

Rotary
District 5160



**camp
venture**

Camp Venture Student Packet

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For informational and recruiting purposes

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To be completed by the camper and **returned to Camp Venture** by camper or Rotary Chairperson –
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For informational purposes

Rotary
District 5160



**camp
venture**

Business Camp for Leaders & Entrepreneurs

St. Mary's College
Moraga, CA



DEVELOP WINNING STRATEGIES TO SUCCEED IN BUSINESS
"XTREME" TEAM BUILDING
MOTIVATIONAL & LEADERSHIP ACTIVITIES
INTERACTIVE DEVELOPMENT OF "REAL" BUSINESS PLANS

- COST PAID BY A SPONSORING ROTARY CLUB
- CONTACT YOUR STUDENT COUNSELOR
- STUDENTS HAVING COMPLETED JUNIOR YR
- FURTHER INFORMATION:
Email: CampVenture@Rotary5160.org

June 19-23, 2024



CAMP VENTURE AUTHORIZATION FORM 2024

Wednesday, June 19 – Sunday, June 23, 2024

CAMPER'S STATEMENT: Name _____ (print please)

I hereby accept the "Campership" from my sponsoring Rotary Club and agree to attend "Camp Venture" being held at St. Mary's College in Moraga, California, June 19-June 23, 2024. I understand I must attend the entire camp and acknowledge that **I will not be permitted to leave the camp early nor arrive late.** Initial _____ I agree to obey the camp rules (Please refer to the "Camp Venture Rules" enclosed.). I agree not to bring nor use any alcohol, drugs or unauthorized medications during camp.

Date: _____ Camper's Signature: _____

PARENT'S AUTHORIZATION

I/we hereby give my/our consent for my/our son/daughter to attend "Camp Venture" June 19-June 23, 2024. I/we further acknowledge that if my/our son/daughter is found to be in possession of liquor, drugs, or unidentified medications or violates the camp rules, that he/she will be sent home at once at my/our expense.

I/we also acknowledge that should my/our son/daughter decide **they are not able to attend camp that I/we will reimburse the sponsoring Rotary Club for the tuition paid (\$900).** Initial _____

We understand and acknowledge that neither Rotary nor "Camp Venture" has any responsibility to provide medical services and that we, as his/her parents, are fully responsible for all medical costs incurred for our child's benefit.

I/we hereby give consent to the Rotary "Camp Venture" Co-Chairs or his/her assigns, to hospitalize, order and secure proper treatment for, and to order injections and/or anesthesia and/or surgery for my/our child herein above named. ADD Co-Chairs contact info to parent's contacts:

David Litty Cell: (954)347-1974	Cory Busher Cell: (530)353-0357
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Date: _____ Guardian #1 Signature: _____
Guardian #1 Name (Print) _____
Guardian #2 Signature: _____
Guardian #2 Name (Print) _____

Emergency Contact phone # Guardian #1 _____ **Guardian #2** _____

Please provide us with family health insurance information below. (Attach Copy of Insurance Card)
(Please print legibly)

Insurance Company _____ Insured _____
Employer _____ Policy # _____
Effective date _____



STUDENT INFORMATION FORM
Wednesday, June 19 – Sunday, June 23, 2024

PLEASE PRINT LEGIBLY...ALL LINES!!!

Name: _____ M _____ F _____

Address: _____
Street

City State Zip

Telephone: _____

E-Mail: _____

High School: _____

Sponsoring Rotary Club: _____

Rotary Club Chairperson: _____

Allergies or **special dietary** requirements: _____

T-shirt size _____

Emergency Information

Parent or Guardian: _____

Address: _____
Street

City State Zip

EMERGENCY Telephone: _____

CAMPERS: Add Camp Venture Emergency Contact # to parent's phone in case of emergency:

David Litty Cell: (954)347-1974	Cory Busher Cell: (530)353-0357
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PLEASE RETURN TO CAMP VENTURE REGISTRAR BY APRIL30, 2024

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

PLEASE READ CAREFULLY

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, provincial, and local governments and federal and provincial health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

CAMP VENTURE 2024 has put in place preventative measures to reduce the spread of COVID-19 at its 2004 CAMP; however, CAMP VENTURE 2024 cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending CAMP VENTURE could increase your risk and your child(ren)'s risk of contracting COVID-19.

I understand that this Assumption of the Risk and Waiver of Liability agreement is in addition to, and is not a substitute for, any other documentation or registration information that I might be required to execute by CAMP VENTURE 2024 in order to REGISTER my child(ren) in the CAMP VENTURE 2024 program.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending CAMP VENTURE 2024 and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at CAMP VENTURE may result from the actions, omissions, or negligence of myself and others, including, but not limited to, CAMP VENTURE 2024, including employees and volunteers, and program participants and their families.

