



## Point Bonita YMCA Outdoor Education & Wellness Program Student & Family Handbook

Dear Students, Parents, and Guardians,

We want your experience at Point Bonita YMCA to be safe, fun, and rewarding. While you are here you will learn about nature, yourself, your teachers, and your classmates.

We hope that this handbook will answer your questions you may have regarding your upcoming visit. Please read this packet carefully. If you have further questions, please contact your class teacher.

Here are some things you can do to get ready for the trip:

- Review the Packing List: bring sturdy walking shoes, sunscreen, and rain gear;
- Get in good shape—walk, run, or ride a bike every day;
- Find Point Bonita on a map; learn about the ocean; and
- Prepare a journal to write about your experiences while you are here.

### **PARENTS/GUARDIANS: COMPLETE BOTH THE REGISTRATION & HEALTH HISTORY FORM AND THE RELEASE OF LIABILITY FORM AND RETURN IT TO YOUR STUDENT'S TEACHER**

**GENERAL OVERVIEW:** Point Bonita YMCA is located in the Marin Headlands, part of the GGNRA, just across the Golden Gate Bridge from San Francisco. Through our outdoor science lessons, we deliver hands-on learning opportunities for students around themes of scientific inquiry and investigation, earth and life science, and environmental stewardship.

All hikes and instruction at Point Bonita YMCA are led by trained educators called Naturalists. Students will be assigned by their teachers into Naturalist Trail Groups. They will stay with this same hiking group for daytime activities and meals throughout their stay.

**DORMS:** Our facility originally served as barracks for the Nike Missile Site SF-88. We can sleep up to 175 people in heated rooms that hold 4-12 people each. We typically use one dorm for males and one for females; both are equipped with a common restroom that includes showers. Coin-operated washing machines and dryers are available.

**MEALS:** Our kitchen prepares delicious, nutritious meals for guests. We can support typical dietary restrictions, e.g. food allergies, vegetarians/vegans. However, you **MUST** indicate on the Registration & Health History form if you or your child has any dietary modifications or food allergies for us to be able to accommodate those needs.

Typically, the first meal provided by the YMCA is dinner. Students, chaperones and teachers need to **bring their own lunches on the first day**. During meals, naturalist groups sit together at assigned tables with chaperones.

We do not purchase, prepare, or serve any nuts in our facility. However, we cannot guarantee that all items we serve were not processed in a facility that is completely nut-free. If you have specific concerns regarding your child's diet, please email our Food Services Coordinator, [Ricardo Patron](#) directly.

**DAILY SCHEDULE:** You can view a [sample schedule](#) on our website. Your child's program may be slightly different as each program is tailored to your school's specific needs and requests.

**HEALTH AND WELLNESS POLICIES:** The health and safety of your children is our number one priority! As such, we adhere to the following policies:

- If a child has shown flu-like symptoms in the past 48 hours, do not send them to our facility. An illness outbreak could shut down our entire program for days, impacting your school and the groups who follow.
- Parents are asked to do lice checks in the morning, before departing for their visit to our campus.
- Students should come prepared with all medications approved by their physicians. Please don't forget inhalers and epi-pens.
- Participants must wash their hands thoroughly with soap before meals and after using the bathroom to help stay healthy and prevent spreading diseases. Please remind your child of the importance of this.

**\*Any participants sent home for health or discipline reasons will not be issued a refund.**

**HEALTH SUPERVISION:** Our outdoor educators are all certified in First Aid and CPR with AED, carry first aid kits, two-way radios, and are trained to respond in emergency situations. For situations during the night, a designated staff person in the park is available by phone. For emergency situations, NPS and Southern Marin Fire Protection District emergency personnel are on duty 24/7 and can be reached by calling 911. YMCA personnel cannot provide and/or distribute medication; this includes sunscreen and over-the-counter, or prescription medications.

**CHILD-SAFE PRACTICES:** The safety of youth is the first priority of the YMCA. YMCA staff are trained to ensure a child safe environment, and naturalists receive specialized training in Youth Development Principles and Child Abuse Prevention. Point Bonita YMCA abides by the following:

- All YMCA staff are screened through detailed applications, reference checks, and fingerprints;
- All YMCA staff are legally mandated to report reasonable suspicions of child abuse;
- Staff cannot accept gifts or gratuities from participants or their families, and are prohibited from working one-on-one with youth they've met through the YMCA;
- Staff cannot be in a one-on-one situation with youth where actions cannot be observed
- Teachers, parents, and students can address any and all concerns regarding the behavior of staff to senior YMCA personnel. (Human Resources Hotline 415-281-6790)

**BULLYING AND HARASSMENT POLICY:** The Point Bonita YMCA has a firm policy against all types of bullying and harassment. Our staff take incidents of bullying seriously, taking the necessary steps to stop the harassment and protect the victim(s).

