# Trading Post

Make checks or money orders to The Outdoor School.
OR
Order online at [WWW.THEOUTDOORSCHOOL.ORG](http://WWW.THEOUTDOORSCHOOL.ORG)

All proceeds benefit our scholarship program

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## ORDER FORM

| SCHOOL: | 
| TEACHER: | 
| STUDENT NAME: |

<table>
<thead>
<tr>
<th>ITEM</th>
<th>COST</th>
<th>SIZE</th>
<th>TOTAL</th>
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<tr>
<td>T-Shirt</td>
<td>$10.00</td>
<td>S M L XL</td>
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<tr>
<td>Hooded Sweatshirt</td>
<td>$25.00</td>
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<tr>
<td>Beanie</td>
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<td>Water Bottle</td>
<td>$2.00</td>
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<tr>
<td>27 exp Camera</td>
<td>$8.00</td>
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<tr>
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***Total Amount Due***

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# The Outdoor School

teaching respect, inspiring wonder

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# Cabin Leader Handbook

2680 Highway 154
Santa Barbara, CA 93105
Phone (805) 686-5167
Fax (805) 686-5175
info@theoutdoorschool.org
www.theoutdoorschool.org
WELCOME CABIN LEADERS!!!

The Outdoor School welcomes you to a week of adventure, learning, hiking, bonding, leadership, and fun!!! When you arrive at The Outdoor School you will have a training session with the Education Director. BUT before you arrive, YES BEFORE, you need to read this book cover to cover so that you are prepared and know what we expect of you. All you need to bring (besides the long list in the back of the book) is an:

- open mind
- a desire to work with children and
- boundless energy

Thank you in advance for devoting your time to the students and our program. We hope that this week is magical for you!!!

Keep hiking,
The Outdoor School Community

P.S. If you have any questions, comments, or concerns give The Outdoor School a call at (805) 686-5167 ASAP – we are here to help you succeed as a cabin leader.

Packing

- Sleeping bag or sheets/blankets (twin)
- Pillow
- Shampoo/soap
- Toothpaste/toothbrush
- Comb/brush
- Sunscreen
- 2 towels
- Chapstick
- Water bottle
- Camera (disposable)
- Stationery/ paper/postage
- Reading book
- Money (see Trading Post order form on the back page)
- Flashlight
- Backpack for hiking
- Swimsuit (one piece – for shower)
- 2 short sleeve t-shirts
- 2 long sleeve t-shirts
- Sweatshirt/sweater
- Jacket
- Rain gear (we hike in the rain so be prepared)
- 4/5 pairs of long pants
- 1 pair of shorts
- Pajamas
- 2 pairs of shoes/boots
- Underwear
- 5 pairs of socks
- Hat (for sun and warmth)
- Gloves (for warmth)
- Dirty clothes bag

Optional

- Musical Instruments
- Recreational Reading
- Cabin Decorations
- Homework

Forms

- Health forms (doctor’s signature is necessary for medications)
- Cabin Leader Contract

DO NOT BRING – Mess Kits, Clock Radios, Food, Candy, Gum, Soda, Walkman/Discman, Electronic Games, Excessive Cosmetics, Pagers, and Cellular Phones

DO NOT BRING WILL RESULT IN IMMEDIATE DISMISSAL

- Weapons
- Lighter
- Matches
- Tobacco
- Alcohol
- Illegal Drugs
- Fireworks
- Bad Attitude
Discipline

The school’s teachers retain administrative control of students while at The Outdoor School (this is a field trip). Therefore the teachers enforce all of the policies and procedures from their school while visiting The Outdoor School.

Our approach to discipline is positive reinforcement (STARS) — although sometimes it is necessary to have consequences for behavior (CHECKS).

q When a student exhibits negative behavior, s/he will receive:
   - 1 check – warning and discussion with Naturalist of what student did that was inappropriate.
   - 2 checks – the student is the last person at The Outdoor School to sign up for a special activity.
   - 3 checks – the student misses a special activity.
   - 4 checks – the student conferences with the Education Director and her/his teacher and a behavior contract is created.
   - 5 checks – the parents and/or guardian of the child are notified and the child is sent home.

q Students who exhibit severe or unsafe behavioral problems such as intentionally harming another person, bringing or using knives, firearms, explosives, controlled substances, other dangerous weapons, cabin raids or fighting will be immediately removed from The Outdoor School.

