Welcome to Camp TEAM!

Participant Packet
May 4-5, 2023

Hello!
Thank you for participating in Camp TEAM! We look forward to making wonderful memories with you! We ask that you carefully review this packet of information. Please complete and return the Participant Information Form and the Outdoors for All liability form by April 20.

Thank you! We look forward to seeing you at Camp TEAM for this year!

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

- Participant Information form (use one of these three methods to fill out the form):
  - Click on the link and fill out the online form: https://forms.office.com/g/UcpXLTYNbf
  - Use the QR code to fill out the online form:
    ![QR Code](image)
  - Fill out the paper form on page 4, take a clear photo, and send to arcaldwell@cob.org

- Outdoors for All liability form for adaptive kayaking: (use one of these two methods to fill out the form):
  - Click on the link and fill out the online form: https://www.tfaforms.com/4979839?tf_a_1877=a3N5b000003sF6T&tf_a_3006=Event
  - Use the QR code to fill out the online form:
    ![QR Code](image)

- Write down our emergency cell phone number for Camp TEAM: (360)-595-3728
- 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. 30-40 students in Western Washington University’s 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!

Where is Camp TEAM?
Camp TEAM will happen at Bloedel Donovan Park.

What are the daily schedules?

**Thursday, May 4**
- 9am-1pm: Adaptive kayaking with Outdoors for All
- 1-2pm: Lunch time (bring your own lunches)
- 2-4pm: Activities led by WWU Recreation students

**Friday, May 5**
- 9am-12pm: Activities led by WWU Recreation students
- 12-1pm: Lunch time (bring your own lunches)
- 1-2pm: Songs & Games
- 2-4pm: Karaoke with DJ Aireekah of Glitt3r Lyfe
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 Participant Information 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](mailto:arcaldwell@cob.org) or call/text (360)-595-3728
Participant Information Form
Camp TEAM – Thursday & Friday, May 4-5, 2023

This Participant Information Form must be returned by April 20.
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/UcpXLTYNbf

Name:_________________________________________ Phone:___________________________
Email:__________________________________________________________________________
Address:___________________________________________________________________________
City:_________________________ State:_______ Zip:____________________ County:_____________________
Gender: _______Male _______Female _______Other Date of birth: ______________________________
Are you attending in-person at Bloedel with a personal care assistant? _______Yes _______No
If yes, name of personal care assistants:
Thursday - Name: ________________________________ Phone:___________________________
Friday - Name: ________________________________ Phone:___________________________
Who will be picking you up at 4pm on Thursday?
Name:_________________________________________ Phone:___________________________
Who will be picking you up at 4pm on Friday?
Name:_________________________________________ Phone:___________________________Name:

Emergency Contacts:
1. Name:_________________________________________ Phone:___________________________
2. Name:_________________________________________ Phone:___________________________

Check any that apply to your situation:

_____ I will need a personal assistant  _____ I will need an accessible bathroom
_____ I will need a sign interpreter  _____ I can walk short distances
_____ I will need a sighted guide  _____ I use a wheelchair for mobility
_____ Other: ________________________________

Please be specific as to the level of support needed. We are unable to provide hands-on assistance with transfers, toileting, and feeding. However, we encourage you to work with us to determine ways to make your involvement possible and successful if these issues are a barrier for you.
Are there any conditions that we should be aware of?

- Seizures
- Allergy to bee stings
- Broken bones or sprains
- Pre-existing conditions:

Will you be taking medications while at Bloedel from 9am-4pm?*

- Yes
- No

*Note: Our staff and volunteers cannot carry or administer any medication.

Your medications:

____________________________________________________________

____________________________________________________________

____________________________________________________________

____________________________________________________________

____________________________________________________________

____________________________________________________________

Are you allergic to any medications?  

- Yes
- No

If yes, which ones?____________________________________________________________

____________________________________________________________

____________________________________________________________

____________________________________________________________

____________________________________________________________

____________________________________________________________

Healthcare Provider Name:__________________________________

Phone:____________________________________________________

Do you have any allergies?  

- Yes
- No

What are you allergic to?_____________________________________

___________________________________________________________

___________________________________________________________

___________________________________________________________

What are your dietary needs?

___________________________________________________________

___________________________________________________________

___________________________________________________________

Please fill us in on ANY circumstances or special needs we should know about to ensure a fun, successful, and safe experience for everyone.

___________________________________________________________

___________________________________________________________

___________________________________________________________

___________________________________________________________

___________________________________________________________

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

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:________________________

Guardian Signature’s:____________________________________ Date:________________________

Required if participant is under the age of 18.