



# JumpStart in Music

Berkeley Unified School District

October 14-16, 2022

Chaperone

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Dear Chaperone,

Thank you for volunteering to be a parent chaperone for the JumpStart in Music retreat. We appreciate your taking the time to serve as a volunteer Parent Chaperone and believe that you will enjoy sharing this wonderful musical weekend with your child.

In order to participate please register right away. You can use the online form (<https://www.tfaforms.com/4795076>) or the pages in this packet. Return completed forms to the Cazadero office.

As a JumpStart chaperone your duties will include:

- Supporting the High School mentors in supervising the campers. There will be at least one mentor and one chaperone assigned to each group of 10 campers.
- Supervise during recreation and 'as-needed' throughout the weekend.
- Sleep on the deck with your camper group.
- Help with meal service as directed by Caz kitchen staff.
- If applicable, carpool to camp or transport equipment to camp.

**Please make a note in your calendar, there will be an orientation meeting for chaperones and mentors on Tuesday, October 11 at 7 PM at Berkeley High in Building A, rm 201.**

**All adults need to be fingerprinted before coming up to Caz.** This applies to both paid and volunteer adult staff and is a requirement of Cazadero Music Camp's insurance policy. Your music teacher will know whether you need to be finger-printed through the district or through a storefront LiveScan facility.

We realize that obtaining clearance is an extra step for you in both time and effort; thank you in advance for your cooperation. You must be fingerprinted through Cazadero or through BUSD (and provide proof of clearance like a volunteer badge or letter). The cost for fingerprinting varies with each location. If you use the Livescan form provided in this packet it has our account number prefilled.

## SAMPLE DAILY SCHEDULE AND RULES

You will find a sample daily schedule and copy of the Camp Rules in this packet.

## TRANSPORTATION

Buses will take the campers to camp on Friday morning. Details of where and when TBD. Your VAPA Coordinator will let you know. As least one chaperone will need to ride the bus up with campers. This will be confirmed at the Orientation Meeting (see above).

**NOTE:** Parents must pick their children up at Cazadero, Sunday at 1 PM concert.  
Please contact [petergidlund@berkeley.net](mailto:petergidlund@berkeley.net) if you need transportation help for Sunday pickup.

## HEALTH and SAFETY

Cazadero is committed to keeping all campers and staff safe and healthy. We will follow all recommended health guidelines from the state, county, and school district. We ran a safe in-person summer music camp in both 2021 and 2022 without any COVID spread and aim to do the same for your retreat!



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## CONTACT INFORMATION DURING JUMPSTART

Emergency contact: the camp office, at (707) 632-5159, will be staffed during the day throughout the weekend and messages will be checked at regular hours thereafter. The Berkeley office is not open over the weekend, call the camp. The camp office phone is also available for outgoing calls in case of emergency.

## PACKING LIST

Check the following list and start packing! Pack everything in a suitcase or duffel bag and label all your clothes and belongings with your first and last name.

- Bag lunch for Friday. All other meals will be provided.
- Sleeping bag, pillow & extra blanket.
- Flashlight, with extra batteries.
- Casual clothes for everyday wear.
- Towel and toilet articles.
- Rubber sandals or other non-skid shoes for the shower.
- Well-built shoes for lots of walking around camp.
- Personal medication appropriately labeled.
- Insect repellent.
- Personal sports equipment.
- Musical instrument labeled.
- Be sure to bring replacement reeds, strings, etc. in case of emergency.
- Warm clothing for early morning and evening wear.
- Face masks are strongly encouraged indoors

Sincerely,

Emily Wainacht, Executive Director

Emily Brockman, Registrar

510-527-7500

[jumpstart@cazadero.org](mailto:jumpstart@cazadero.org)



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## Chaperone Paperwork

Return to Music Teacher As Soon as possible

Please include me in the JumpStart Weekend Retreat in the following capacity:

\_\_\_\_\_ I want to be a JumpStart Volunteer Chaperone

Please complete the following:

- Volunteer/Chaperone Application (this form)
- Authorization for Consent to Treat Form
- Camper Liability Waiver Form
- Live Scan Fingerprint Background Check process

\_\_\_\_\_ I am nurse/doctor and can serve as Volunteer Camp Medical Staff for the weekend

Please complete the following:

- Volunteer/Chaperone Application (this form)
- Authorization for Consent to Treat Form
- Camper Liability Waiver Form
- Live Scan Fingerprint Background Check process

\_\_\_\_\_ I can contribute to provide financial aid for other campers

Please see the Support JumpStart section at the bottom of this page.