I VOLUNTARILY AGREE TO ASSUME ALL OF THE FOREGOING RISKS AND ACCEPT SOLE RESPONSIBILITY FOR ANY INJURY TO MY CHILD(REN) OR MYSELF (INCLUDING, BUT NOT LIMITED TO, PERSONAL INJURY, DISABILITY, AND DEATH), ILLNESS, DAMAGE, LOSS, CLAIM, LIABILITY, OR EXPENSE, OF ANY KIND, THAT I OR MY CHILD(REN) MAY EXPERIENCE OR INCUR IN CONNECTION WITH MY CHILD(REN)'S ATTENDANCE AT CAMP VENTURE 2024. ON MY BEHALF, AND ON BEHALF OF MY CHILDREN, I HEREBY RELEASE, COVENANT NOT TO SUE, DISCHARGE, AND HOLD HARMLESS THE CAMP VENTURE 2024 PROGRAM, COUNSELORS, AGENTS, AND REPRESENTATIVES, OF AND FROM THE CLAIMS, INCLUDING ALL LIABILITIES, CLAIMS, ACTIONS, DAMAGES, COSTS OR EXPENSES OF ANY KIND ARISING OUT OF OR RELATING THERETO.

I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of CAMP VENTURE 2024 PROGRAM, counselors, agents and representatives, whether a COVID-19 infection occurs before, during, or after participation in CAMP VENTURE 2024.

Signature of Parent/Guardian

Date

Name of Parent/Guardian

Full Name(s) of Participant(s) in
CAMP VENTURE 2024

Photo/Video Release

For good and valuable consideration, the receipt of which is hereby acknowledged, I,

_____ hereby grant Camp Venture 2024 Rotary District 5160 permission to use my likeness in a photograph/video in any and all of its publications, including but not limited to all of Camp Venture 2024 Rotary District 5160's printed and digital publications. I understand and agree that any photograph/video using my likeness will become property of Camp Venture 2024 Rotary District 5160 and will not be returned.

I acknowledge that since my participation with Camp Venture 2024 Rotary District 5160 is voluntary, I will receive no financial compensation.

I hereby irrevocably authorize Camp Venture 2024 Rotary District 5160 to edit, alter, copy, exhibit, publish or distribute this photo/video for purposes of publicizing Camp Venture 2024 Rotary District 5160's programs or for any other related, lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph/video.

I hereby hold harmless and release and forever discharge Camp Venture 2024 Rotary District 5160 from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Printed Name: _____ Date: _____

Signature: _____

Signature: _____

Signature of guardian if under 18 years of age

What to Expect at Check-in & Registration

Please arrive at St. Mary's College on Wednesday morning between 9:00am - 10:00am. There will be signs at the campus entrance guiding you back to the check-in/dorm area. We will leave the dorms at 10:00am to walk to the classroom and begin instructions. If unforeseen circumstances cause you to run late, please notify us as soon as possible so we can make arrangements.

Students traveling a longer distance (over 2 hours) have the ability to check-in and stay in the dorms the night before. Please contact us if this option applies to you. Students coming from the North (Redding, Red Bluff, Chico) area that might need a ride please reach out. Cory is coming down that day and can provide transportation. Dinner would be provided.

Covid-19 is still active although there is currently no mask mandate in place. Campers are encouraged to wear a mask if they wish. Please bring at least one mask with you as a precaution.

All camp attendees are asked to monitor their own health seven days prior to attending camp and each morning of camp while following CDC guidelines for protecting themselves and others.

We will have daily health checks in accordance to CDC guidelines.

Covid-19 infections may occur while at camp, having updated vaccinations is **HIGHLY RECOMMENDED**.

Things to Bring

You will be provided with 3 camp T-shirts at registration. This will be required to be worn during the day unless otherwise directed. Dorm rooms will be assigned, and you will need bedding, bathroom linens as well as toiletries for your 5 days, 4 nights of camp.

● Comfortable clothes, including a sweater or light jacket (Three Camp Venture T-shirts will be provided). Walking or cargo-length shorts are ok. No yoga, spandex, leggings, or tight-fitting pants. No underwear showing. (See Camp Rules)

- Sturdy shoes (athletic) for outdoor activities.**
- Pillow**
- Sleeping Bag**
- Bath Towel/washcloth**
- Camera (optional)**
- Sunscreen**
- Bug repellant (if you need it)**
- Personal toiletries (soap, shampoo, etc.)**
- Shower shoes (optional)**
- Swimming suit**
- WATER BOTTLE!**

Camp Venture 2024 - Entrepreneur Survey

Complete **BOTH** pages of the survey and email to: CampVenture@Rotary5160.org

NAME: _____

SCHOOL: _____

EMAIL: _____

FACEBOOK NAME: _____

PHONE #: _____

INSTAGRAM NAME: _____

CITY: _____

TWITTER NAME: _____

SPONSOR ROTARY CLUB: _____

IF I COULD START MY OWN BUSINESS, IT WOULD BE:

SELF ASSESSMENT

Circle the number that best fits YOU below: 1 = being the weakest / 5 = the strongest

Writing	1	2	3	4	5
Math/Analytical	1	2	3	4	5
Use of Excel	1	2	3	4	5
Computer Skills	1	2	3	4	5
Artistic/Creative	1	2	3	4	5

SCHOOL ACTIVITIES:

INTERESTS OUTSIDE OF SCHOOL:

PLEASE WRITE A SHORT BIOGRAPHY (BIO) FOR YOU TO SHARE WITH OTHER CAMPERS/STAFF:

Attach a head shot (SELFIE) picture with your bio and this form, or text a picture to Cory at (530)353-0357.

