



**Parks and Recreation Department
City of Bellingham**

Welcome to Camp TEAM!

Participant Packet May 9-10, 2024

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 by **April 25**.

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.


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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:

- 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/cRzz152MUx>
 - 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
- 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)
- Optional water and beach play: 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 activities. 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-12pm	Activities led by WWU Recreation students
12-1pm	Lunch time (bring your own lunches)
1-4pm	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 or call/text (360)-595-3728



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

Participant Information Form

Camp TEAM – Thursday & Friday, May 9-10, 2024



This Participant 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/cRzz152MUx>

Name: _____ Phone: _____

Email: _____

Address: _____

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

Gender: _____ Female _____ Male _____ 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 XL 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.