



## COUNSELOR APPLICATION & PERMISSION TO ATTEND

2023-2024 Version

NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

Student ID: \_\_\_\_\_ DORM: Male Female Today's Date: \_\_\_\_\_  
(Please circle one)

### SCHOOL STAFF MEMBER APPROVAL:

To the best of my knowledge, this student is in good or excellent academic standing, has a great attendance record, has the ability to miss a week of school, is mentally and emotionally stable, exercises sound judgment and will be a positive role model for 6<sup>th</sup> grade students. Based upon what I know of them, I would trust them to supervise my own children or children I love. I have also told this student where they can find more helpful information - on the [foothillhorizons.com](http://foothillhorizons.com) website.

\_\_\_\_\_  
PRINT - Staff member full name      X \_\_\_\_\_  
Staff member signature      Date

### APPLICATION CHECKLIST:

- Fill out this entire packet and get all necessary signatures:
  - One of your teachers or school counselor must sign the box above.
  - You must sign pages 3 & 4.
  - It is very important you read every word on page 4.**
  - A parent must sign pages 4 & 5. And page 7 if you take medications.
  - Your doctor also needs to sign page 7 if you take medications.
- Tell your school your preferred week and if you are trying to be paired up with a specific 6<sup>th</sup> grader or teacher.
- Return this completed application to your school counselor to be considered.  
**\*They should make a copy and return the original to you so you can bring it with you on the bus once approved.**
- Your high school will confirm with you the dates you are to attend and provide you with transportation information. All high school students *must* ride the bus.
- This packet is your permission to go to Foothill Horizons... You must bring this packet with you!**

### IF YOU TAKE ANY MEDICATION:

You **must** have the *Request for Administration of Medication* (page 7) signed by both your doctor and your parent. This includes prescription & over-the-counter medications like Advil, Tylenol, cough drops, and even vitamins. If you have diabetes, you must contact us in advance. For questions, please call us at 532-6673.

# COUNSELOR INFORMATION

Full Name: \_\_\_\_\_ School: \_\_\_\_\_ T-shirt Size: \_\_\_\_\_  
(for your volunteer T-shirt)

Your phone number: \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_  
(month/day/year)

Home Address: \_\_\_\_\_  
(Street number /name) (City/Zip)

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_  
(If different from above) (Street or P.O. Box) (City/Zip) (PLEASE PRINT CLEARLY)

Parent/Guardian Names: \_\_\_\_\_  
(PLEASE PRINT)

Parent/Guardian Address: \_\_\_\_\_  
(If different from above) (Street number /name) (City/Zip)

Parent/Guardian:

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
(Area Code/Number) (Area Code/Number) (Area Code/Number)

Have you volunteered for this program before? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what year? \_\_\_\_\_

Did a 6th grade teacher request you? If so, enter their name here: \_\_\_\_\_

If you are attending with a specific 6<sup>th</sup> grader – list their name here: \_\_\_\_\_

List the dates you want to attend: \_\_\_\_\_

Please check the categories below that describe you:

Like working with kids	_____	Can live without a cell phone	_____
Enjoy hiking and being outdoors	_____	Can work with adults	_____
Can be responsible for kids 24 hours/day	_____	Can miss a week of school	_____
Can function well with a lack of sleep	_____	Can be a teacher's aide	_____
Can be an appropriate role model	_____	Like singing and laughing	_____

*Checking off the categories above suggests that you have what it takes to be a counselor!*

**IMPORTANT:** All signature blanks must be signed in order for you to be able to attend.

**TO BE COMPLETED BY THE STUDENT:**

1. How did you find out about being a counselor?
  
2. Why are you interested in being a counselor?
  
3. *Students will rely on your leadership and attention...*
  - (a) Have you had experience working with children?
  
  - (b) What do you look forward to about working with children?
  
4. Students will look up to you as a role model. (a) Describe someone that *you* looked up to when you were a sixth grader. (b) What made that person great?
  
5. What kinds of careers or plans are you considering for your future?
  
6. How will being a counselor help you meet your goals?

**TO BE COMPLETED BY THE STUDENT:**

I am volunteering as a counselor at Foothill Horizons Outdoor School. I understand I will not be paid except that I will receive room, board and health and accident insurance. I understand I will be living with students and will supervise them during activities. I will follow all rules and regulations set forth by the school administration and understand I will be expelled from the program if I do not. I have read the information on what to pack, what not to bring, and the dress code on the Foothill Horizons website.