Q CABIN LEADERS WILL GIVE OUT AND RECORD THE STUDENTS’ STARS. CABIN LEADERS MUST CONSULT WITH A TEACHER OF NATURALIST BEFORE ASSIGNING A CHECK TO OUR STUDENT.

The Outdoor School Community

Ø NATURALISTS are the teachers at The Outdoor School. They conduct hikes, lead special activities, supervise meals and guide campfires. The Lead Naturalist is responsible for The Outdoor School when the Education Director is not available.

Ø EDUCATION DIRECTOR is in charge of the day to day operations of The Outdoor School including supervising naturalists, cabin leaders, and assisting the teachers with student supervision and discipline. If the Education Director is not available then the Lead Naturalist is in charge.

Ø ADMINISTRATIVE DIRECTOR manages the accounts and attendance.

Ø KITCHEN STAFF cook all meals (including desserts) and need lots of ‘thank you’ and ‘that food was awesome’. The Kitchen Director is responsible for accommodating the students’ food allergies and dietary restrictions.

Ø MAINTENANCE maintains all the buildings and facilities on property.

Ø CLASSROOM TEACHERS retain administrative control of their students including discipline, dispensing medication, and supervising activities.

Ø CABIN LEADERS …well that is you!!!

Where Am I Going?

The Outdoor School is located at Rancho Alegre Boy Scout camp, which is on the north facing slopes of the Santa Ynez Mountains, near Lake Cachuma. The site is approximately 40 miles south of Santa Maria and 20 miles north of Santa Barbara, on Highway 154.
What does The Outdoor School expect of Cabin Leaders???

You are a

v ROLE MODEL – the students will always be watching you and imitating everything you do and say (everthing!!!)

v LEADER – where you go the students will follow so you need to know what is going on and where you should be – always!

v TEACHER BY EXAMPLE – your behavior will set the standard at every activity so teach the students to be responsible and respectful by being so yourself

v PARTICIPANT – the students want to share this experience with you so have fun, learn, and enjoy your time at The Outdoor School

But what do we specifically have to do?!?

Specifically you will

• Monitor cabin behavior
• Assist the Naturalists on curriculum hikes
• Supervise meal behavior, set-up and clean-up
• Lead team building activities in your cabin
• Communicate any concerns or questions with the Naturalists, Education Director, and Teachers
• Escort your students to their activities on time
• Create a community within your cabin, in your hiking group and with all students

Groups and Activities

3 GROUPS

o Cabin – with you as the leader
o Hiking – you will be a member of one group
o Meal – you will eat with one table of students

CURRICULUM HIKES

q WILDLIFE BIOLOGY – the students discover the animals that live at ODS including their ecosystems, adaptations, food sources, and their relationships with other animals and humans.

q BOTANY – the students learn to categorize and identify native plants and plant communities including enjoying some yummy edible plants!

q GEOLOGY – the students search for fossils, identify and classify rocks, and explore the geographical features of the Santa Ynez Mountains!

q ASTRONOMY AND NOCTURNAL ANIMALS – this hike is the highlight of the week. The students face their fears of the dark, learn constellations and gaze through Celestron telescopes!

q CHUMASH CULTURE – the students discuss the interactions between the Chumash and their environment including survival methods, food sources, and games!

SPECIAL ACTIVITIES

o Day two afternoon and day three afternoon and evening

• Cabin leaders may participate in afternoon special activities or use this time to shower, relax, and do homework
• Cabin leaders will participate in the evening activity
The Answers to F.A.Q.s

**Accommodations** – Cabin Leaders stay in dormitories with as many as twenty students. The dormitories have individual showers and bathrooms – you will shower during your free time.

**Telephone Calls** – Cabin Leaders may call home with permission from the Education Director. Keep in mind that most calls are long distance.

