

About the **Program**

White Stag Leadership Development training is over 55-years old and teaches youth a specific set of leadership competencies. Our Venturing Crew works year-round to plan and present three week-long camps each summer. During the training week, campers get repeated opportunities to learn and practice leadership skills in small and large group settings. They develop plans for applying these skills in their home organizations, programs, family, and community. Experienced adults and trained youth leaders closely and continually monitor all elements of the program. The program is open to boys and girls who have completed the 5th grade and are not yet 19 years old.

About Our Name

We take our name from the White Stag of Hungarian legend, the symbol of the 1933 World Jamboree held in Hungary. This Jamboree was the last attended by the founder of Scouting, Lord Baden-Powell. The White Stag was the symbol of challenge to reach for goals beyond one's perceived limitations and thus a challenge to grow as human beings, a fitting symbol for a leadership program.

The History of White Stag

White Stag was founded in 1958 by educational psychologist Dr. Bela Banathy. He conceived the idea of a program that defined and taught specific leadership competencies to youth. With the input of other social scientists and the assistance of a key group of fellow Scouters, Bela formulated and tested a method for managing the learning of leadership skills. The program was adapted in 1972 by the National Council of the Boy Scouts of America as the official nationwide Junior Leader Training Program.

About the Leadership Competencies

Your child will receive hands-on learning experiences designed to help them use proven leadership competencies pioneered by White Stag. Our program challenges youth to develop leadership skills and apply these skills in their home units, their schools, their church groups, and within their families. We are currently training our fourth generation of youth staff.

Each camper will acquire a greater depth and breadth of knowledge in the following leadership competencies:

Getting and giving information
Knowing and using your available resources
Controlling your group's performance
Understand group needs and characteristics
Planning and decision making
Managing the learning by using goals and objectives
Setting the example
Sharing leadership
Counseling
Representing your group
Evaluating and process improvement
And more.

About Our Staff

White Stag is a volunteer organization. Our highly trained adult staff is made up of alumni, parents, and scout leaders who have found value in the White Stag experience. All parents are welcome to participate. Many parents help in equipment and food service support roles. For information on how you can help, contact Parent Coordinator Steve Cardinalli, tony@whitestagcamp.org or 1-800-559-3188.

Who May Attend

White Stag training is open to all youth who have **completed the 5th grade** and are not yet 19 years old during camp. Space is available on a first-come, first-served basis.

How to Apply

It is our philosophy that the camper learns best by doing, therefore we ask that the camper complete the entire Registration Form (page 9) on his/her own, including the section "define leadership." If the camper has questions about the course, we strongly encourage the camper to contact us directly. (Making a payment online does not constitute a complete registration). See below for registration checklist.

Registration Check List

Complete and return ALL of the following forms. (Making a payment online does not constitute a complete registration):

Ш	White Stag Leadership Development Registration Form (page 9)
	Parent Permission and Consent for Medical Treatment (page 10)
	Health and Medical History Record (page 11)
	Medical Examination Record, must be signed by a doctor within 1 year of camp
	date. (page 12)
	(a BSA annual medical form may be used in place of the Medical Exam and Health

History. Parts A, B & C must be submitted). **Do not send original medical forms.**BSA Youth Membership Registration Form. (Used to register or multiple-register the participant during this super activity and does not affect current BSA registration in

Fax the required forms to (831) 375-0905 or e-mail them to register@whitestagcamp.org and then mail with your deposit or full payment to: White Stag Leadership Camp at 33 Soledad Drive in Monterey, CA 93940. (If payment is made online please provide

another unit.) (downloadable file available at www.whitestagcamp.org)

receipt with forms so that your payment can be applied correctly).

Camp Dates/ Location

Session 1 - Sunday, June 28th to Saturday July 4th, 2015 and will be held at Cutter Scout Reservation in the Santa Cruz mountains. This camp offers hiking in all directions, swimming pool. 2500 China Grade Rd. Boulder Creek, CA 95006

Session 2 - Sunday, July 12^h to Saturday July 18th, 2015 and will be held at Camp Lindblad located in the Santa Cruz mountains. 17660 Kings Creek Road, Boulder Creek, CA 95006

Session 3 - Sunday, July 26th to Saturday August 1st, 2015 (tentative) will be held in Arroyo Seco near Greenfield in South Monterey County, just south of Salinas. Camp Address is: 46360 Arroyo Seco Road, Greenfield, CA 93927

These locations border thousands of acres of wilderness and offers great opportunities for hiking and backpacking and an action-filled week of leadership development. We believe that the challenge of leadership development is best taught in a hands-on setting where the candidate can apply the skills of outdoor living.