X \_\_\_\_\_ Date: \_\_\_\_\_  
(Student signature) PLEASE USE INK

**FOOTHILL HORIZONS OUTDOOR SCHOOL**  
**COUNSELOR CONTRACT**

**\*\*You must sign and have a parent/guardian sign the bottom of this contract. \*\***

Please carefully read and initial *each* of the statements below:

- \_\_\_\_\_ (Initials) I am emotionally and mentally capable of providing 24 hour supervision for a group of students and can keep them safe and accounted for.
- \_\_\_\_\_ I will protect students from bad language, unsafe activities, and scary stories. I will not discuss race, religion, sex, gender preference, politics or my personal life with students.
- \_\_\_\_\_ I will communicate to Foothill Horizons staff or visiting teachers any difficulties I am having with students - including discipline matters, injury, inappropriate language, or sickness.
- \_\_\_\_\_ I will not bring alcohol, tobacco, nicotine, vapor-emitting devices or illegal drugs to Foothill.
- \_\_\_\_\_ If I bring a cell phone or other device, I will turn them in upon arrival to be stored in a locked cabinet in the Health Office. I understand that I'll be able to ask to use my devices during daily breaks. I will not play music aloud in the dorm rooms.
- \_\_\_\_\_ Any snacks I bring for my time off will be stored in the staff office. For their safety, I will not share any food with students. I will not chew gum in front of students.
- \_\_\_\_\_ I will enforce all school rules and policies, for myself as well as others, including the Outdoor School Dress Code and health and wellness policies.
- \_\_\_\_\_ I will never leave my students alone. I will never physically punish or verbally abuse a child.
- \_\_\_\_\_ I understand that for my protection and the emotional safety of the children, I will limit physical contact with children to interactions such as: high fives, handshakes and fist bumps.
- \_\_\_\_\_ I will not share personal contact information or social media accounts with the students. I will not post photos, audio files or videos taken of students, teachers or staff at Foothill Horizons on the internet, including but not limited to: YouTube, Facebook, TikTok, Snapchat, Twitter, Instagram, etc.

- I have read and agree to the responsibilities listed above.
- I understand I am subject to suspension for violating any of the above statements.
- My parents and I understand that they must transport me home if I am suspended.
- I know that my parents, school counselor and/or principal will be called if I violate this contract.

	X	
<b>Print student name</b>	<b>Student signature</b>	<b>Date</b>

	X	
<b>Print Parent/Guardian's Name</b>	<b>Parent/Guardian's Signature</b>	<b>Date</b>

# PARENT/GUARDIAN PAGE

*Your child is volunteering to be a counselor at Foothill Horizons Outdoor School. Please fill out and sign this page and the bottom of page 4. If your child is bringing any prescription or over-the-counter medication, page 7 must be completed and signed by a doctor and parent.*

Counselors gain valuable leadership and educational experience by living with and leading 6<sup>th</sup> grade students at Foothill Horizons Outdoor School. The counselor's responsibility is to be a positive role model and to assist teachers during classes and field trips. Foothill Horizons staff supervises counselors during their stay. Meals, transportation and secondary insurance are provided. Counselors must bring bedding or a sleeping bag, a pillow, towel, toiletries and appropriate clothes. SEE PACKING LIST. All counselors will receive a letter of recommendation or evaluation once they complete their week.

The address of Foothill Horizons Outdoor School is:  
21925 Lyons Bald Mountain Road, Sonora, CA 95370

Telephone: (209) 532-6673  
Fax: (209) 533-1390

## AUTHORIZATION AND RULES

My child agrees to follow all school rules at Foothill Horizons including not raiding other dormitories; going into the opposite sex's dormitory; hazing or bullying another student in any way. Students who violate these rules will be counseled and may be restricted from some activities; those who commit a serious offense will be sent home, without a refund.

I agree that I or a designated emergency contact will pick up my child within 3-hours if my child has any communicable disease; at the discretion of our staff or is unable to participate in the program due to injury or behavior.

In the event of an emergency in which I cannot immediately be reached, I authorize medical and/or surgical care for my child while they are attending or en route to or from the Stanislaus County Office of Education Program. Families will be notified of any serious illness or injury to their child and appropriate care will be given.

