



It's Camp Bloomfield time!

Thank you for your interest in **Camp Bloomfield's Buddy Program!** We're very excited to have you join us as a Sighted Buddy this summer.

For nearly 60 years, Camp Bloomfield has offered children who are blind, visually impaired or multi-disabled a natural and safe environment where they can develop self-esteem, build independence and experience the joys of the great outdoors. We are seeking highly-motivated students to join these campers as a Sighted Buddy through the Buddy Program.

The Buddy Program gives sighted children an opportunity to volunteer and participate alongside our visually impaired campers, allowing both to share in each others' experiences and enjoy fun and educational activities such as horseback riding, swimming, archery, campfires and much more! Space is limited for this unique program; therefore, a Buddy applying with a blind or visually impaired camper will have priority over a Buddy applying alone.

If you would like to be considered for the Buddy Program and be a part of this wonderful, life-changing experience, please complete the packet entirely and return it to Wayfinder Family Services **as soon as possible** along with a **\$200 registration fee** (check or money order payable to Wayfinder Family Services), a **2" x 2" portrait photo** (mandatory) and a **copy of the participant's medical insurance or Medi-Cal card**.

Please note that the Health History Questionnaire (Form 2) and the Self-Disclosed Immunization History (Form 3) **must be completed by each Buddy every summer, regardless of their prior attendance at Camp Bloomfield**. These forms should be completed by the Buddy's parent or guardian and do not require a physician's signature.

Applications will be time-stamped in the order they are received. If any part of the registration packet is incomplete, you will be placed on stand-by. Once the entire packet is complete, you will receive a confirmation letter by mail or email.

We recommend that you invest the time to read Camp Bloomfield's Camper Handbook to better assist you in the registration process and to learn more about how to enjoy a smooth transition to camp. A copy of the handbook can be found online at <https://www.wayfinderfamily.org/program/camp-bloomfield> or can be provided by request.

We look forward to an exciting summer with you!

Sincerely,
The Camp Bloomfield Staff

Camp Bloomfield Buddy Registration Packet

(Please type or print in BLUE or BLACK ink)

ADD PICTURE HERE (2"x2")

Session(s) of Interest: (Buddies may apply to more than one session, but are not guaranteed acceptance to all sessions.)

Youth Camp

Friday, July 6 – Wednesday, July 11, 2018
Ages 8-12

Teen Camp

Tuesday, July 17 – Saturday, July 21, 2018
Ages 13-18

Paralympic Sports Camp

Monday, July 23 – Friday, July 27, 2018
Ages 8-18

Dream Team Camp

Sunday, July 29 – Wednesday, August 1, 2018
Ages 10-18

Last Name:	First Name:	Parent's Email (Mandatory):	
Do you prefer being contacted through email? <input type="checkbox"/> Yes <input type="checkbox"/> No	Blind or visually impaired friend's name (if applying with a friend): Last: First:	T-Shirt size: Youth: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L Adult: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2X <input type="checkbox"/> 3X	Ethnicity (Check all that apply): <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Other
Are you new to camp? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of School: School District:	Grade attending in upcoming school year: <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	Date of Birth: Age: Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Mailing Address:	City: State:	Zip Code: County (i.e. Los Angeles):	
Have you changed addresses in the past 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No			
1 st Parent/Guardian Name:	Home Phone Number:	Cell Phone Number:	Work Phone Number:
2 nd Parent/Guardian Name:	Home Phone Number:	Cell Phone Number:	Work Phone Number:
Signature of Parent/Guardian: _____		Date: _____	

Camp Bloomfield Buddy Registration Packet

HEALTH HISTORY QUESTIONNAIRE

All information provided in this questionnaire is kept strictly confidential and will become part of your medical record.
Please type or print in blue or black ink. All documentation must be in English.

Last name:	First name:	Date of birth:	Age:
Height:	Weight:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	

EMERGENCY CONTACT INFORMATION (NOT PARENT OR GUARDIAN)	
Name:	Relationship:
Address:	Phone:
Name:	Relationship:
Address:	Phone:
Camper medical insurance provider (Includes Medi-Cal & Medicare):	Policy #:

VISION HEALTH	
Visual impairment diagnosis:	Date of last eye exam:
Age of onset: _____ <input type="checkbox"/> Birth <input type="checkbox"/> Illness <input type="checkbox"/> Accident <input type="checkbox"/> Unknown	
Has participant had any eye treatments or surgeries?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	