**Cell Phones** – We would prefer that you do not bring your cell phone. It can be distracting from your responsibilities as a cabin leader.

**Drugs/Alcohol/Tobacco** – The State Education Code expressly forbids drugs, alcohol, and tobacco and requires The Outdoor School to contact the Sheriff about any incident involving possession or use of drugs or alcohol.

**Visitors** – Cabin Leaders may not receive visitors.

**Time Off** – You will have a couple hours during the afternoon to shower, do homework, and relax.

**Student gifts** – You may bring team building gifts for your cabin – matching bandannas, hair ribbons, name cards, streamers, construction paper, markers, etc.). BUT you may not bring gum, candy, soda or food for the students – the Education Director will confiscate it.

**Dietary Restrictions** – If you have dietary restrictions please let us know the week before you attend so we can make adjustments. Please prepare a list of foods you cannot and can eat. Every meal has a vegetarian option.

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**Being the Best Cabin Leader Possible**

Here are some tips, tricks, and techniques...

1. Learn everyone’s name in your cabin the first day – play a name game, make name tags, give them nature names
2. Include everyone – do not let anyone sit out
3. Set boundaries – be firm on day one and the students will respect and listen to you all week
4. Be fair – listen to both sides in arguments
5. Do not allow any roughhousing in the dorms
6. Earn cabin inspection points
7. Create unity – play group games, do riddles, tell stories, share your day, make up a cabin song, design a poster
8. Ask for HELP – Teachers, Naturalists, Education Director – we are here to HELP You!!!

So....... Be Patient
Be Sympathetic
Be Clean and Tidy
Be Firm in Decisions
Be Thorough in all Responsibilities
Be Consistent
Be Always Informed
Be Happy
Be Cautious – Take No Undue Chances
Be Enthusiastic
Be Prompt
Need to Know Information

First Aid - Cabin leaders do not administer any first aid or medication to the students. All student medications are kept in the Health Lodge. Student injuries are treated either by Naturalists on the trail or by the teachers in the Health Lodge. Cabin leader medication must also be kept in the Health Lodge (except inhalers or epipens which can be carried on hikes).

Homesickness - Distraction!!! Distracting the child with other things is the key when dealing with homesickness. Do not give the student excessive attention since this tends to exacerbate the problem.

Bedwetting - Bedwetting is a common incident at The Outdoor School and should be treated with the greatest sensitivity. Every morning, before breakfast, the cabin leaders check all the bunks for bedwetting. When you find wet bedding, inform the Education or Administrative Director in the office before the end of breakfast. The bedding will be laundered during morning hikes.

Borrowing and Lending - Do not allow borrowing or lending among the students or between cabin leaders and students. Borrowing and lending can lead to theft accusations and hurt feelings by the end of the week.

Keeping Your Cabin Together - Your cabin should always travel together. No student should be allowed to anywhere at The Outdoor School alone (send partners to the infirmary).

Sleepwalkers - Identified sleepwalkers need to sleep on the bottom bunk to prevent injury. If you encounter a sleepwalker, gently wake them up and guide them back to their bed. Do not shake or yell at the student to awaken them. This will only frighten them.

Rumors - You must discourage the students from spreading rumors. It draws the students’ focus away from The Outdoor School experience and onto petty social problems. This includes refraining from telling personal stories, spreading gossip or answering questions about your girl/boy friend, alcohol, drugs, or sex.

Raids - The Outdoor School does not permit raiding another cabin area, cabin, or someone else’s belongings. A raid is blatant disrespect of other students’ personal property and privacy. If your cabin is involved in a raid the CABIN LEADER will be immediately sent home.
7. Frequent Severe Headaches or Fainting  _________________________________________________________________________

8. Any ______Speech, ______Hearing, or ______Vision problems  _________________________________________________________________________


Date of Last Tetanus: _________________________

ALLERGIES/RESTRICTIONS:

List all known. Describe reaction and management of the reaction.

Medical Allergies (list): ___________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Food Allergies (please include restrictions, i.e. vegetarian, vegan): ___________________________
_________________________________________________________________________________
_________________________________________________________________________________

Activity Restrictions (e.g. what cannot be done, what adaptations or limitations are necessary):
_________________________________________________________________________________
_________________________________________________________________________________

MEDICATIONS BEING TAKEN:

All medications must be approved by the school district and are regulated by school district policy.