Pre-Camp Orientation

May 16, 2015 at the Presidio of Monterey Scout Lodge in Monterey, CA

For Campers: 8:45 a.m. – 3:30 p.m.

Our "Candidate-Day" orientation includes a hands-on introduction to the White Stag camp's principles and methods. Candidate-Day participants must bring a notebook, water bottle, and sack lunch.

For Parents: 10:00 a.m. – 12:00 p.m.

2015 Important Dates

March 31st	Last Day for reduced price of \$335.	ALL forms must be completed and full payment
	made in order to qualify for reduced	pricing.

May 16th Camper and Parent Orientation at Candidate-Day (POM Scout Lodge in Monterey)

Sept 13th Indaba/Reunion. Staff Interviews

Session 1 Important Dates

June 15 st	Session 1 all forms and full pay	ment/balance due.

June 16st Session 1 Candidates with missing forms will be charged a late form fee of \$50.00. June 28th Session 1 Camp begins. Check-in begins at 10 am. No check-in after 11 am.

July 4th Session 1 Camp ends. Lunch/Parent Post-Orientation - 12 pm. Graduation 1-3 pm. No

early dismissal.

Session 2 important Dates

July 1 st	Session 2 all forms and ful	I payment/balance due
----------------------	-----------------------------	-----------------------

July 2nd Session 2 Candidates with missing forms will be charged a late form fee of \$50.00. July 12th Session 2 Camp begins. Check-in begins at 10 am. No check-in after 11 am.

July 18th Session 2 Camp ends. Lunch/Parent Post-Orientation - 12 pm. Graduation - 1-3 pm.

No early dismissal.

Session 3 Important Dates

July 15 th	Session 3 all forms and full payment/balance due

July 16th Session 3 Candidates with missing forms will be charged a late form fee of \$50.00.

July 26th Session 3 Camp begins. Registration -in begins at 10 am. No check-in after 11 am.

August 1st Session 3 Camp ends. Lunch/Parent Post-Orientation - 12 pm. Graduation - 1-3 pm.

No early dismissal.

Camp Fees

\$335.00 if paid in full and all required forms submitted by March 31st, 2015

\$360.00 as of April 1st, 2015

\$50.00 missing/late form fees charged if forms not received by the session deadlines Partial camperships are available. For more information, contact Steve Cardinalli at

Register@whitestagcamp.org or 1-800-559-3188

Sibling Discount

A sibling discount of \$50.00 is available for two or more sibling participants. Discount will be applied to second and each subsequent participating sibling. Indicate the names of siblings on each camper's Registration Form to qualify for discount (page 9).

Group Discount

For groups of 5 or more, a group discount of \$25.00 per person is available. Groups must be preapproved and have a designated coordinator for form and fee collection. Call for details.

Check-in/Arrivals/ & Departures

No Late Arrivals or Early Departures. Check-in is held at the camp parking lot on the first day of camp starting at 10:00am. Late arrivals after 11:00am **cannot** be accommodated. Each camper must attend the course in its entirety. He/She may not arrive late or leave early.

Medical Forms

The Boy Scout Annual medical form will be allowed as a substitute to our Medical Exam Record and Health History, if signed by a Physician within 1 year from the last day of camp. All Parts including Part B with parent signature must be submitted.

Closing Graduation Ceremony

Session 1 – Saturday, June 28th 2015. 1:00-2:30 p.m. at Camp Cutter.

Session 2 – Saturday, July 19th 2015. 1:00-2:30 p.m. at Camp Lindblad.

Session 3 – Saturday, August 1st 2015. 1:00-2:30 p.m. at Arroyo Seco Ranch. (4wd is required to drive into this location.)

Family members and friends are strongly encouraged to attend. A buffet lunch (\$5.00/person) is served at 12:00 p.m. at camp, followed by the graduation. (Please note: Graduation ceremony length varies depending on the number of participants. Temperatures at camp can be hot, please make sure you bring sunscreen, hat, water and a camp chair if desired. Do not bring animals to camp!