DISABILITIES AND MEDICAL CONDITIONS		
Please check if participant has any of the following disabilities:		
<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Multiple Sclerosis	<input type="checkbox"/> Muscular Dystrophy
<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Down Syndrome	<input type="checkbox"/> Autism
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Depression/Emotional Disorders	<input type="checkbox"/> Behavioral Disorder
<input type="checkbox"/> Seizures or Epilepsy (if yes, please provide additional information in the designated spaces on the right)	If yes, please explain.	
	Date of last seizure:	Typical seizure duration:
	Frequency:	Potential triggers:
Other:		
Please check if participant has or has had any of the following medical conditions:		
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Psychiatric Treatment	<input type="checkbox"/> Deaf or Hard of Hearing
<input type="checkbox"/> Cancer	<input type="checkbox"/> Stroke	<input type="checkbox"/> Heart Disease
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Heart Attack	<input type="checkbox"/> Irregular Heartbeat or Heart Murmur
<input type="checkbox"/> Anemia	<input type="checkbox"/> Sickle Cell Disease	<input type="checkbox"/> Blood Clots

<input type="checkbox"/> Thyroid Disease	<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Ear Infections	
<input type="checkbox"/> Sinus Infections	<input type="checkbox"/> Bladder Infections	<input type="checkbox"/> Mononucleosis	
<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Mumps	<input type="checkbox"/> Pneumonia	
<input type="checkbox"/> Skin Problems	<input type="checkbox"/> Alcoholism	<input type="checkbox"/> Drug Addiction	
<input type="checkbox"/> Asthma (if yes, please provide additional information in the designated spaces on the right)	If yes, please explain.		
	Date of last attack:	Does the camper use an emergency Inhaler?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Potential triggers:		

ALLERGIES			
Please check and briefly describe reaction if participant has or has had any of the allergies listed below.			
Does participant use an EpiPen? If yes, EpiPen must be properly labeled with a pharmacy label including name and directions.			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Bee stings	<input type="checkbox"/> Insect Stings – Please specify:	<input type="checkbox"/> Latex	
<input type="checkbox"/> Peanuts	<input type="checkbox"/> Dairy / Lactose Intolerance	<input type="checkbox"/> Penicillin	
<input type="checkbox"/> Food – Please list and explain all:		<input type="checkbox"/> Medication – Please list and explain all:	
Any other allergies, please list and explain:			

PHYSICAL AND INDEPENDENCE SKILLS			
Physical Limitations	Does participant use a walker?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Does participant use crutches?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Does participant use a wheelchair?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Does participant have trouble walking/standing for long periods of time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes to any of these or any other concerns, please explain:		
Independence Skills	Does participant need help using the toilet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Does participant have a history of bed-wetting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Does participant need help showering?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Does participant have sleep disorders or sleepwalk?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes to any of these or any other concerns, please explain:		
Dietary Considerations	Does participant need help feeding himself or herself?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Is participant a vegan or vegetarian?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes to any of these or any other concerns, please explain:		

HOSPITALIZATIONS AND SURGERY HISTORY

Reason:	Date:
Reason:	Date:
Reason:	Date:
Reason:	Date:
Reason:	Date:

Please add any additional information or special notes for the camp nurse that will enhance the camper's experience at Camp Bloomfield:

I hereby grant permission for the camp nurse to dispense over the counter medications to camper as needed such as: Tylenol, Motrin, Benadryl, Robitussin, Claritin, Sudafed, Dramamine, Vitamin C, Cepacol Lozenges, Maalox, Pepto Bismol, Milk of Magnesia, Metamucil, Cortisone Cream, Antifungal Cream, Neosporin Ointment, Hydrogen Peroxide, Saline, Iodine and Alcohol swabs to clean and prepare skin.

Please circle one: **YES** or **NO**

Please print Parent/Guardian Name: _____

Signature of Parent/Guardian: _____ **Date:** _____

I certify that the above information is true to the best of my knowledge.

Please print Parent/Guardian Name: _____

Signature of Parent/Guardian: _____ **Date:** _____

Camp Bloomfield Buddy Registration Packet

SELF-DISCLOSED IMMUNIZATION HISTORY

All information provided in this questionnaire is kept strictly confidential and will become part of your medical record. Please type or print in blue or black ink. All documentation must be in English.

1. Date of last tetanus shot given: _____

Last tetanus shot must have been completed in the last ten years. If camper Frankie has a tetanus shot dated June 1, 2006, his shot is valid until June 1, 2016.