I give consent to Stanislaus County Office of Education (SCOE) and/or Foothill Horizons Outdoor School to photograph, record, or videotape my child's image and voice. I understand and agree that this may include their likeness and/or voice in public displays, downloadable video slide shows, our website, pamphlets, or other media that may be reproduced for use by SCOE, Foothill Horizons Outdoor School or other agencies with the approval of SCOE. I further agree to release, defend, and hold harmless such agencies, its staff, SCOE and/or Foothill Horizons Outdoor School and its staff, as well as any agent that may be designated from any damage or cause of action, which may result from the use of my child's image or voice in any of its projects. This includes, but is not limited to, any cause of action related to invasion of privacy.

I understand and acknowledge the risk to my child(ren) for injuries received while engaging in any sports, athletics, or unorganized play, beyond assurance that any injury will receive prompt professional care. I understand and acknowledge the risk to myself and, if applicable, my child(ren), of becoming exposed to or infected by COVID-19 at Foothill Horizons, which exposure or infection may result from the actions, omissions, or negligence of myself or others, including, but not limited to, other participants, officials, employees, volunteers, and/or representatives. I assume all such risk and accept sole responsibility for any harm or loss to myself and/or, if applicable, my child(ren), including, but not limited to, personal injury or death or related costs or expenses of any kind, that I, or, if applicable, my child(ren), may experience or incur in connection with the SCOE-sponsored activity.

In consideration for Stanislaus County Office of Education allowing my child(ren) to participate in Foothill Horizons I, on behalf of my child(ren), hereby release and hold harmless SCOE, and any participants, officials, employees, volunteers, and/or representatives thereof, from any and all liability for any and all harm or losses arising from participation in the SCOE sponsored activity, including, but not limited to, injury, exposure to or infection by COVID-19. Further, I covenant (i.e., promise) not to sue SCOE, or any participant, official, employee, volunteer, and/or representative thereof, for any such harm or loss.

X

\_\_\_\_\_  
Parent or Legal Guardian Signature

X

\_\_\_\_\_  
Student Signature

## EMERGENCY CONTACT:

Name, address and telephone number(s) of a person who, in an emergency, can find you or accept responsibility for your child:

\_\_\_\_\_  
(Name) (Relationship) (Home Area Code/Number)

\_\_\_\_\_  
(Street) (City/Zip) (Work & Cell Area Code/Numbers)

# COUNSELOR HEALTH INFORMATION

## PARENTS: Please answer every question.

Please respond "Yes" or "No" to each question and **FILL IN EVERYTHING.**

Yes    No

1. Does your child have any **health concerns** that might affect his/her care, such as asthma, diabetes, seizures, migraines, allergies? Please describe:

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2. Does your child have any behavioral or learning diagnoses? Please describe:

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3. Is your child engaging in **self-harm, under suicide watch** or been hospitalized for mental health concerns in the past month? **If YES, your child may NOT attend without additional assistance**, please discuss with your school and email [foothillhorizons@stancoe.org](mailto:foothillhorizons@stancoe.org).

4. Does your child **take any medications**?  
If YES, you **MUST** complete PAGE 7 "**Request for Administration of Medication at Outdoor School**" --**BOTH** prescription and over the counter medications (i.e., Benadryl, Tylenol, Ibuprofen, anti-itch creams, vitamins, etc.).

5. Does your child have any **serious allergies** to foods, insect stings, medications, or other substances? If YES, what is your child allergic to?

Allergen:	Is it life threatening? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is an Epi Pen required? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Contact/touch <input type="checkbox"/> Ingestion/eating
Allergen:	Is it life threatening? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is an Epi Pen required? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Airborne/inhalation
Allergen:	Is it life threatening? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is an Epi Pen required? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Contact/touch <input type="checkbox"/> Ingestion/eating
Allergen:	Is it life threatening? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is an Epi Pen required? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Airborne/inhalation

6. **Special diets:** Are there foods they CANNOT eat?  
 no beef     no pork     vegetarian     vegan     other: \_\_\_\_\_

*For multiple and/or life-threatening allergies email [foothillhorizons@stancoe.org](mailto:foothillhorizons@stancoe.org) a description. All Special Diets must be in writing. Refer to Special Diet Policy.*

7. Are there any limits to your child's **physical activity** (broken limbs, adapted PE, etc.)? If YES, please complete with your Health Care Provider to fill out the **Limited Activities List**.