Camp Closes

All campers must depart camp by 3:30 p.m. on graduation Saturday.

Cancellation Policy

Your registration fee is **NON-REFUNDABLE**. This policy applies to all participants and is in effect whether you have an unexpected family/business emergency, have a medical emergency, etc. There are NO exceptions. If you have registered for one of our events and cannot participate due to sickness or injury or for any other reason you may take the amount you paid towards yours registration as a charitable donation on your income tax return. The White Stag Leadership Development Academy, Inc. is a non-profit 501(c)3 organization. You may request a letter of donation by emailing the request and participants name and address to tony@whitestagcamp.org.

Nondiscrimination Policy

The White Stag Leadership Development Academy, Inc, Crew, Troop and LFL 122 & 9122, admits campers of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to campers at the program. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, camperships, and athletic and other administered programs.

For More Information

Steve Cardinalli - Phone 1-800-559-3188 / Fax: 1-831-375-0905 P.O. Box 4727, Carmel, CA 93921 register@whitestagcamp.org



How Our Program is Organized

Campers who range in age from 11-18-naturally bring a wide variety of skills and needs to the leadership development program. Accordingly, the program is organized into three phases so that it may better meet the needs of all the participants.

Each phase is designed for a particular range of skills and level of maturity. Participants generally will be attracted to a particular phase, but Area Representatives are available to help candidates select the phase that is likely to be most satisfactory for them. To ensure proper program placement, our staff reviews each registration form and when necessary, personal interviews with candidates and consultation with parents.

All three phases center on the development of leadership skills such as planning, knowing and using your resources, understanding and being sensitive to the needs and characteristics of your group, communication, and evaluation. The degree and emphasis with which the competencies are explored increase from phase to phase. Completion of Phase I is not required for acceptance into Phase II. Similarly, completion of Phase I or Phase II is not required for acceptance into Phase III.

The following are suggested guidelines for the placement of candidates. Final candidate placement will be the decision of the White Stag staff. **Applicants seeking age exceptions must attend Candidate-Day, however age exceptions are** *not* **guaranteed.**

Phase 1, Group Member Development

For youth ages 11-13 (or, 10 ½ and who have **completed the 5th grade**). Participants will experience the dynamics and power of a close-knit group. They are exposed to the responsibilities of group membership and to leadership skills. They go on one overnight backpacking trip.

Phase 2, Group Leadership Development

For youth ages 13 –14 (or, with approval of Phase Leader and Director, for youth who have previously completed Phase I); camping experience and skills; some overnight backpacking experience with two 5-mile hikes. Campers learn the skills of small group leaders. They are exposed to advanced levels of leadership competencies and are given guided opportunities to lead a small group. They will go on multiple overnight backpacking trips.

Phase 3, Large Group Leadership Development

For youth ages 15-18 (and, completed the 8th grade, or, with approval of Phase Leader and Director, for youth who have previously completed Phase II). Extensive camping and backpacking experience preferred. Campers learn the skills of a large group leader, leading small group leaders. They receive opportunities to practice leadership skills at the highest level in a high-adventure setting. Campers spend several days backpacking.

For more information on the program and the leadership skills, please see www.whitestagcamp.org.



White Stag Equipment List

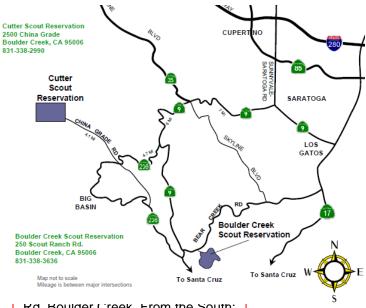
Please bring all your gear packed in a backpack and ready for a hike. You just may begin your week with a hike!

Please do not bring anything else to camp, including personal electronics, other than what is listed below. Non-essential items will be taken and stored for safekeeping during camp. We recommend you put nametags in clothing and on gear to make it easier to return when lost. We are not responsible for any items lost, damaged or misplaced.