2. Date of last tuberculosis skin test given: _____

Results: Negative Positive

3. If you have any physical conditions or other medical conditions that require restricted participation in camp activities, please list and explain below:

Please provide a copy of immunization records for your child's camp file.

By signing below, you (the Parent/Guardian) are attesting that all immunizations are up to date as reported on this form.

Print name of Sighted Buddy: _____

Print name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ **Date:** _____

Camp Bloomfield Buddy Registration Packet

Last Name:

First Name:

Middle Name:

AUTHORIZATION FOR TREATMENT OF BUDDY CONSENT, RELEASE, AND COVENANT

The undersigned parent/guardian represents to Wayfinder Family Services that the minor named below is in his and/or her legal custody and control; and that the undersigned desires said minor to participate in the programs of Wayfinder Family Services, and that for purposes of said participation the undersigned agrees, authorizes and states as follows:

In case of medical or dental need or emergency, I (we) understand every effort will be made to contact parents/guardians of children. In the event I (we) cannot be reached, I (we) undersigned, parents/guardians of Buddy, do hereby authorize Wayfinder Family Services and its officers or staff employees as agent(s) for the undersigned to obtain and consent to any x-ray examination, anesthetic, medical, dental, surgical diagnosis, treatment and hospital care which is deemed advisable by, and is to be rendered to said minor under the general or special supervision of any surgeon licensed under the provisions of the Medical Practice Act or the medical staff of a licensed hospital or by a dentist licensed under the provisions of the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist or at the said hospital.

I (we) also understand and agree that any and all such medical, dental, hospital or similar expenses incurred in the treatment of my (our) child will be borne by myself (ourselves). We understand that no representation of such coverage exists or is intended by this form.

It is understood that this authorization is given in advance of any specific medical or dental diagnosis, treatment or care being required but is given to provide authority and power on the part of Wayfinder Family Services (as aforesaid) as my (our) agent(s), to give specific consent to any and all such diagnosis, treatment or care which a licensed physician or dentist in the exercise of his/her best judgment may deem advisable. The authorization is given pursuant to the provisions of Sections 25.8 of the Civil Code of California.

This authorization shall remain effective while the child is enrolled in Wayfinder Family Services' Recreation Programs, unless sooner revoked in writing and delivered. The undersigned further releases Wayfinder Family Services, its officers, agents, and employees from any and all legal responsibility for accidents or sickness occurring during or related to the period of time said person is a participant in programs of Wayfinder Family Services. I (we) further agree and covenant (for valuable consideration, receipt of which is acknowledged) that neither said person or I (we) will institute any suite or action of damage, loss or injury of any kind, whether to person or property, whether to me (us), individually, or as parents/guardians relating to the programs or activities of Wayfinder Family Services (including but not limited to Camp Bloomfield) in which the person participates.

Parent/Guardian Initials: _____

Current Medical Insurance is mandatory in order to participate in any recreation activity or event. Any medical costs incurred while participating in any Wayfinder Family Services' Recreation Program (Camp Bloomfield) shall be the responsibility of the participant's parent or guardian. Medical costs include: physician visit, emergency room visit, prescription medication, and/or emergency transportation. It is also to be understood and agreed that any and all such medical, dental, hospital, or similar expenses incurred in the treatment of the participant will be borne solely by the parent or guardian. If a situation requires medical treatment, the parent or guardian will be contacted by a staff member and informed of the situation. Should a situation arise where the parent or guardian cannot be reached, the participant will be taken to the local emergency facility for treatment.

Parent/Guardian Initials: _____

I have carefully read information above, clearly understand, and voluntarily sign this Form agreement.

I HAVE READ AND WILL PROVIDE A COPY OF:

MEDICAL INSURANCE CARD

or

State of California/Benefits Identification Card (MEDI-CAL)

Print name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ **Date:** _____

Camp Bloomfield Buddy Registration Packet

Last Name: 	First Name: 	Middle Name:
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Please read the following information very carefully. Select one arrival option and one departure option, and sign at the bottom of the form.

ARRIVAL OPTION (Select only one option):

- Wayfinder Family Services, 5300 Angeles Vista Blvd., Los Angeles, CA 90043**
Buddy will check in at Wayfinder Family Services' gym (back gate off of 54th Street) on the first day of the session at **8:00 a.m.** If Buddy arrives late, Wayfinder Family Services *is not* responsible for transporting him or her to camp.
- Camp Bloomfield, 35375 Mulholland Hwy., Malibu, CA 90265**
Buddy will check-in at Camp Bloomfield on the first day of the session at **12:30 p.m.**
- LAX or Oxnard Transportation Center**
Buddy will arrive via LAX Airport or Oxnard Transportation Center on the first day of the session **between 7:00 a.m. and 9:00 a.m. (no exceptions will be made).** **MANDATORY:** Please include a copy of your travel itinerary and travel reservation confirmation in addition to filling out this form.