HEALTH HISTORY:

(Please circle yes or no; provide comments regarding management of condition where applicable)

Yes No 1. Severe Bee Sting Allergies Comments: _________________________________________

Date of last reaction and its severity: ___________________________________________________

Yes No 2. Allergies- Hayfever, Food, Other (If bee sting kit is necessary, please use school district medication form)

Yes No 3. Asthma (Include date of last attack) Comments: ________________________________

Yes No 4. Heart Condition Comments: _______________________________________________

Yes No 5. Diabetes Comments: ______________________________________________________

Yes No 6. Epilepsy: (Include date of last seizure) Comments: ____________________________

Yes No 7. Diverse Learners Comments: ___________________________

Yes No 8. Speech, Hearing, or Vision Problems Comments: _____________________________

Yes No 9. Speech Delaying. How often?

Yes No 10. Prone to bedwetting? Frequency? __________________________________________

Regulated by school district policy. Net to The Outdoor School. Please consult your school for the appropriate forms.

Please use this space to provide any additional information about student's behavior and physical, emotional, or mental well-being.

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Health History /Emergency Treatment Form
The Outdoor School at Rancho Alegre

Complete and return to your classroom teacher before leaving for The Outdoor School. Any changes to this form should be provided in writing to the classroom teacher before arrival at The Outdoor School.

The Outdoor School at Rancho Alegre is owned/operated by Los Padres Council, BSA.

Student Name:___________________________________ Birth date: ___/___/___ Sex___ Age ___
Home address:___________________________________ Home Phone (     )______________
City, State, Zip____________________________________________________________________
School:_____________________________________________ Entering _____ grade in fall 2005

Emergency Numbers (fill in completely):
1. Custodial parent/guardian:_______________________________________________________
   Cell: (     ) _____________ Day phone: (     ) ______________ Night phone: (     ) ________________

2. Second parent/guardian:________________________________________________________
   Cell: (     )  ______________ Day phone: (     ) _______________ Night phone: (     )  _____________

3. Emergency contact/relative:________________________________________________________
   Day phone: (     ) _________________Night phone: (     ) ____________________

4. Neighbor:_______________________________________________________________________
   Day phone: (     ) _________________Night phone: (     ) ____________________

INSURANCE INFORMATION
Is the student covered by family medical/hospital insurance? □ Yes □ No
If so, indicate carrier or plan name_____________________________Group #___________________ Family Doctor_______________________________________________Phone (     )______________

AUTHORIZATION AND CONSENT FOR MINOR
Pursuant to California Civil Code Section 25.8, Pursuant to California Penal Code Section 12552

With the understanding that my child, ______________________________________, will be at all times under the supervision of a certified teacher, I give my permission for him/her to attend The Outdoor School and to participate in all the activities involved, unless otherwise noted.

The undersigned do hereby authorize The Outdoor School, its employees, agents and volunteers as agent for the undersigned to consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for:____________________________________born on ______________, which is deemed advisable by and to be rendered under the general or special supervision of any physician and surgeon, licensed under the provisions of Medicine Practice Act or of any dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, camp, or elsewhere. This authorization will remain effective while the above minor is en route to and from or involved or participating in any activity of The Outdoor School, unless revoked by the undersigned, in writing, delivered to The Outdoor School.

I hereby assign and grant The Outdoor School the right and permission to use and publish photographs/film/videotapes/electronic representations and/or sound recordings made of my son/daughter during the week. I release The Outdoor School from any and all liability from such use and publication and waive any right to any compensation.

Student Name_____________________________ Address______________________________________________
X_________________________________ Date __________ Telephones: Home (   )____________ Business(   )__________
Signature of Parent and/ or Guardian
X________________________________________
Witness (Other than Parents) signature
Witness address_____________________________Telephones: Home (   )____________ Business (   )__________

*If for religious reasons, medical/surgical attention cannot be given strike out that portion of the consent form.