Personal Gear to Bring to Camp (Packed in a Backpack)

☐Sack lunch for Sunday check-in





Rd. Boulder Creek. From the South: Take Hwy 9 to Hwy 256. Go approx. __ miles to China Grade Rd. then continue on camp Cutter. From the North:

YMCA Camp Campbell • The state of the state

Session 3 Arroyo Seco Ranch. 46360 Arroyo Seco Road. Take Hwy 101 to the Arroyo Seco Road (Soledad Mission) exit west and go approx. 15 miles to Carmel Valley Rd, then continue on Arroyo Seco Road 0.7 miles past the intersection of Carmel Valley Road. Driveway is on right side





(print clearly or type)

2015 White Stag Camp Registration Form

(Attach Current Photo Here)

Session 1 – June 28 nd –July 4 th (Cutter)
Session 2 – July 12 th – 18 th (Lindblad)
Session 3 – July 26 th – Aug. 1 st (Arroyo Seco)(tentative
(please select session)

Name	(Last)	(First)	(Middle)	
Address:	,	(1 1101)	(Middle)	
/ tadi 000	(Street or P.O. Box)	(City)	(State)	(Zip)
Phone:		Youth E-Mail:		
Birthdate: _	// Age at (Camp: Grade at Camp: _	Height: Weigh	t: M / F
		or Latino, O American Indian or Al Pacific Islander, or O White. (to b		
Are you curr	ently registered in a 4F	I, Scout Troop or other youth o	organization? Y / N (req.	for group discount)
Org./Group	Name:	Unit #: Ra	nk: School Attend	ing:
Troop Leade	er's Name:	Phone:	Email:	
T-Shirt Size:	: AS34-36 AM38-40	AL42-44 AXL44 (circle one)		
Parent or Gu	uardians Full Name: (M	other)	(Father)	
		Work Phone: ()		
Father - Ho	me Phone: ()	Work Phone: ()	Parent Cell: ()
Parents E-m	nail:			
	(mothe	,	(father)	
My Parent w	vould like to volunteer a	t camp: Y / N Name of	sibling attending (for disco	unt):
Previous Wh	nite Stag experience: _		_ Phases completed:	
Previous lea	adership activities, train	ing or experience and positions	s:	
What does le	eadership mean to you	? (in participants own words)		
I can do the	following: (Indicate by num	ber; 1=well enough to teach; 2=well enough	gh to enjoy; 3=not at all).	
Backpacking _ Knots	 Lashings Fire building	Swimming First Aid Map Reading Songs	Cooking Games	Splicing Skits
Number of n	nights of overnight cam	oing experience Longe	st multi-day hike mile	es
Longest sinç	gle-day hike miles	Do you run regularly? Y/N	(miles per day)	
What sports	do you play?	Which	Phase would you like to a	ttend?
Special Diet	ary Needs: Vegeta	rian 🗌 Vegan 🔲 Gluten Fre	e 🗌 Other – Noted on M	edical Form
STAFF LISE	ONI Y. Ann / DC / UU	/ME / MRG C-Day Y / N	Pymt \$ Date Pyi	mnt \$ Date



Parent Permission and Consent for Medical Treatment

C PARENT'S/GUARDIAN'S SIGNATURE			
This consent is complete and accurate an	d shall remain in effe	ct until revoked in writing.	
Home Phone	Work Phone	Cell	Phone
Street Address	Cit	y, State,	Zip
Parent/Guardian (print name)			Date
PARENT/GUARDIAN INFORMATION			
Health Insurance Company	Policy Number	er Group Num	ber
Special Dietary Needs:	egan	Other – Noted on Medical Fo	orm
He/She is taking the following medication(s) t		He/She has the following aller	rgies:
t is the obligation of parent/guardian to no well as any potential side effects from that		and all medications their child	/ward is taking, as
Emergency Contact's Name	Relationship to Particip	ant P	hone Number
f I cannot be reached in the event of an	emergency, the follow	wing person is authorized to a	act on my behalf:
White Stag Leadership Development Acapt my child/ward for publicity purposes:	ademy Inc, Group/Ci	rew 122/9122 has permission	n to use photographs
My child has permission to take or use t buprofen, Sudafed/decongestant, Bena expectorant, Swimmers' Ear/alcohol-vine	adryl/antihistamine,	Pepto-Bismol/Tums/antacid/a	•
He/She is in good health and has my pe f I cannot be reached in an emergency permission to a physician, selected by examination, anesthetic, and/or prescrip necessary to be rendered under the super-	or if a delay would i y the adult leader tive, medical, dental	mperil the life of my child/wa in charge, to hospitalize, s , or surgical diagnosis and/o	ard, I hereby give my secure proper X-ray
n consideration of the benefits to be der Academy, Inc. and the Learning for Lityoluntary, and having full confidence that my child/ward during activities or trips, I eaders of the program, as well as ar Leadership Development Academy, Inc, my child/ward may be transported to and	fe Program is an ent t every precaution we hereby agree to his/ my and all officers, Learning for Life Gro	ducational organization in wall be taken to ensure the saful her participation and waive agents, and representatives oup and BSA Crew 122/9122	which membership is ety and well-being of all claims against the sof the White Stag
My child/ward, Stag Leadership Camp a co-educational Development Academy Inc. through Crev			hite Stag Leadership