### VOLUNTEER/CHAPERONE INFORMATION

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

Male  Female

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

Home Phone: \_\_\_\_\_

City, ST Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Name of Child Attending: \_\_\_\_\_

Childs School: \_\_\_\_\_

Please circle T-shirt size:

Youth sizes: SM MD LG or Adult sizes: SM MD LG XL

Please complete the Authorization for Consent to Treat form!

### SUPPORT JUMPSTART IN MUSIC

Please accept this contribution of \$ \_\_\_\_\_ to help support the JumpStart in Music Retreat.

*Thank you for supporting Cazadero Performing Arts Camp. Your contributions make it possible for many students to attend who would not otherwise have this opportunity.*

*Please make checks payable to Cazadero Performing Arts Camp.  
Cazadero is a 501(c)(3) non-profit organization.*



## AUTHORIZATION FOR CONSENT TO TREAT Cazadero Music Camp

### PARTICIPANT INFORMATION:

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

Parent/Guardian: \_\_\_\_\_

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

City, ST Zip: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION:

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

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

### HEALTH INSURANCE:

Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_

Group #: \_\_\_\_\_

Primary Physician Name: \_\_\_\_\_

Physician Phone: \_\_\_\_\_

Please indicate any special health needs/limitations including allergies, asthma, dietary exclusions, etc.

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Indicate specific instructions for the above needs/limitations, including the need for medications or any special procedures. Please include allergy action plan and attach additional information as necessary.

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List all medications to be taken while at camp.\*

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### AUTHORIZATION FOR TREATMENT:

I hereby give my permission to the medical personnel selected by the Camp Nurse/Camp Director to order routine tests, x-rays, treatment and necessary transportation of the above named person in the event of a medical emergency.

\_\_\_\_\_  
Signature (Parent/Guardian if under 18)

\_\_\_\_\_  
Date

\*Prescriptive medications must be in original containers with your child's name and directions. DO NOT SEND in unlabeled containers; unlabeled medications cannot be given. Due to the large number of children at camp, please avoid sending OTC medications in personal belongings. Common OTC medications will be available on-site from the health cabin. Please speak to the nurse for specific concerns regarding your child. Medications will be turned in upon arrival at camp - please label all containers/baggies.



# Cazadero Performing Arts Camp

## Participant Liability Waiver

PARTICIPANT NAME \_\_\_\_\_

SCHOOL \_\_\_\_\_

***Cazadero Performing Arts Camp offers a wonderful experience to its participants, and teaches them a great deal about themselves and the world around them. Part of the magic of camp is that the activities take place in the outdoors and all campers are invited to actively participate. Obviously, with these activities comes some risk. Our purpose in this disclosure is not to worry you, but to point out that there are risks connected with the fun, excitement, and adventure of a camp experience.***

**IMPORTANT: READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING DOCUMENT. IT IS UNDERSTOOD THAT THIS FULLY SIGNED FORM MUST BE SUBMITTED TO CAZADERO PERFORMING ARTS CAMP, INC. BEFORE ANY CAMPER IS ALLOWED TO PARTICIPATE IN ANY CAMP ACTIVITY.**

Cazadero Performing Arts Camp, Inc. (CazPAC), a California non-profit corporation with offices located in Berkeley, California, is the producer of a performing arts camp (Camp) located in Cazadero, California. In running the Camp, CazPAC, Inc. has contracted to provide the Camp facility, staff, faculty, food and maintenance services for the Camp. As consideration for, and as an express requirement of participation in Camp activities, we require, and are materially relying on the requirement that the participant understand and agree to a waiver of any and all claims they might have against CazPAC, Inc., its officers, directors, employees, agents, independent contractors and other representatives, as well as agree to be bound by other terms and conditions stated in this Waiver. As this is a binding legal document, you should read this document carefully before signing.

By signing this Waiver, and to the extent permitted by law, you waive any and all claims for damages for death, personal injury, loss or property damage which you may have or which may hereafter accrue to you or your child against CazPAC, its officers, directors, employees, agents, independent contractors and other representatives (hereinafter referred to jointly and severally as "CazPAC") as a result of your or your child's participation in the Camp, and as related to the nature, type or condition of the events involved, and/or with respect to the condition of the sites involved, and/or with respect to the supervision provided, and/or with respect to the activities performed, whether or not caused by the negligence (active or passive) of CazPAC.

