



Parks and Recreation Department
City of Bellingham

Welcome to Camp TEAM!

Personal Care Assistant Packet May 19-20, 2022

Hello!

Thank you for participating in Camp TEAM. We appreciate the wonderful support that care assistants offer our camp participants! We ask that you carefully review this packet and your camp participant's packet of information to assist as needed.

Please complete and return the Personal Care Assistant Information Form by **April 25**.

Thank you! We look forward to seeing you at Camp TEAM for this year's theme of Wild, Wild West!

Yours in recreation,

Melissa

Melissa D'Eloia

Recreation Management and Leadership, Western Washington University

Kristen Chmielewski

Kristen Chmielewski

Recreation Management and Leadership, Western Washington University

Rosa

Rosa Caldwell

Bellingham Parks and Recreation

Billy

Billy Reeves

Bellingham Parks and Recreation

Sponsored by Western Washington University Recreation Management and Leadership Program and Bellingham Parks and Recreation.

Main Office

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Bellingham, WA 98225
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www.cob.org/parks

Operations

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Bellingham, WA 98229
Phone: (360) 778-7100
Fax: (360) 778-7101
Email: parks@cob.org
www.cob.org/parks


Arne Hanna Aquatic Center

1114 Potter Street
Bellingham, WA 98229
Phone: (360) 778-7665
Fax: (360) 778-7062
Email: aquatics@cob.org
www.cob.org/ahac

Bayview Cemetery

1420 Woburn Street
Bellingham, WA 98229
Phone: (360) 778-7150
Fax: (360) 778-7151
Email: bayview@cob.org
www.cob.org/bayview

Are you ready for Camp TEAM? Here is your camp checklist:

- Personal Care Assistant Information form (use one of the three methods to fill out the form):
 - Click on the link and fill out the online form: <https://forms.office.com/g/E4MTXpe6zj>
 - Use the QR code to fill out the online form:

 - Fill out the paper form on page 4, take a clear photo, and send to arcaldwell@cob.org
- If you plan to participate in adaptive kayaking or biking with Outdoors for All on Thursday, please email proof of vaccination to arcaldwell@cob.org
- Write down our emergency cell phone number for Camp TEAM: (360)-595-3728
- Bring a facemask that covers nose and mouth-send extra if you can!
- Rain/wind jacket and sun hat (i.e. dress for the weather)
- Filled water bottle
- Sunscreen spray
- Lunch & snacks (nut-free)
- If participating in kayaking: Swimsuit, towel, and water shoes

General Information

We are pleased that you signed up to join us for this year's day camp Camp TEAM! This camp was created to provide an outrageously fun time where adults of all abilities can play and experience outdoor and crafty activities together. Here are some other things that you might want to know about camp:

What will Camp TEAM look like?

Camp TEAM participants will have the chance to attend activities in-person this year. 30 students in Western Washington University Recreation Program will be your energetic co-campers. Over the two-day camp, we will play games, do arts and crafts, and explore outdoor adaptive sports. Camp TEAM will end with a campfire on Friday afternoon with music provided by Glitt3r Lyfe's DJ Aireekah!

What are the daily schedules?

Thursday, May 19, 2022

- 9am-12pm Bloedel Donovan Park: 3-4 rotating groups of outdoor activities including adaptive cycling and kayaking with Outdoors for All
- 12pm-1pm Lunch time: pack your own lunches to eat at Bloedel with your fellow campers
- 1-4pm Crafts and games

Friday, May 20, 2022

- 9am-12pm Bloedel Donovan Park: 3-4 rotating groups of outdoor activities
- 12pm-1pm Lunch time: pack your own lunches to eat at Bloedel with your fellow campers
- 1-2pm Crafts and games
- 2-4pm Campfire with DJ

Where are the in-person morning activities?

On Thursday and Friday mornings from 9am-12pm we will be meeting at Bloedel Donovan Park to participate in outdoor recreation. Please check in at the entrance of the gym to find out which group activity you will start your day out with.

What happens in the afternoon?

At 12pm the morning activities end, and we all leave to eat our personally packed lunches at Bloedel together. At 1pm we will make crafts and play games in groups. On Friday, games and crafts will last from 1-2pm and then we will enjoy music and socializing from 2pm-4pm.

What if a participant feels sick or tests positive for COVID-19 before Camp TEAM?

- If a participant tests positive or has symptoms of COVID-19, they should self-quarantine for 5 days and return to the program on day 6. A participant can return to the program if they:
 - wear a mask to the program during days 6-10,
 - test negative with rapid antigen test after day 5 (wearing mask is optional), or
 - isolated at home for 10 days prior to the program

I will bring an EpiPen to camp, do I need to report it?

- Any participant who brings an EpiPen to camp, also needs to bring a written note from their doctor indicating specific allergens and dosage of epinephrine.

I take medication, how is that handled?

- Please indicate the medication you are taking on your Personal Care Assistant Form
- All medicine needs to be in its original prescription bottle and only one daily dosage should be sent each day
- **We cannot carry or administer medications;** medication should be kept in/with participant's possessions

More questions?

- Feel free to send an email to Rosa Caldwell and arcaldwell@cob.org or call/text (360)-595-3728



BELLINGHAM PARKS AND RECREATION, 210 Lottie St, Bellingham, WA 98225
TELEPHONE (360) 778-7000 TDD (360) 7011 FAX (360) 778-7001

Personal Care Assistant Form

Camp TEAM – Thursday & Friday, May 19-29, 2022

This Personal Care Assistant Information Form must be returned by **April 25**.

Please fill out this form, take a clear photo, and send to arcaldwell@cob.org or mail to: Bellingham Parks and Recreation, 210 Lottie St, Bellingham, WA 98225 or fill out the form online here: <https://forms.office.com/g/E4MTXpe6zi>

Name: _____ Phone: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Gender: _____ Male _____ Female _____ Other _____ Date of birth: _____

I am coming to camp as a personal care assistant for: _____

Emergency Contacts:

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

Your medications: _____

Are you allergic to any medications? _____ Yes _____ No If yes, which ones? _____

Healthcare Provider Name: _____ Phone: _____

What are your dietary needs? _____

Do you have any allergies? _____ Yes _____ No

What are you allergic to: _____

What is your t-shirt size? __ Small __ Medium __ Large __ Extra Large __ XXL

LIABILITY INFORMATION:

All participants must sign the following release. Realizing no insurance coverage is provided for the participants, I will assume financial responsibility for any cost relating to any accident or injury that might occur while participating in Camp TEAM. Furthermore, I will not hold the City of Bellingham, Western Washington University, Outdoors for All, employees/volunteers, or anyone otherwise involved in Camp TEAM responsible for any accident or injury that might occur. I understand that I may be photographed, and any photos may be used for fundraising and publicity for Camp TEAM by Bellingham Parks and Recreation, Western Washington University, and Outdoors for All.

Signature: _____ Date: _____