Fax this form to (831) 375-0905 and mail to: White Stag Leadership Camp 33 Soledad Drive, Monterey, CA 93940 E-mail to: register@whitestagcamp.org



Health and Medical History Record (to be completed by parent/guardian on behalf of candidate)

		First,	Initial Phone	
In Emergency Notify		idress	Phone	
Name of Health Insurance Carrier		ID Number	Group Number	
Health History: (Check/Date t	hose	that apply)		
Diseases		Allergies and Reaction	Chronic or Recurring Illness	
Date		Animals	☐ Ear Infections	
Chicken Pox		Food	☐ Heart Defect/Disease	
Measles			□ Seizures/convulsions□ Bleeding Disorders	
		Hay Fever	□ Asthma	
German Measles		Insect Stings	☐ Hypertension	
Mumps	_ •	Medicine/Drugs	DiabetesMusculoskeletal Disorders	
Rheumatic Fever	_		☐ Arthritis	
Tuberculosis	_ 🗖	Plants	□ Sinusitis	
Kidney		Pollen Other (specify)	Cancer/leukemiaOther	
My child has parmission to tak	re or u	se the following (unless other	wise noted):	
Tylenol/acetaminophen, Advil/Ibu Bismol/Tums/antacid/anti-gas, R	uprofer obitus	n, Sudafed/decongestant, Benac sin/expectorant, Swimmers' Ear/	dryl/antihistamine, Pepto-	
Tylenol/acetaminophen, Advil/Ibu Bismol/Tums/antacid/anti-gas, R (exceptions:)	uprofer obitus:	n, Sudafed/decongestant, Benac sin/expectorant, Swimmers' Ear/	dryl/antihistamine, Pepto- alcohol-vinegar solution.	
Tylenol/acetaminophen, Advil/Ibu Bismol/Tums/antacid/anti-gas, R (exceptions:) List any specific medications to be Please describe conditions and Operations or serious injuries: Hospitalizations:	uprofer obituss be take d give	n, Sudafed/decongestant, Benac sin/expectorant, Swimmers' Ear/ en at camp:	dryl/antihistamine, Pepto- /alcohol-vinegar solution.	
Tylenol/acetaminophen, Advil/Ibu Bismol/Tums/antacid/anti-gas, R (exceptions:) List any specific medications to be Please describe conditions and Operations or serious injuries: Hospitalizations: Other diseases/disabilities:	uprofer obituss be take d give	n, Sudafed/decongestant, Benac sin/expectorant, Swimmers' Ear/ en at camp:	dryl/antihistamine, Pepto- /alcohol-vinegar solution.	
Tylenol/acetaminophen, Advil/Ibu Bismol/Tums/antacid/anti-gas, R (exceptions:) List any specific medications to be Please describe conditions and Operations or serious injuries: Hospitalizations: Other diseases/disabilities: Comments where applicable:	uprofer obituss be take	n, Sudafed/decongestant, Benach Sin/expectorant, Swimmers' Ear/en at camp: dates:	dryl/antihistamine, Pepto- /alcohol-vinegar solution.	
Tylenol/acetaminophen, Advil/Ibu Bismol/Tums/antacid/anti-gas, R (exceptions:) List any specific medications to be Please describe conditions and Operations or serious injuries: Hospitalizations: Other diseases/disabilities: Comments where applicable: Fainting SI Menstrual cramps	uprofer obituss be take d give	n, Sudafed/decongestant, Benach Sin/expectorant, Swimmers' Ear/ en at camp:	dryl/antihistamine, Pepto- /alcohol-vinegar solution. Bed wetting Nosebleeds	
Tylenol/acetaminophen, Advil/Ibu Bismol/Tums/antacid/anti-gas, R (exceptions:) List any specific medications to be Please describe conditions and Operations or serious injuries: Hospitalizations: Other diseases/disabilities: Comments where applicable: Fainting SI Menstrual cramps Emotional disturbances	pe take	n, Sudafed/decongestant, Benacesin/expectorant, Swimmers' Ear/ en at camp: dates: sturbances Constipation Other	dryl/antihistamine, Pepto- /alcohol-vinegar solution. Bed wetting Nosebleeds	