**GENERAL COMMUNICATIONS:** Teachers should remain the primary point person for all communication with the school or to parents.

- Should you need to contact your child while they are staying at Point Bonita YMCA, first try to contact your child's teacher. You may also call our Associate Director of Outdoor Education, at (415)331-9622 x9326 between the hours of 9 am and 5pm. Outside of these hours, messages may be left at x5952.
- While your child is at Point Bonita Y, the classroom teacher or one of our staff will notify you if any concerns arise. Once here, we do not recommend that students call home. Often when a homesick child speaks to someone from home, their homesickness is only made worse.
- If families want to mail letters to students to arrive during their stay, those letters should be mailed at least *one week before* the scheduled visit. Letters should be addressed as follows: Point Bonita YMCA, Student's Name/School, 981 Fort Barry, GGNRA, Sausalito, CA 94965.

**CELL PHONES and OTHER SCREENS:** Point Bonita YMCA has a "no student cell phone" policy. Cell phone multi-use functions like camera, texting, and web browsing, etc. can put campers at risk of emotional injury and distract from their experience when misused or unsupervised. We highly recommend that students use disposable cameras. The YMCA is not responsible for any lost or stolen electronic devices.



## POINT BONITA YMCA COMMUNITY AGREEMENTS AND EXPECTATIONS

We want you to have a positive experience exploring nature and your national park. Point Bonita staff and school chaperones are here to support you throughout your visit. In order to make your stay with us safe and enjoyable, we need your cooperation in following the YMCA Core Values: Respect, Responsibility, Caring and Honesty.

As well as the YMCA Core Values, all participants agree to the following:

- I will respect other participants, their privacy, and their property.
- I will respect the YMCA campus and be a steward of Golden Gate National Recreation Area.
- I will treat all people with respect, by not discriminating against people because of their race, culture, religion, sexual orientation, gender, language, talents, or special needs.
- I will be safe and not cause physical or emotional harm to myself or any other person and follow all safety directions.
- I will be respectful of quiet hours, so that everyone can get enough sleep to stay healthy.
- I will be safe and not bring or use recreational drugs, cigarettes, weapons, and/or alcohol at the YMCA.
- I will stay with my school group and be under the supervision of a chaperone at all times.
- I will only enter and use my dorm; and refrain from entering other participant dorm rooms.
- I will keep food out of my dorm.
- I will be on time, prepared (have suitable clothing and equipment), and be an active participant.
- I will follow the cell phone policy set in place during my visit.

**STUDENT BEHAVIOR SUPPORT SYSTEM:** We strive to prevent behavior problems by using proactive methods to engage students and redirect behaviors. When students do not adhere to the YMCA Community Agreements and Expectations, we attempt to utilize restorative justice practices which could include any or all of the following actions:

- **Verbal Warning:** Staff will check in with the student(s) to ensure they understand what they did wrong and the impact of their actions. Students will be given opportunities to repair relationships or rectify behavior; if they are unable to do that or do anything that jeopardizes someone's safety then they will move to a conference and contract. Teacher will be informed.
- **Conference & Behavior Contract:** Student(s), teacher(s) and YMCA staff meets and agree on a behavior contract where student(s) take responsibility for their actions and come up with a plan that they can commit to that will ensure the safety and respect of everyone involved; if needed, student(s) call home in the presence of the teacher.

As a last resort, Point Bonita YMCA reserves the right to send a child home due to unsafe and/or inappropriate behavior. It is the family's responsibility to pick up the child; if that is not possible, it becomes the school's responsibility.

# Point Bonita YMCA Outdoor Education Program

## PARTICIPANT PACKING LIST

**\*\* PLEASE LABEL EVERYTHING WITH YOUR NAME! \*\***

### Essential Items:

- Bag lunch, just enough food for the first lunch (all other meals provided by Point Bonita YMCA)
- Reusable water bottle, at least 24oz (w/a watertight, screw-top lid)**
- Backpack (big enough to carry a lunch, jacket, and water bottle)
- Medications/prescriptions in original packaging