This Waiver is signed in order for you or your child to participate in this activity for his or her own personal enjoyment and benefit and is done so freely with full knowledge of the risk and dangers incident thereto. It is acknowledged that the Participant will be living in an outdoor, rustic camp facility with the inherent dangers and risks associated with camp activities, which include, but are not limited to: swimming, diving, hiking, wading, climbing, basketball, softball, and volleyball. By signing this agreement, you further acknowledge that you agree to assume and bear sole responsibility for these dangers and risks and to absolve and hold harmless CazPAC from any and all risks of any nature and kind associated with camp activities.

You also agree to indemnify, defend, and hold CazPAC free and harmless from any and all expenses, demands, claims, costs, losses, damages, recoveries, settlements, and expenses (including but not limited to interest, penalties, attorney's fees, expert witness fees, costs, and other expenses) of any nature or kind which are incurred by the indemnity ("losses"), known or unknown, contingent or otherwise, directly or indirectly arising from or related to Participants participation in Camp activities.

No refund or adjustment is made, and no prior notice is made, if CazPAC changes its program by adding, altering, or deleting activities as deemed necessary by the Camp Director.

It is also understood and agreed that CazPAC has made no promise or pledge, express or implied, to provide any special facilities or services to those with any medical problems, health problems, or physical disabilities, including but not limited to accommodation of special diets, other than as expressly set forth in the Health History and Examination Form (for CazPAC programs), and which CazPAC, in its sole discretion, predetermines it can reasonably provide based solely upon the information and Camper's history provided in said Health History and Examination Form, and the inherent limitations of Camp staff and facilities.

Further, you understand and agree that, for the safety and comfort of everyone, the Camp is a non-smoking camp, except in designated areas, and is in conformance with all applicable laws governing drug use, alcohol use by minors, environmental protection, health, and safety. Rules established to protect the property, privacy and safety of the Camp, Campers, and CazPAC will be enforced. Participants willful violation of Camp rules can lead to dismissal from Camp. CazPAC reserves the right to dismiss or remove Participants for misbehavior at any time. You acknowledge that if Participant is dismissed or otherwise removed from the Camp they will be completely responsible for making arrangements for transportation, and that CazPAC shall make no refunds of any funds paid in association with this Camp.

You agree that CazPAC, Inc. may use any pictures, videos, or sound recordings taken of Participant during camp time.

This agreement hereby incorporates by reference in their entirety as if fully set forth herein, the Participants Camper Registration Form or the Health History and Examination Form. To the extent there are any conflicting terms and conditions in the incorporated agreements hereto, this Participation Liability Waiver shall control and supersede any such provisions. This agreement shall represent the full and complete agreement between the parties, and any modification of the terms set forth herein shall be effective only if in writing and signed by all parties hereto.

The parties to this agreement stipulate that this agreement shall be considered to have been entered into in Berkeley, California, and that any interpretation of the terms of this agreement shall be made under California law, without respect to its conflict of laws provisions.

I certify that I have read this document and that I understand and agree to all of the foregoing information, terms, and conditions.

Signature of Participant: \_\_\_\_\_

Signature of parent(s): \_\_\_\_\_  
(or legal guardian if under 18)

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

**Select one:**

- Camper
- Mentor
- Parent Chaperone
- Teacher



### REQUEST FOR LIVE SCAN SERVICE

#### Applicant Submission

A2242 \_\_\_\_\_ Employee / Volunteer (circle one)  
 ORI (Code assigned by DOJ) \_\_\_\_\_ Authorized Applicant Type  
 Caz Job Title: \_\_\_\_\_  
 Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned) \_\_\_\_\_

#### Contributing Agency Information:

Cazadero Performing Arts Camp \_\_\_\_\_ 02357 \_\_\_\_\_  
 Agency Authorized to Receive Criminal Record Information \_\_\_\_\_ Mail Code (five-digit code assigned by DOJ)  
 PO Box 7908 \_\_\_\_\_ Debbie Buracker \_\_\_\_\_  
 Street Address or P.O. Box \_\_\_\_\_ Contact Name (mandatory for all school submissions)  
 Berkeley CA 94707 \_\_\_\_\_ (510) 527-7500 \_\_\_\_\_  
 City State ZIP Code Contact Telephone Number

#### Applicant Information:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Suffix \_\_\_\_\_  
 Other Name: (AKA or Alias) \_\_\_\_\_  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Suffix \_\_\_\_\_  
 Sex  Male  Female  
 Date of Birth \_\_\_\_\_ Driver's License Number \_\_\_\_\_  
 Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Billing Number 143772 \_\_\_\_\_  
 (Agency Billing Number)  
 Place of Birth (State or Country) \_\_\_\_\_ Social Security Number \_\_\_\_\_ Misc. Number N/A \_\_\_\_\_  
 (Other Identification Number)  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
 Street Address or P.O. Box

