

Remi Vista Horizons Wilderness Program

Congratulations!! You are about to embark on an amazing and rewarding experience in the mountains of Siskiyou County. You will be participating in an outdoor adventure that will involve hiking to lakes, waterfalls, and mountain peaks. We will swim, we will get to know one another, we will get to know ourselves and we will have fun!

Some changes have been made to our format. The major change is that we will be doing day hikes, in lieu of multi day backpacking trips. This offers us the ability to explore more of the beautiful area we live in!

One hike, we may summit Mount Eddy and swim at Deadfall Lake, another we will hike the McCloud River. We could go to Castle Crags, we could go to 7 Lakes Basin, Faery Falls, or South Gate Meadows.

Horizons' employs many experienced qualified staff to assist you. They have all been trained in First Aid/CPR and water rescue and have a thorough knowledge of the wilderness we are going to explore.

We will have an epic time. We will have fun and see some beautiful countryside. We will move those bones that have been sitting in a classroom and learn from a new teacher; Mother Nature. It'll be a good time!

Thank You,

Horizons' Staff

Attending?

- Yes No **6/18/18: Faery Falls, Mount Shasta departure**
- Yes No **6/22/18: McCloud River: Nitwit CG to Cattle Camp Swim Hole, Mt. Shasta departure**
- Yes No **6/25/18: McCloud Falls Trail, Mount Shasta departure**
- Yes No **7/9/18: McCloud River: Algoma Camp to Nitwit Camp, Mt. Shasta departure**
- Yes No **7/13/18: Hidden Lake, Yreka departure**
- Yes No **7/16/18: Gumboot Lake, Mount Shasta departure**
- Yes No **7/18/18: Cliff Lake, Mount Shasta departure**
- Yes No **7/20/18: Gray Rock Lakes Trail, Mount Shasta departure**
- Yes No **7/23/18: Long Gulch Lake, Yreka departure**
- Yes No **7/25/18: Deadfall Lake/Mt. Eddy Summit via PCT, Mount Shasta departure**
- Yes No **7/27/18: Horseback Trail Ride: Carter Meadows, Yreka departure**
- Yes No **7/30/18: South Gate Meadows, Mount Shasta departure**

*We will plan on departing for hikes no later than 830am, from the office closest to the destination.

All Mount Shasta departures 1) will depart from Mount Shasta office, 301 Chestnut Street, by 830am
2) drop offs @ Yreka office by 7:15am

All Yreka departures 1) will depart from Yreka office, 206 Fourth Street, by 830am
2) drop offs @ Mount Shasta office by 7:15am

Return from hikes and student pickup will happen in between 3 and 5pm. More information will be provided as it comes closer to hiking times.

We will be providing a sandwich lunch and beverages (mostly water). Fishing is okay; it is your responsibility to get a fishing license and there is no guarantee fishing gear will be available to use from us.

Please bring the following:

- Any **afternoon** medications
- Hiking boots or comparable shoes
- Swimming suit (if planning on swimming)
- Water shoes would be suggested
- Additional snacks, if needed (please no soda/pop products)
- Fishing pole, bait, hooks, etc. (if intending on fishing)
- Fishing License (if intending on fishing)

HORIZONS APPLICATION

Please be sure to accurately fill out the application and return to us as soon as possible.

Applicant:

Name: _____

DOB: _____

SSN: _____

Address: _____

Phone: _____

Alt. Phone: _____

School Attending: _____

Grade in school: _____

Parent/Guardian:

Name: _____

Name: _____

Address: _____

Phone: _____

Alt. Phone: _____

Emergency Contact: _____

E-mail address: _____

What goals are you hoping to achieve during the camp?

What are some of your strengths?

What are some of your weaknesses or areas that you want to improve?

Do you have any limitations that would prevent you from participating in physical activities, i.e. hiking up hills or walking for longer than an hour? If yes, please explain.

Do you have any experience camping or being in the wilderness for multiple days?

A Horizons representative will contact you to arrange a personal meeting. Thank you for your time. Please return the application to:

REMI VISTA HORIZONS
301 Chestnut Street
Mount Shasta, CA 96067

You may also email your electronic application by clicking on the Submit button.

HORIZONS WILDERNESS CAMP

MEDICAL INFORMATION AND RELEASE

Name: _____

Address: _____

Family doctor: _____ Phone: _____

Family dentist: _____ Phone: _____

Do you wear glasses/ contacts/ retainers? _____

Date of last physical _____

Do you currently get exercise? _____

Please describe physical activities:

Describe any pertinent medical/physical information that might inhibit physical activity:

List any known allergies to medicines, food, insect bites, etc. Include the severity of reaction and how it is controlled:

Do you carry an inhaler or epinephrine pen? _____

Have you ever been hospitalized for asthma? _____

Are you up to date on immunizations? _____

Have you had any alcohol, substance and /or dependency (including tobacco) related issues? _____

If yes, please describe the choice of substance and usage patterns:

Is there any important cultural or religious information we should know about?

Are you a competent swimmer? _____

Please describe your comfort level around water:

Primary insurance carrier: _____

Address: _____

Phone: _____

Group number: _____

Secondary insurance carrier: _____

Address: _____

Phone: _____

Group number: _____

HORIZONS WILDERNESS CAMP

MEDICAL INFORMATION AND RELEASE

Please have this form filled out by a physician.

Date of physical: _____

Camper's name: _____

Age: _____

Height: _____ Weight: _____

I have conducted a thorough physical examination of the above camper, and found them to be in good physical health. I understand that during the Horizons Wilderness camp, the camper will be exposed to the elements of nature for up to five days and at times will be several hours away from medical care. The camper will be carrying a 15 lb backpack, hiking up to 3 miles a day and exposed to altitudes ranging from 4000 up to 7500 feet. Given this remote and strenuous program, I believe the above camper to be capable of undertaking the nature of this program.

Physician's signature: _____

Date: _____

HORIZONS WILDERNESS CAMP

CLIENT PRESCRIPTION MEDICATION

Horizons staff will hold and dispense all medication (prescription or non-prescription) that you may need. Please also list all vitamins and supplements that you are taking. It is very important that we have accurate information about each medication that you take.

MEDICATION	REASON FOR TAKING	DOSAGE/TIME?

Please ensure that sufficient amounts of medications are brought along with you.