8. Do you have insurance coverage for your child? Enter your child's health insurance information below.

Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

(If none, state "None")

If your child takes **MEDICINE**, they will not be able to attend outdoor school unless your Health Care Provider correctly completes the "Request for Administration" form (next page). All medication must be in a pharmacy-labeled or original container with the child's name, name of medication, and instructions for administration on the label. Even over-the-counter medications like Tylenol, Advil, vitamins, cough drops etc. need to be entered on the following form.

Please make a copy of the form if you have more than 3 medications.

If you have questions about medications, please contact our health office: 209-532-6673.

# REQUEST FOR ADMINISTRATION OF MEDICATION AT OUTDOOR SCHOOL

Foothill Horizons' FAX: (209) 532-0019; TEL: (209) 532-6673

Student: \_\_\_\_\_ Birth Date: \_\_\_\_\_ School: \_\_\_\_\_

## TO BE COMPLETED BY AUTHORIZED HEALTH CARE PROVIDER

1. Medication name: \_\_\_\_\_ Strength (mg, ml, mcg): \_\_\_\_\_ Dose (# of tabs, puffs, etc.): \_\_\_\_\_

Method of Admin  Oral  Other\* \_\_\_\_\_ Must refrigerate?  Yes  No Reason for Medication: \_\_\_\_\_

Time of Admin (circle): 7:00am breakfast noon 1:30pm 4:00pm Dinner Bedtime Other\*: \_\_\_\_\_ OR  PRN:

List all symptoms PRN med can be taken for: \_\_\_\_\_

2. Medication name: \_\_\_\_\_ Strength (mg, ml, mcg): \_\_\_\_\_ Dose (# of tabs, puffs, etc.): \_\_\_\_\_

Method of Admin  Oral  Other\* \_\_\_\_\_ Must refrigerate?  Yes  No Reason for Medication: \_\_\_\_\_

Time of Admin (circle): 7:00am breakfast noon 1:30pm 4:00pm Dinner Bedtime Other\*: \_\_\_\_\_ OR  PRN:

List all symptoms PRN med can be taken for: \_\_\_\_\_

3. Medication name: \_\_\_\_\_ Strength (mg, ml, mcg): \_\_\_\_\_ Dose (# of tabs, puffs, etc.): \_\_\_\_\_

Method of Admin  Oral  Other\* \_\_\_\_\_ Must refrigerate?  Yes  No Reason for Medication: \_\_\_\_\_

Time of Admin (circle): 7:00am breakfast noon 1:30pm 4:00pm Dinner Bedtime Other\*: \_\_\_\_\_ OR  PRN:

List all symptoms PRN med can be taken for: \_\_\_\_\_

*\*If this student needs assistance with injections or intravenous medications OR takes med at a time other than those that are listed, contact Foothill Horizons to make arrangements.*

## REQUEST FOR SELF-ADMINISTRATION OF EMERGENCY MEDICATIONS

This student is both capable and responsible for self-administering auto-injectable epinephrine and/or inhaled asthma medication:

Yes—unsupervised  Yes—supervised  No—please indicate why: \_\_\_\_\_

This student may carry their emergency medication:  Yes  No—please explain: \_\_\_\_\_

Health Care Provider's Name: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_

Health Care Provider's Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

## TO BE COMPLETED BY PARENT OR GUARDIAN

**Sign SECTION A for non-emergency medications-most medications**

SECTION A: PARENT/GUARDIAN CONSENT FOR MEDICATION TO BE ADMINISTERED BY SCHOOL PERSONNEL  
I, the parent(s)/guardian(s) of \_\_\_\_\_, request that medicine be administered by the school nurse or a member of the school staff if the school nurse is not available. I consent to allow disclosure of identifiable health information from the health care provider to the school nurse or other designated school personnel. I will notify the school if the medication has changed or is no longer needed. Medication will be furnished in its pharmacy-labeled or original container.

Parent/Guardian Signature: X \_\_\_\_\_ Date: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

**OR Sign SECTION B if your child has and may carry their own rescue inhaler, Epi Pen, or gl**

## SECTION B: PARENT/GUARDIAN CONSENT FOR SELF-ADMINISTRATION OF MEDICATION

I hereby consent for my child, \_\_\_\_\_, to self-administer his/her  **ASTHMA INHALER**  
 **EPI-PEN**  **GLUCAGON** while attending Outdoor Education at Foothill Horizons. I, on behalf of myself, my child, our heirs, executors and assigns, hereby agree to indemnify and hold harmless, release and covenant not to sue Stanislaus County Office of Education, its officers, employees, and agents, for any and all liability, claim or cause of action of any nature whatsoever, including but not limited to personal injury or death, which may result from my child's self-administration of medication.