FOR PARENTS

CAMP VENTURE 2024
June 19 to June 23, 2024

**PICK UP INFORMATION
AND
INVITATION TO ATTEND PRESENTATIONS AND GRADUATION**

**PLEASE PICK UP YOUR CAMPER AT
St. Mary's College
Sunday, June 23
@ 3:30 PM (APPROXIMATE TIME)**

**YOU ARE CORDIALLY INVITED TO ATTEND
“GRADUATION” CEREMONIES ON THE SAME DAY!
PRESENTATIONS WILL START PROMPTLY @ 12:30PM
FOLLOW SIGNAGE ON CAMPUS TO CEREMONIES!**

David Litty Cell: (954)347-1974	Cory Busher Cell: (530)353-0357
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Thank you for your continued support of Camp Venture!

Camp Venture Rules

1. CAMPERS MAY NOT LEAVE THE IMMEDIATE CAMP AREA WITHOUT THE PERMISSION OF THE CAMP DIRECTOR.
2. CAMPERS ARE EXPECTED TO CONDUCT THEMSELVES IN THEIR ROOMS, IN SPORTS, IN THE DINING AREA AND ALL SESSIONS IN A MANNER THAT WILL BRING CREDIT TO THE CAMPER, THEIR SCHOOL, THEIR SPONSORING ROTARY CLUB AND THEIR FAMILY.
3. ATHLETIC ACTIVITIES ARE LIMITED TO THOSE PERIODS OF THE DAY AND EVENING SCHEDULED FOR SUCH ACTIVITIES.
4. ANY MEDICATIONS, WHETHER PRESCRIBED OR OVER THE COUNTER, MUST BE FULLY IDENTIFIED ON THE CONTAINER. CAMPERS FOUND IN POSSESSION OF ANY UNIDENTIFIED MEDICATIONS OR ALCOHOL WILL BE IMMEDIATELY SENT HOME, AT THE PARENTS' EXPENSE.
5. APPROPRIATE ATTIRE IS REQUIRED. WALKING OR CARGO LENGTH SHORTS, NO SPANDEX OR TIGHT-FITTING PANTS, NO YOGA OR DANCE TYPE PANTS. NO UNDERWEAR SHOWING.
6. LIGHTS OUT AT 11:00 PM EACH NIGHT, UNLESS EXTENDED IN ADVANCE BY CAMP DIRECTORS. LIGHTS OUT MEANS THAT EVERYONE IS QUIET THEREAFTER. NO CO-ED VISITATIONS OF ROOMS AT ANY TIME.
7. SMOKING OR VAPING IS PROHIBITED.
8. CAMPERS WILL WEAR T-SHIRTS PROVIDED AT ALL TIMES (EXCEPT DURING SPORTS).
9. PHONE CALLS PROHIBITED UNLESS TO PARENTS OR IN CASE OF AN EMERGENCY.
10. CAMPERS WHO DO NOT ADHERE TO THE "CAMP RULES" WILL BE SUBJECT TO DISMISSAL FROM CAMP AND MUST RETURN HOME AT PARENTS EXPENSE.

 POST OFFICE HEALTH SERVICES RESTROOMSACADEMIC, STUDENT, STAFF
AND ATHLETIC FACILITIESRESIDENCE
HALLS

PARKING Regulations enforced. Monday-Friday 6 a.m.-6 p.m. except residential

S COMMUTER

E FACULTY AND STAFF

S* RESIDENT (Assumption Hall Only)

V VISITOR (11 a.m.-3 p.m.)

V* VISITOR (7–11 a.m.)

E* EMPLOYEE ONLY - 24 hours/7 days
Upper Soda Parking Lot - 11 a.m.-6 p.m.

Directions to St. Mary's College Campus

Traffic is always heavy going into the Campus...please add extra time.

From San Francisco Bay Bridge or San Rafael/Richmond Bridge:

Take Highway 580 toward Hayward and then Highway 24 toward Walnut Creek. Once through the Caldecott Tunnel, take the third exit, which will be marked Orinda/Moraga. Turn right and follow Moraga Way about five miles. At the Chevron Station in Moraga, turn left onto Moraga Road, then right onto Saint Mary's Road. The College is about one mile farther on the right.

From Walnut Creek/Highway 680:

Take Highway 24 west (toward Oakland) to the Central Lafayette exit. Go right and around under freeway, then right onto Mt. Diablo Blvd. Get into the left lane, go one block, and then left onto Moraga Road. Go left onto Saint Mary's Road about four miles; the College will be on the left.