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

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

Your Number: \_\_\_\_\_ Level of Service:  DOJ  FBI *\*do not select FBI for Caz.*  
OCA Number (Agency Identifying Number) (If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number: \_\_\_\_\_  
 (Must provide proof of rejection) Original ATI Number

Employer (Additional response for agencies specified by statute): \_\_\_\_\_ *\*This section not applicable for Caz.*  
 NA \_\_\_\_\_  
 Employer Name  
 NA \_\_\_\_\_ Telephone Number (optional)  
 Street Address or P.O. Box  
 NA \_\_\_\_\_  
 City State ZIP Code Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

Name of Operator	Date
Transmitting Agency	LSID
ATI Number	Amount Collected/Billed



## REQUEST FOR LIVE SCAN SERVICE

### Privacy Notice

As Required by Civil Code § 1798.17

**Collection and Use of Personal Information.** The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

**Providing Personal Information.** All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

**Access to Your Information.** You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

**Possible Disclosure of Personal Information.** In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes.
- To another government agency as required by state or federal law.

**Contact Information.** For questions about this notice or access to your records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at [keeperofrecords@doj.ca.gov](mailto:keeperofrecords@doj.ca.gov), or by mail at:

Department of Justice  
Bureau of Criminal Information & Analysis  
Keeper of Records  
P.O. Box 903417  
Sacramento, CA 94203-4170



## REQUEST FOR LIVE SCAN SERVICE

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### Privacy Act Statement

**Authority.** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principal Purpose.** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses.** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental, or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.





## REQUEST FOR LIVE SCAN SERVICE

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### Noncriminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification<sup>1</sup> that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.<sup>2</sup>
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.<sup>3</sup>

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.<sup>4</sup>

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) *You can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>.*

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<sup>1</sup> Written notification includes electronic notification, but excludes oral notification

<sup>2</sup> <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

<sup>3</sup> See 28 CFR 50.12(b)

<sup>4</sup> See U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c)

## Some Berkeley/Oakland Live Scan Locations

Please call to verify information before you go.

You will need a photo ID and copy of our LiveScan form from this packet.

Location	Hours	Price	Payment
<b>Berkeley</b>			
<b>A1 Photo Lab</b> 1629 University Ave Berkeley, CA 94710 510-841-1233	Walk in M-F, 9:30-5:45 Sat, 10-4:45	\$25	Cash Checks Credit Cards
<b>Cal Live Scan</b> 2855 Telegraph Avenue, Ste 303 Berkeley, CA 94705 510-848-2989	Walk in M-F, 9:30-6 Call first Sat, 11-4	Call	Cash Credit Cards
<b>Rush My Prints</b> 1879 Euclid Avenue Berkeley, CA 94709 510-640-0151	M-F, 9:30-6 Walk in or Appt	Call	Cash Checks Credit Cards
<b>Unitech Electronics</b> 1615B Solano Avenue Berkeley, CA 94707 510-725-4688	Call First Mon-Sat, 10:30-6 Sun, Apt only	\$35-\$37	Cash Credit Cards
<b>El Cerrito</b>			
<b>The UPS Store 1179</b> 3060 El Cerrito Plaza El Cerrito, CA 94530 510-679-6415	Walk-in Mon-Fri, 10-6:15 Sat, 10-4 Sun 1-4	Call	Cash Credit Cards
<b>El Sobrante</b>			
<b>Rush My Prints</b> 452 Appian Way El Sobrante, CA 94803 510-640-0151	M-F, 9:30-6 Walk in or Appt	Call	Cash Checks Credit Cards
<b>Oakland</b>			
<b>The UPS Store &amp; Live Scan Center</b> 1714 Franklin Street Suite 100 Oakland, CA 94612 510-254-0218	Walk in Mon-Fri, 9-5 Sat, 10-1	\$30	Cash Credit Cards
<b>The Ups Store</b> 360 Grand Avenue Oakland, CA 94610 510-835-1209	Call for info		
<b>LPG Live Scan</b> 524 7 <sup>th</sup> Street Oakland, CA 94607 510-836-6011 ext 0	Walk in Mon-Fri 9-5 Sat, 9-1	\$20	
<b>Allscan Live Scan</b> 505 14 <sup>th</sup> Street, Ste 900 Oakland CA 94607 510-409-7463	Walk in or call Mon-Fri 9:30-6	\$17-\$34	Cash Credit Cards



# JumpStart in Music

Friends – Music – Caz!

