



**INFORMATION AND SIGN-UP FOR  
CAMP CIELO AT CAMP MADDUX  
April 26th to April 28th, 2024**

**WHO:** Every Camp Fire Member & Group with adult supervision, (No Pets), children under 4 by

Request only **WHAT:** Camp Cielo weekend Camp Out at Lopez Lake, Camp French

**WHEN:** Friday April 26: 3:00 PM until Sunday April 28th: 11:00 AM

**SCHEDULE:** **Friday:**

Arrive and set up Tent site- Dinner not included (on your own) BBQ areas available if needed. From 5:30 PM to 7:30 PM bring white T-shirt to prepare for tie-dye at the picnic table.

**\*\*\*\* 6:30 PM-7:30 PM ALL CAMPER MEETING, SNACK AND CAMPFIRE**

**Saturday:**

7:00 AM Breakfast

8:00 AM All campers morning hike

9:00 AM-12:00 PM- All camper activities

12:30 PM Lunch

1:30 PM Outdoor play or free time until afternoon snack.

6:30 PM Dinner followed by surprises, night hike, campfire, skits and smores

**Sunday:**

8:00 AM Breakfast

9:00 AM-10:00 AM Clean up camp site and all areas.

10:00 AM-11:00 AM- Awards, T-shirts and Closing Followed by departing home drive safely!

**COSTS:** include camping fees (tent site), food, craft activities **Due by 4/1/24.**

Payable by cash or check (made out to Camp Fire) \*after 4/5 additional charge of \$10pp

Membership: Youth-\$55.00 Adult: \$45.00 Registered Leader- \$20.00 (one per club)

**CRAFT:** Please bring 1 white t-shirt or pillowcase for tie-dye. For best results items should be at least 50% cotton.

**PACKING LIST:** Bring the following camp gear with you

TENT TOWEL BAG-CRAFTS SWEATSHIRT WATER BOTTLES SLEEPING BAG SHIRTS AIR MATTRESS  
TOILET ARTICLES SUNSCREEN 2 BLANKETS PILLOW FLASHLIGHT MEDICATION/IF ANY WASH CLOTH  
UNDERWEAR SOCKS SHORTS, JEANS CAMERA (optional) HATS WARM PJ'S JACKET 2 DRINKING  
CUPS- 1 HOT, 1 COLD (NOT DISPOSABLE) SHOES (no sandals) DINNER FOR FRIDAY NIGHT CAMP FIRE  
T-SHIRT/SWEATSHIRT

**LEADERS:** Have prepared a club skit performance for Saturday night's event.

This weekend will be packed full of fun for all levels of Camp Fire! It is a wonderful Opportunity for leaders, parents and youths from all areas to have a refreshing outdoors experience!

Leaders and parents, we will need your help! Everyone plan to attend and have a great time.

*Note:* No cell service at camp site.

**PLEASE RETURN ALL SIGNED FORMS BY April 1, 2024 or sooner. TO INSURE CHILD'S REGISTRATION IN CAMP**



REGISTRATION AND PERMISSION SLIP FORM
CAMP CIELO
AT CAMP MADDUX April 26th to April 28th, 2024

Date Received: \_\_\_\_\_

ONE FORM PER PERSON

(YOUTH) Registration

CHILDREN UNDER 4 BY REQUEST ONLY

Amount Enclosed\_ \$55.00

Full Name \_\_\_\_\_ Address \_\_\_\_\_

Parent Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Camp Fire Member \_\_\_\_\_ Yes \_\_\_\_\_ No, Leader Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Medical history: Diabetes \_\_\_\_\_ Yes \_\_\_\_\_ No; Epilepsy \_\_\_\_\_ Yes \_\_\_\_\_ No; Other \_\_\_\_\_

Subject to specific allergies \_\_\_\_\_ Yes \_\_\_\_\_ No; if yes, please list \_\_\_\_\_

Is on any medication \_\_\_\_\_ Yes \_\_\_\_\_ No; if yes, please list \_\_\_\_\_

EMERGENCY CONTACTS: Be certain that the LOCAL emergency contact people listed below are available and know you are depending on them, if you cannot be reached.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation to child \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation to child \_\_\_\_\_

I certify that my child \_\_\_\_\_ is in good health and can participate in all the normal activities of the group and has my permission to attend the Camp Cielo Weekend at Lopez Lake Campground under the direction of Camp Fire Central Coast of CA. His/Her leader or another designated adult \_\_\_\_\_ will be in charge for that weekend, April 26th to April 28th, 2024. I will assure that my child is properly prepared for all activities including having proper clothing and equipment, being in good health and willing and able to participate in camp activities, and will abide by camp policies and follow directions of camp personnel. I hereby give my permission for my child to receive medical treatment in the event of an emergency until I can be reached. This applies to accidents and/or illness. I understand that reasonable measures will be taken to safeguard the health and safety of the group and that I will be notified as soon as possible in case of emergency. In the event of sickness or accident, I will not hold the group leaders or Camp Fire Central Coast of CA responsible. I agree to be responsible for payment of expenses incurred in such emergency treatment.

Parent and/or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

(NO PETS ALLOWED)

TO INSURE CHILD'S REGISTRATION IN CAMP PLEASE RETURN ALL SIGNED FORMS BY APRIL 1, 2023

Mail to: Camp Fire Office Camp Cielo, P.O.Box 1269, Arroyo Grande, CA 93421



**REGISTRATION AND PERMISSION SLIP FORM**  
**CAMP CIELO**  
**AT CAMP MADDOX April 26th to April 28th, 2024**

Date Received: \_\_\_\_\_

**ONE FORM PER PERSON**

**(ADULT)** Registration \$45  
Leader (one per club) \$20

Amount Enclosed \$ \_\_\_\_\_

Full Name \_\_\_\_\_ Address \_\_\_\_\_

Parent Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Camp Fire Member \_\_\_\_\_ Yes \_\_\_\_\_ No,

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Medical history: Diabetes \_\_\_\_\_ Yes \_\_\_\_\_ No; Epilepsy \_\_\_\_\_ Yes \_\_\_\_\_ No; Other \_\_\_\_\_

Subject to specific allergies \_\_\_\_\_ Yes \_\_\_\_\_ No; if yes, please list \_\_\_\_\_

Is on any medication \_\_\_\_\_ Yes \_\_\_\_\_ No; if yes, please list \_\_\_\_\_

**EMERGENCY CONTACTS:** Be certain that the LOCAL emergency contact people listed below are available and **know** you are depending on them, if you cannot be reached.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

I certify that I \_\_\_\_\_ am in good health and can participate in all the normal activities of the group and will be attending the Camp Cielo Weekend at Lopez Lake Campground under the direction of Camp Fire Central Coast of CA. **April 26th to April 28th, 2024**. I will make sure that I am properly prepared for all activities including having proper clothing and equipment, being in good health and willing and able to participate in camp activities, and will abide by camp policies and follow directions of camp personnel. I hereby give my permission to receive medical treatment in the event of an emergency until I can be reached. This applies to accidents and/or illness. I understand that reasonable measures will be taken to safeguard the health and safety of the group and that I will be notified as soon as possible in case of emergency. In the event of sickness or accident, I will not hold the group leaders or Camp Fire Central Coast of CA responsible. I agree to be responsible for payment of expenses incurred in such emergency treatment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**(NO PETS ALLOWED)**

**TO INSURE ADULT'S REGISTRATION IN CAMP PLEASE RETURN ALL SIGNED FORMS BY APRIL 1, 2024**

**Mail to: Camp Fire Office Camp Cielo, P.O.Box 1269, Arroyo Grande, CA 93421**