**Required Items:** (Based on a 3-5 day program; adjust accordingly)

### Clothing: Please prepare for sun and rain

- Waterproof rain coat or poncho
- Warm layer (sweatshirts/sweaters) (2-3)
- Warm jacket
- Long pants/jeans (2-3)
- Warm hat **and** Hat with a brim
- Underwear (1 pair/day)
- Socks (1-2 pairs/day)
- Shirts, long- and short-sleeved (3-5)
- Bathing suit (for showering)
- Pajamas
- 2 pairs of sturdy shoes/boots (no sandals!)
- Gloves
- Plastic **bag for dirty clothes**
- Bandana (to eat on) for trail lunch day(s)

### Toiletries:

- Toothbrush and Toothpaste
- Sun block (SPF #15 or higher)
- Comb or brush
- Chapstick or lip balm
- Shampoo and soap
- Bath towel and washcloth

### Bedding

- Sleeping bag or twin size sheets and blanket
- Fitted sheet for twin mattress
- Pillow

### OPTIONAL ITEMS:

- Hand lens (magnifying glass)
- Inexpensive Camera (Disposable/digital)
- Binoculars
- Quarters and laundry soap
- Sunglasses
- Rain pants
- Shower shoes

\*Adults are encouraged to bring their own reusable travel mug for coffee and tea\*

### DO NOT BRING:

- Smart/Cell phones (except adults)
- Pocket knives, weapons, or dangerous items
- Any electronic games or devices
- Gum, candy, or other snacks
- Anything you need to plug in (e.g. Hair dryers)
- Personal sports equipment or fishing gear

Please do not bring **ANYTHING** of value that you do not want to lose.

The YMCA accepts no responsibility for loss of or damage to personal property.



# POINT BONITA YMCA OUTDOOR EDUCATION Registration Form

School Name: \_\_\_\_\_

Participant: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Non-Parent Contact: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

## HEALTH INFORMATION

Does the participant have, or has the participant had, any of the following conditions/symptoms?

Current Medical Conditions	Diseases	Allergies
<input type="checkbox"/> Bleeding/Clotting Disorders <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Ear Infections <input type="checkbox"/> Heart Defects/Hypertension <input type="checkbox"/> Psychiatric Treatment <input type="checkbox"/> Seizure Disorder <input type="checkbox"/> Immuno-Compromised <input type="checkbox"/> Sleep Walking <input type="checkbox"/> Bedwetting <input type="checkbox"/> Hospitalized in the last 5 yrs?	<input type="checkbox"/> Chicken Pox <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Other Diseases Date of last Tetanus shot: _____	<input type="checkbox"/> Hay Fever <input type="checkbox"/> Iodine <input type="checkbox"/> Poison Oak <input type="checkbox"/> Penicillin <input type="checkbox"/> Bees/Wasps <input type="checkbox"/> Food <input type="checkbox"/> Other Allergies
		<b>If Participant Has Allergies</b>
		<input type="checkbox"/> Do you carry your own Epinephrine or Epi-Pen? <input type="checkbox"/> Do you carry your own inhaler?

If you answered "yes" to any of the above items, please explain below. (Attach additional pages if necessary.)

\_\_\_\_\_  
\_\_\_\_\_

Food Allergies or Dietary Restrictions (please specify): \_\_\_\_\_

Current Medications (send with instructions): \_\_\_\_\_

Please share any additional information including special needs (emotional/social/behavioral issues/soothing strategies) that we should be aware of to provide the best possible care: \_\_\_\_\_

\_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_

Dentist/Orthodontist: \_\_\_\_\_ Phone: \_\_\_\_\_

**Authorization for Treatment:** I hereby give permission to the medical personnel selected by the YMCA to order X-rays, routine tests, treatment, & necessary transportation for the participant. In the event that I cannot be reached in an emergency, I hereby give permission to secure and administer treatment, including hospitalization, for the person named above. This form may be photocopied.

\_\_\_\_\_

Signature (parent/guardian if person is a minor)

\_\_\_\_\_

Date

**I want to receive the Point Bonita YMCA electronic newsletter** \_\_\_\_\_

Email Address

# YMCA of San Francisco

## Release and Waiver of Liability and Indemnity Agreement

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgment that such premises and all facilities and equipment therein and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.

2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned or such children in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.

3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releasees or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

4. THE UNDERSIGNED HEREBY GIVES PERMISSION for the YMCA of San Francisco, or any of its branches, to use any photographs or video footage taken of the undersigned and/or the undersigned's children participating in YMCA of San Francisco activities in future YMCA promotional purposes, without additional release or authorization.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE.

Signature of applicant/parent: \_\_\_\_\_ Date \_\_\_\_\_

Print name of applicant/parent: \_\_\_\_\_

Print name(s) of child(ren) in program: \_\_\_\_\_