DEPARTURE OPTION (Select only one option):

- Wayfinder Family Services, 5300 Angeles Vista Blvd., Los Angeles, CA 90043**
Buddy will take the bus from Camp Bloomfield to Wayfinder Family Services on the last day of the session and will check out at Wayfinder Family Services (back gate off of 54th Street) at **10:30 a.m.** If parent/guardian arrives late, Buddy will return to Camp Bloomfield, and it will be the parent/guardian's responsibility to pick them up at Camp.
- Camp Bloomfield, 35375 Mulholland Hwy., Malibu, CA 90265**
Buddy will check out on the last day of the session from Camp Bloomfield **between 9:00 a.m. and 10:00 a.m. (no exceptions will be made).**
- LAX or Oxnard Transportation Center**
Buddy will depart via LAX Airport or Oxnard Transportation Center on the last day of the session **between 9:00 a.m. and 11:00 a.m. (no exceptions will be made).**

I have carefully read and clearly understand the procedure regarding arrival and departure. Buddies, ages 8-17, must be checked in and out during the times posted above by a parent or guardian. Cabin and counselor assignments will only be given after the camper has been properly checked in and registration is complete.

Print name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ **Date:** _____

Camp Bloomfield Buddy Registration Packet

Last Name: _____	First Name: _____	Middle Name: _____
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AUTHORIZED RELEASE OF BUDDY

(Applies to Buddies under 18 years of age)

Session Buddy is attending: _____

I hereby authorize the following person(s) to check in my child during registration and/or pick up my child at the end of the session or in the event of an emergency. When picking up the Buddy, the authorized individual **must** show a valid ID.

First Name: _____ Last Name: _____ Relationship: _____

First Name: _____ Last Name: _____ Relationship: _____

First Name: _____ Last Name: _____ Relationship: _____

Signature of Parent/Guardian: _____ **Date:** _____

ACTIVITY OPT-OUT

I have **crossed out** the following activities in which I **DO NOT** want my child to participate in:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Archery | <input type="checkbox"/> Golf | <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Climbing Wall |
| <input type="checkbox"/> Ropes Course | <input type="checkbox"/> Hiking | <input type="checkbox"/> Tandem Bikes | <input type="checkbox"/> Evening activities |
| <input type="checkbox"/> Horseback Riding | <input type="checkbox"/> Drama | <input type="checkbox"/> Outdoor Living Skills | <input type="checkbox"/> Swimming (Beach) |
| <input type="checkbox"/> Swimming (Pool) | <input type="checkbox"/> Goalball | <input type="checkbox"/> Nature | <input type="checkbox"/> Beep Baseball |
| <input type="checkbox"/> Tee-Pee Overnighter | <input type="checkbox"/> Extended Hiking | <input type="checkbox"/> and/or Other: _____ | |

Buddy's swimming ability (check one): Non-Swimmer Beginner Intermediate Advanced

Please note that all Buddies, regardless of noted swimming ability, are required to take and pass a swim test in order to access the deep end of the pool (5-10 ft.).

I hereby grant Buddy named above permission to participate in all activities offered by or through Camp Bloomfield, with the exception of those activities that were crossed out above. The undersigned parent, guardian, or custodian of the above named Buddy hereby joins in the foregoing Activity Opt-Out Form and hereby stipulates and agrees to save and hold harmless, indemnify, and forever defend Camp Bloomfield, their directors, officers, agents, employees, and volunteers from and against any claims, actions, demands, expenses, liabilities (including reasonable attorney fees) for negligence as a result of said Buddy's participation in the activities of Camp Bloomfield and his or her use of the property, animals, and facilities. I, on behalf of said Buddy, further agree not to sue Camp Bloomfield, its directors, officers, agents, employees, and volunteers as a result of any injury that said minor suffers from negligence in connection with his/her participation in the activities of Camp Bloomfield.

I represent that said Buddy have no health or physical condition that will interfere with the activities stated above or cause him/her to be more susceptible to injury than the average person. If any health conditions are present, I assume the risks associated with any such health or physical condition.