Parent/Guardian Signature: X \_\_\_\_\_ Date: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

## USING THIS FORM

Please turn in **ALL** medication to Foothill Staff —no meds are allowed in the student dorms.

**PARENTS:** If you want your child to take ANY KIND of medicine (including over the counter drugs like Tylenol, Benadryl, vitamins, Tums, cough drops, etc.) follow the steps below. If medication forms are not filled out completely and correctly, your child **will NOT be allowed to attend** Foothill Horizons.

1. **Have your child's Health Care Provider (H.C.P.) fill out the other side of this form.** The label on the medicine and what the H.C.P. writes on the form **must match exactly**. If a dosage or scheduled time has changed since the medication was first prescribed, the doctor should call in a new prescription and the pharmacist should print out a new medication label with the current and accurate information to match the H.C.P.'s prescription. **The H.C.P. must fill the form out completely and must sign all forms including those for over the counter drugs.**
2. Check the form to make sure the dose and time matches how you administer the medication at home. If there are any discrepancies, talk to your child's H.C.P. **All medication forms must have a parent/guardian's signature.** Check that you have signed the paperwork.
3. Put all of your child's medications in one Ziploc bag. Write your child's name on any medication that does not have a label on it such as over-the-counter drugs. Write your child's name and school on the bag. **Have the school nurse check the medication and paperwork 2 weeks prior to the departure day.** Give the labeled bag of medications to the school nurse before the day of departure.

**As a school in the state of California, Foothill Horizons must follow the regulations listed below:**

### California Code of Regulations, Title 5, Education Article 4.1: Administering Medication to Pupils or Otherwise Assisting Pupils in the Administration of Medication During the Regular School Day

#### §600. Authorization

Pursuant to Section 49423 and subdivision (b) of Section 49423.6 of the Education Code, any pupil who is required to take, during the regular school day, prescribed medication may be assisted by a school nurse or other designated school personnel if both of the following conditions are met:

- (a) The pupil's authorized health care provider executes a written statement specifying, at a minimum, the medication the pupil is to take, the dosage, and the period of time during which the medication is to be taken, as well as otherwise detailing (as may be necessary) the method, amount, and time schedule by which the medication is to be taken.
- (b) The pupil's parent or legal guardian provides a written statement initiating a request to have the medication administered to the pupil or to have the pupil otherwise assisted in the administration of the medication, in accordance with the authorized health care provider's written statement.

**CEC. 49423.** (a) Notwithstanding Section 49422, any pupil who is required to take, during the regular school day, medication prescribed for him or her by a physician and surgeon, may be assisted by the school nurse or other designated school personnel or may carry and self-administer prescription auto-injectable epinephrine if the school district receives the appropriate written statements identified in subdivision (b)

(b) (1) In order for a pupil to be assisted by a school nurse or other designated school personnel pursuant to subdivision (a), the school district shall obtain both a written statement from the physician detailing the name of the medication, method, amount, and time schedules by which the medication, method is to be taken and a written statement from the parent, foster parent, or guardian of the pupil indicating the desire that the school district assist the pupil in the matters set forth in the statement of the physician.

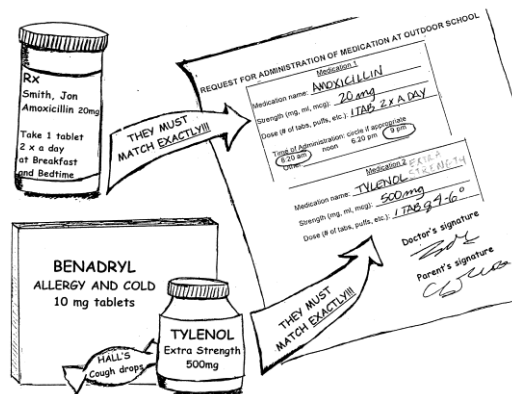
(2) In order for a pupil to carry and self-administer prescription auto-injectable epinephrine pursuant to subdivision (a), the school district shall obtain both a written statement from the physician and surgeon detailing the name of the medication, method, amount, and time schedules by which the medication is to be taken, and confirming that the pupil is able to self-administer auto-injectable epinephrine, and a written statement from the parent, foster parent, or guardian of the pupil consenting to the self-administration, providing a release for the school nurse or other designated school personnel to consult with the health care provider of the pupil regarding any questions that may arise with the medication, and releasing the school district and school personnel from civil liability if the self-administering pupil suffers an adverse reaction as a result of self-administering medication pursuant to the paragraph.

