) or postal mail, by Friday, September 2nd so that we can ensure a successful retreat.

We look forward to meeting you this fall. In the meantime, please call the office (425) 485-7396 with your questions.

All the best,

Darcy Ottey, Executive Director
Rite of Passage Journeys

P.S. This year we are offering very comfortable long sleeved t-shirts. These shirts will be available for pre-order only. They will be available for pick-up on the first day.

If you would like to order one (or two or three . . .), please add \$22 per shirt to the cost of tuition and return this portion of the form indicating your desired quantity and size.

Name _____

<input type="checkbox"/> Extra Small,	quantity _____
<input type="checkbox"/> Small,	quantity _____
<input type="checkbox"/> Medium,	quantity _____
<input type="checkbox"/> Large,	quantity _____
<input type="checkbox"/> Extra Large,	quantity _____
<input type="checkbox"/> XX Large,	quantity _____
<input type="checkbox"/> XXX Large,	quantity _____

Payment information:

_____ people registering at \$115 (\$125 after August 1st)= \$_____

_____ of t-shirts at \$22 each= \$_____

TOTAL: \$_____

- I have already paid.
- Payment will be forthcoming from my employer.
- I am enclosing a check.
- Please bill the following credit card:
 - Credit card number: _____
 - Expiration Date: _____
 - Three-number code on the back: _____
 - Name as it appears of the card: _____
 - Billing address: _____

Name _____

Organization (if Applicable) _____ Job Title _____

Address _____

City _____ State/Province _____ Postal Code _____

Country _____ Citizen _____

Email _____

Home Phone _____ Age _____ Gender Male Female

Emergency Contact:

Name _____

Relationship to Participant _____

Address _____

Work Phone (____) _____ Home Phone (____) _____ Cell Phone (____) _____

Do you have any allergies or health problems that require special planning (Bee sting reactions, asthma, need for knee or back, etc.)? _____

Do you have any dietary needs that require special planning (Allergies, Intolerances, Vegan, etc.)?

Would you like to be added to Journeys ENewsletter list? Yes No

How did you hear about Counselor Camp? _____

RITE of PASSAGE JOURNEYS

Explanation of Risks and Dangers

I, the undersigned, hereby acknowledge that I have been advised and fully understand that there are inherent dangers in outdoor and nature-based activities sponsored by Rite of Passage Journeys (called Journeys from here on) which are beyond the control of the instructors, agents, officers, students, and employees of Journeys, and that participation in any program activities may entail unavoidable risk of accident, personal injury, or even death. While all activities will be supervised by qualified and experienced personnel, and while safety will be Journeys primary concern, it is impossible to guarantee that accidents will not happen.

Property Loss: I understand that neither Journeys nor Cispus Learning Center are responsible for personal property lost, damaged or stolen while participating in Counselor Camp.

Insurance: I understand that it is my responsibility to provide accident and health insurance coverage for myself while I am participating in Counselor Camp.

First Aid: I authorize Journeys, if the need arises, to administer first aid, CPR or other treatment by a qualified staff member.

Photograph Permission: I give my permission to Journeys to use without limitation or obligation, photographs, film footage, or tape recordings that may include my voice and/or image for purposes of promoting Rite of Passage programs.

Acceptance: I acknowledge the conditions stated above. If any portions of this waiver are held to be invalid, I agree that the remaining terms shall be in full legal force and effect. I have read, or have had read to me, and voluntarily sign this waiver and release from liability.

Signature

Date