Print name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ **Date:** _____

Camp Bloomfield Buddy Registration Packet

Last Name:	First Name:	Middle Name:
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MEDIA RELEASE

Permission is hereby given to WAYFINDER FAMILY SERVICES[®] to use audio, video recordings, photographic and electronically created images of _____ (Buddy's name) for public view, including publications, websites or social media sites. Usage of any images or audio is without compensation to said person or to the undersigned on his/her behalf, or individuality.

On occasion, specific students are identified for profile stories used in grant applications and reports, publications, websites or social media sites. Permission is hereby given to WAYFINDER FAMILY SERVICES[®] to publish in grant applications and reports, publications, websites or social media sites, _____ (Buddy's name) story with related quotes, after verbal and/or written approval of that story has been granted by said person or by the undersigned on his/her behalf or individuality.

Address: _____

City, State, Zip Code: _____

Phone: _____

Print name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ **Date:** _____

INCOME INFORMATION *(For reporting purposes only)*

Please answer the following questions as they apply to your household (including the participant):

1. How many adults reside in the home? _____ 2. How many children reside in the home? _____
3. What is your household's combined gross annual income from all sources? \$ _____

HOW DID YOU HEAR ABOUT CAMP BLOOMFIELD?

Check all that apply

- | | | |
|---|--|--|
| <input type="checkbox"/> Returning Camper staff member | <input type="checkbox"/> A friend or family member | <input type="checkbox"/> A Wayfinder Family Services |
| <input type="checkbox"/> Department of Rehabilitation Counselor | <input type="checkbox"/> Teacher of Students with Visual Impairments (TVI) | <input type="checkbox"/> Received brochure in the mail |
| <input type="checkbox"/> Social media | <input type="checkbox"/> Wayfinder Family Services website | <input type="checkbox"/> Email |
| | | <input type="checkbox"/> Other: |

Camp Bloomfield Buddy Registration Packet

BUDDY/PARENT/GUARDIAN MEDIATION AND ARBITRATION AGREEMENT

This is an Agreement to mediate and arbitrate all unresolved disputes arising from the educational, recreational, special education school, and residential services between the undersigned Buddy and/or their legal guardian and the Wayfinder Family Services.

In the event of any unresolved dispute, claim or controversy by the Buddy and/or their legal guardian against Wayfinder Family Services, its directors, officers, employees or agents, the student and/or their legal guardian agrees to submit such unresolved dispute, claim or controversy, including but not limited to all claims for breach of contract and civil torts, to non-binding mediation before a neutral independent third-party mediator and, if that process does not result in full resolution of the dispute, to final and binding arbitration, including, but not limited to, claims for breach of contract and civil torts.

The arbitration shall be conducted by a single-arbitrator selected either by mutual agreement of the student and/or their legal guardian and the Wayfinder Family Services or, if they cannot agree, from an odd-numbered list of experienced arbitrators provided by the American Arbitration Association. Each party shall strike one arbitrator from the list alternately until one arbitrator remains.

The arbitrator shall have all powers conferred by law and a judgment may be entered on the award by a court of law having jurisdiction. The award and judgment shall be in writing and binding and final on both parties.

Each party shall have the right to conduct reasonable discovery, as determined by the arbitrator and as provided in California Code of Civil Procedure Section 1283.5(a).

The parties agree to submit any unresolved dispute or unresolved controversy arising out of or relating to the terms of the Agreement to mediation, and if that process does not result in full resolution of the dispute to final and binding arbitration by a single neutral arbitrator.

Wayfinder Family Services agrees to pay for 75% of the costs of the mediation and arbitration proceedings and the fees of the arbitrator. The remaining 25% of the costs and fees of the mediation and arbitration will be paid by the Buddy and/or their legal guardian. Recognizing that parties involved in any such dispute may have limited resources, the parties agree to endeavor in good faith to identify a mediator and an arbitrator whose fees and costs are reasonable and affordable in light of that fact.

This agreement shall continue during the period of service delivery and thereafter regarding any related disputes. This agreement may only be modified for the Wayfinder Family Services by a written agreement signed by the President of the Wayfinder Family Services.

The Buddy and/or their legal guardian understand that by signing this Agreement, he/she gives up his/her right to a civil trial and his/her right to a trial by jury.

If any of the provisions of this Agreement are found null, void, or inoperative, for any reason, the remaining provisions will remain in full force and effect.

I have read, understand, and received a copy of this document.

Print name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ **Date:** _____

Signature of Authorized Representative for Wayfinder Family Services (Donald Ouimet, Vice President of Programs):

X _____ Date: _____

Camp Bloomfield Buddy Registration Packet

NOTICE OF PRIVACY PRACTICES

The privacy of your personal and health information (PHI) is important to us. This notice describes how your PHI may be used and disclosed and how you can have access to this information.