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## JumpStart Camper Rules

1. No running or jumping on the bridge. Only 6 people on the bridge at one time.
2. Your Chaperones and Mentors are in charge. Do what is asked of you by your Chaperones and Mentors, unless you think it is bad for you or wrong. If you are asked to do something you feel is not right, talk to your teacher or Caz Staff.
3. When you hear the fire horn, IMMEDIATELY stop what you are doing and come to the designated assembly area: Main side of camp goes to blacktop, Highway side of camp goes to parking lot.
4. The pool is closed. Stay out of the locked pool area. Stay away from the creek unless you are with a Chaperone during creek walks or recreation times. (Decide whether or not it's safe for kids to get in the water)
5. Boys are not allowed in Girls Camp, and girls are not allowed in Boys Camp.
6. Never leave camp without permission. Stay within the camp boundaries at all times. This is for your safety and protection.
7. Be on time to all meals and activities. Listen for the bell!
8. Stay healthy: drink lots of water, wash your hands before meals, get plenty of sleep.
9. Do not hit anyone while at camp, in anger or in fun.
10. Do not litter.
11. Matches, lighters, and pocket knives are not allowed in camp. Chaperones and Mentors will take away any of these items that they find.
12. Do not store food in the camper unit unless you have asked your chaperone AND it is in a secure, airtight container so as not to attract animals and insects. Food may not be taken from the dining hall to your unit. Coffee station is for adults and mentors only.
13. Keep your showers short! Help us save water! Never flush anything down the toilet other than toilet tissue.
14. Do not enter your Chaperone and Mentor's tent or dorm room unless asked to do so.
15. Do not touch anyone else's personal belongings, especially instruments, without permission. This includes pianos and percussion instruments.
16. Wear closed-toe shoes at all times except for showering.
17. Benches are for sitting, not climbing.
18. You will be sent home immediately for any of the following reasons:
  - Use or possession of any illegal substances: this includes alcohol or tobacco related products;
  - Theft;
  - Vandalism;
  - Fighting.



# JumpStart in Music

Friends – Music – Caz!

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## Sample Schedule BUSD

### Friday

7:45 AM Gather for check-in and board buses  
8:30 AM Buses leave for camp  
11:00 AM Arrive at Caz! Get bunk assignments-unload  
12:00 PM Meet at Amphitheater for Orientations and Introductions  
12:30 PM Lunch - Bag lunch brought from home  
1:00 PM Rehearsals - Band and Orchestra  
2:30 PM Break  
3:00 PM Rehearsal - Band and Orchestra  
5:00 PM Rest/Recreation  
6:00 PM Dinner  
7:00 PM Band/Orchestra rehearsals  
8:00 PM Campfire/Singing/S'mores  
9:30 PM Taps

### Saturday

7:30 AM Reveille  
8:00 AM Breakfast  
9:30 AM Full rehearsal  
10:30 AM Break  
11:00 AM Sectionals - Band and Orchestra  
12:00 PM Lunch  
1:00 PM Band rehearsal  
2:30 PM Break  
3:00 PM Band rehearsal  
4:30 PM Break  
6:00 PM Dinner  
7:00 PM Dress rehearsal  
7:30 PM Faculty/Mentor/Chaperone Concert  
8:30 PM Evening Activity  
9:30 PM Taps

### Sunday

7:30 AM Reveille  
8:00 AM Breakfast  
9:15 AM Free Time  
9:30 AM Dress rehearsal  
10:30 AM Camp clean-up, evaluations, t-shirts  
11:30 AM Pack up and free time  
12:00 PM Lunch  
1:00 PM Concert

## DIRECTIONS TO CAZADERO MUSIC CAMP

We recommend that you use caution when relying on GPS or internet mapping programs as they may take you on a circuitous route through Sonoma County.

The easiest route to follow is:

From Highway 101 just north of Santa Rosa take the River Road/Guerneville exit and head WEST. Proceed through Guerneville, and continue West on Highway 116 to the town of Monte Rio. Bear right at the stop sign and continue another 2.5 miles and turn right onto Cazadero Highway. Follow Cazadero Highway for 5.5 miles. The camp is on the left side of the road, across the street from the Elim Grove Bakery and 1/2 mile **BEFORE** the town of Cazadero. Park in the lot and walk across the suspension bridge.

The camp address is:  
5385 Cazadero Highway  
Cazadero, CA 95421