Section 49423.1 is added to the Education Code, to read:

**CEC. 49423.1.** (a) Notwithstanding Section 49422, any pupil who is required to take, during the regular school day, medication prescribed for him or her by a physician and surgeon, may be assisted by the school nurse or other designated school personnel or may carry and self-administer inhaled asthma medication if the school district receives the appropriate written statements specified in subdivision (b).

(b) (1) In order for a pupil to be assisted by a school nurse or other designated school personnel pursuant to subdivision (a), The school district shall obtain from the physician and surgeon detailing the name of the medication, method, amount, and time schedules by which the medication is to be taken and a written statement from the parent, foster parent, or guardian of the pupil requesting that the school district assist the pupil in the matters set forth in the statement of the physician and surgeon.

(2) In order for a pupil to carry and self-administer prescription inhaled asthma medication pursuant to subdivision (a), the school district shall obtain both a written statement from the physician and surgeon detailing the name of the medication, method, amount, and time schedules by which the medication is to be taken, and confirming that the pupil is able to self-administer inhaled asthma medication, and a written statement from the parent, foster parent, or guardian of the pupil consenting to the self-administration, providing a release for the school nurse or other designated school personnel to consult with the health care provider of the pupil regarding any questions that may arise with regard to the medication, and releasing the school district and school personnel from civil liability if the self-administering pupil suffers an adverse reaction by taking medication pursuant to this section.





## COUNSELOR DRESS CODE:

Counselors must be dressed appropriately for hiking and outdoor activities that include crawling on rocks and sitting on the ground. Bring clothes that are appropriate for school and the outdoors. **DO NOT BRING YOUR BEST CLOTHES.** Counselors who display inappropriate attire will be asked to change. **Disregard of this dress code may result in disciplinary action.**

### Counselors please follow these guidelines:

- Clothing must cover the shoulders, midriff and all undergarments at all times.
- Shorts are at least fingertip length or longer.
- Hats or visors are worn with the bill facing forward only.
- Sandals, crocs and slippers are worn only in the dorm building.
- Pajamas are worn only in the dorms.

### Clothing not to bring:

- Clothing associated with gangs
  - Baggy pants, pants are to be worn at waist.
  - Tank tops or low-cut tops or tops that show the midriff (belly), lower back, or undergarments
  - Clothing or items that contain offensive or vulgar writing or images, references to drug/sex, or alcohol/tobacco advertising.
  - Skintight clothes
- 

## PACKING LIST:

**Bedding:** Sheets/blankets or a sleeping bag, and a pillow

**Clothing:** SEE ABOVE, and bring what you are willing to get **dirty**. It can be much **colder** in Sonora!

- Socks and underwear - no one should ever be able to see your undergarments.
- Something to sleep in. PJs are to be worn only in the dorms.
- T-shirts (no tank tops, low cut or revealing tops, no shirts that show your belly or lower back, and no inappropriate messages or images)
- Shorts (at least finger-tip length)
- Long pants
- Long sleeve shirt or sweatshirt
- Shoes/hiking boots (2 pairs in case one gets wet)
- Jacket and/or raincoat (a sweatshirt will not be enough)
- During winter months: bring gloves or mittens, a beanie, and a warm coat.

**Equipment:**

- Watch (We do have one you can borrow!)
- Fillable Water bottle
- Sunscreen/chapstick
- Camera (optional, not a phone)
- Non-electric musical instruments (optional)

**Toiletries:**

- Soap & shampoo
- Toothbrush and toothpaste
- Comb or brush
- Towel & washcloth

**Cell phones, airpods, smart watches and laptops** will be kept in a locked cabinet during your stay. You can use them during most breaks.

### Please *do not* bring:

- Portable speakers, electronic games, knives or radios
- Hair dryers or curling irons
- Tobacco, alcohol, nicotine, vapor-emitting devices or illegal substances
- Do not bring money or valuables EXCEPT exact change for a:  
Foothill Horizons T-shirt (\$16), hat (\$14), hooded sweatshirt (\$32), or water bottle (\$10)

### Have questions or want to check the weather?

Please visit [www.foothillhorizons.com](http://www.foothillhorizons.com) or call Diann at 209-532-6673