Protecting Your Personal Health Information

Wayfinder Family Services understands the importance of keeping your PHI private. In accordance with the State and Federal Law, this notice describes Wayfinder Family Services' privacy practices. We may modify or change our privacy practices from time to time, particularly as new laws and regulations become effective. When that occurs, we will provide you with a new notice advising you of the changes. For more information about our confidentiality and privacy practices, or for additional copies of this notice, please contact us.

Wayfinder Family Services may use and disclose your PHI without your authorization *only* in the following ways:

- **Treatment:** Your PHI to a provider who requests this information to treat you
- **Payment:** To pay claims for covered services provided to you
- **Health Care Operations:** To conduct quality improvement activities, to engage in care coordination and case management, and other similar activities
- **Health and Wellness:** To contact you with information about health-related services, appointment reminders or treatment alternatives
- **Family and Friends:** To a family member, friend or other person if you are unavailable to agree, such as in a medical emergency or disaster relief, only to the extent necessary to help with your health care or with payment of your care
- **Public Health and Safety:** To avert a serious and imminent threat to your health or safety or the health or safety of others

I acknowledge that I have reviewed and received a copy of Wayfinder Family Services' Privacy Practice Form.

Print name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ **Date:** _____



Wayfinder

FAMILY SERVICES

Camp Bloomfield Buddy Program Position Description

Buddy's Name: _____

PURPOSE OF BUDDY PROGRAM:

The Buddy Program was established to help create a safer, more enriching environment for campers who are blind, visually impaired or multi-disabled at Camp Bloomfield. The Buddy Program gives sighted campers an opportunity to volunteer and participate alongside our visually impaired campers, allowing both to share in each others' experiences and enjoy fun and educational activities such as horseback riding, swimming, archery, campfires and much more!

MAJOR DUTIES & RESPONSIBILITIES:

- 1) Provide a dynamic camp experience for designated camper who is blind, visually impaired or multi-disabled
- 2) Adhere to all camp and cabin rules and regulations
- 3) Comply with all instructions and guidelines of staff
- 4) Report any problems or personal needs to the camp staff and/or Camp Director
- 5) Participate in all activities as assigned in the daily schedule
- 6) Promote a positive group dynamic and cohesive bond within the cabin through the following techniques:
 - a. Learn designated camper's name
 - b. Learn likes and dislikes of the designated camper
 - c. Help ensure that each camper has successful experiences during his/her stay at camp
 - d. Create an environment where discussion of problems or concerns is fostered
 - e. Show a genuine concern for designated camper's needs
 - f. Participate in cabin and camp activities, acting as a positive and responsible role model for all Buddy volunteers and campers
- 7) Assist your cabin in following camp goals, procedures and daily schedule
- 8) Communicate any emergencies immediately to the camp staff and Camp Director

QUALIFICATIONS:

- 1) Ability to relate to designated camper and peers
- 2) Ability to have a one-on-one interaction with designated camper

[CONTINUED ON NEXT PAGE]

- 3) Ability to accept guidance and supervision
- 4) Ability to assist Camp Counselors and Counselors-in-Training in daily duties
- 5) Ability to work harmoniously within a group living environment
- 6) Must be responsible, enthusiastic and patient
- 7) Must have a good sense of humor, self-control, and sound judgment
- 8) Must be physically capable of handling the rigorous schedule of a residential camp environment

I (parent/guardian) and the Buddy participant have read the above position description and fully understand the requirements for the Buddy position. I (Buddy candidate) agree to abide by the requirements set forth for the position of a Buddy, and will perform all duties and responsibilities to the best of my ability.

Buddy Participant Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Camp Director Signature: _____ **Date:** _____



End of Application

Please return completed application packet to:

Wayfinder Family Services
Attention: Joshua Lucas
5300 Angeles Vista Blvd. Los Angeles, CA 90043

Fax: (310) 321-3493

jlucas@wayfinderfamily.org

Your completed application packet should include all application forms, a 2"x2" photo of the Buddy participant, a check or money order for \$200 made payable to Wayfinder Family Services, a copy of the Buddy's medical insurance or Medi-Cal card, and a travel itinerary and/or travel reservation confirmation, if applicable (see form 5).

For questions regarding registration or your stay at Camp Bloomfield:

Please contact Joshua Lucas at (323) 295-4555, ext. 272
or jlucas@wayfinderfamily.org