Tylenol/acetaminophen, Advil/Ibu Bismol/Tums/antacid/anti-gas, R (exceptions:) List any specific medications to be Please describe conditions and Operations or serious injuries: Hospitalizations: Other diseases/disabilities: Comments where applicable: Fainting SI Menstrual cramps Emotional disturbances Specific activities to be encourage	pe take	n, Sudafed/decongestant, Benach Sin/expectorant, Swimmers' Ear/ en at camp: dates: sturbances Constipation Other Restricted	dryl/antihistamine, Pepto- /alcohol-vinegar solution. Bed wetting Nosebleeds	
Tylenol/acetaminophen, Advil/Ibu Bismol/Tums/antacid/anti-gas, R (exceptions:) List any specific medications to be Please describe conditions and Operations or serious injuries: Hospitalizations: Other diseases/disabilities: Comments where applicable: Fainting SI Menstrual cramps Emotional disturbances Specific activities to be encourage	pe take	n, Sudafed/decongestant, Benach Sin/expectorant, Swimmers' Ear/ en at camp: dates: sturbances Constipation Other Restricted	dryl/antihistamine, Pepto- /alcohol-vinegar solution. Bed wetting Nosebleeds	
Tylenol/acetaminophen, Advil/Ibu Bismol/Tums/antacid/anti-gas, R (exceptions:) List any specific medications to be Please describe conditions and Operations or serious injuries: Hospitalizations: Other diseases/disabilities: Comments where applicable: Fainting SI Menstrual cramps Emotional disturbances Specific activities to be encourage Special medical or dietary regime	pe take d give leep diged en to b	sturbances Constipation Other Restricted e followed (specify) urate. My child has permission tesin/expectorant, Swimmers' Ear/ Swimmers' Ear/ Ear/ Ear/ Ear/ Ear/ Ear/ Ear/ Ear/	dryl/antihistamine, Pepto- /alcohol-vinegar solution. Bed wetting Nosebleeds	
Tylenol/acetaminophen, Advil/Ibu Bismol/Tums/antacid/anti-gas, R (exceptions:) List any specific medications to be Please describe conditions and Operations or serious injuries: Hospitalizations: Other diseases/disabilities: Comments where applicable: Fainting SI Menstrual cramps Emotional disturbances Specific activities to be encourage Special medical or dietary regime This health history is complete an except as noted by me and the encourage of the serious and the se	d give deep diged en to be	sturbances Constipation Constitution Constit	dryl/antihistamine, Pepto- /alcohol-vinegar solution. Bed wetting Nosebleeds	

Fax this form to (831) 375-0905 and mail to: White Stag Leadership Camp 33 Soledad Drive, Monterey, CA 93940 E-mail to: register@whitestagcamp.org



Medical Examination Record

To be completed by physician after review of health history with parent/guardian.

			/	
Camper's Name: Last	First	Initial	Date	
Health Examination		Immunization Record		
Teeth N A H	s	// IPV/OPV//	// Tetanus// MMR// Hep B 1// had chickenpox.	
	Musculoskeletal N A Irinalysis N A			
General Assessment The patient is physically able and approved to participate in a strenuous week-long, outdoors activity, which may include hiking, running, and/or swimming, except as noted below:				
XPhysician's Signature				
Physician's name (please print or use stamp) Date				
Street Address C	City, State, Zip		Phone	
Parent's/Guardian's name (please print) X			Date	
Parent's/Guardian's Signatu	re			

Fax this form to (831) 375-0905 and mail to: White Stag Leadership Camp 33 Soledad Drive, Monterey, CA 93940 E-mail to: register@whitestagcamp.org