



It's Camp Bloomfield time!

Thank you for your interest in **Camp Bloomfield's Family Camp!** We're very excited to have you join us this summer.

The Family Camp sessions incorporate sports, music and traditional camp activities such as archery, arts and crafts, swimming, the climbing wall, ropes course, horseback riding and much more. Parents will also have the option to participate in a "Parent's Night In" with dinner and a pool party just for them, while the children enjoy a special activity with the camp staff.

Attached is Step One of the Family Camp Application packet, which applies to all family members attending Family Camp, regardless of age or visual impairment. **Only one application packet is needed per family attending Family Camp.** If a participant is attending additional camp sessions, they do not need to complete an additional application. Due to limited space, families are limited to 7 family members per application.

Please complete the packet entirely and return it to Wayfinder Family Services **as soon as possible** along with a **\$25 registration fee per attending family member** (check or money order made payable to Wayfinder Family Services), a **2" x 2" portrait photo of each family member** (mandatory) and a **copy of each family member's medical insurance or Medi-Cal card** in order to receive Step Two and tentatively hold a space in the session.

Please note that Step Two, which includes the Health History Questionnaire and the Self-Disclosed Immunization History forms, **must be completed for each camper every summer, regardless of their prior attendance at Camp Bloomfield.** These forms should be completed by a 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. Families new to Camp Bloomfield are automatically placed at the top of the priority list. Once the entire registration process 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 Family Camp Registration Packet

(Please type or print in BLUE or BLACK ink)

<p>Session of Interest: <i>(Please check only ONE session. If the session you choose is full, you will be given the option of attending the other session, if registration demand permits.)</i></p> <p><input type="checkbox"/> Family Camp #1 Sunday, July 1 – Wednesday, July 4, 2018</p> <p><input type="checkbox"/> Family Camp #2 Friday, August 3 – Monday, August 6, 2018</p>			
Family Last Name (Blind or Visually Impaired Member's Last Name):		Email address (Mandatory) :	
Are you new to camp? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you prefer being contacted through email? <input type="checkbox"/> Yes <input type="checkbox"/> No	
1st Parent/Guardian Name Attending:		Home Phone Number:	Cell Number: Work Number:
T-shirt Size:	Birth Date:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Other
2nd Parent/Guardian Name Attending:		Home Number:	Cell Number: Work Number:
T-shirt Size:	Birth Date:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Other
Most Current Mailing Address:		City:	Zip Code:
		State:	County (i.e. Los Angeles):
Have you changed addresses in the past 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Full Name of Wayfinder Family Services Primary Client:		Vision: <input type="checkbox"/> Not Visually Impaired <input type="checkbox"/> Totally Blind <input type="checkbox"/> Light Perception <input type="checkbox"/> Legally Blind (<20/200 or <20% visual field) <input type="checkbox"/> Low Vision (20/70 to 20/200)	
T-shirt Size:	Birth Date:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Other
Name of Teacher of the Visually Impaired (VI or O&M Services):		Teacher's Email:	
Name of School and Grade:		Teacher's Work Number:	
School District:		Teacher's Cell Number:	
List all additional family members that will be attending camp: <i>(Maximum total of 7 family members permitted)</i>			
Full Name:	T-shirt Size:	Birth Date: Age:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Full Name:	T-shirt Size:	Birth Date: Age:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Full Name:	T-shirt Size:	Birth Date: Age:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Full Name:	T-shirt Size:	Birth Date: Age:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Full Name:	T-shirt Size:	Birth Date: Age:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F

Camp Bloomfield Family Camp Registration Packet

Family Last Name (Primary Client Last Name):

AUTHORIZATION FOR TREATMENT CONSENT, RELEASE, AND COVENANT

I, the adult responsible for myself and all of my family members listed on Form # 1, would like to participate in the programs of Wayfinder Family Services, and that for purposes of said participation, I agree, authorize and state as follows:

In case of medical or dental need or emergency, I the adult responsible for myself and all of my family members listed on Form # 1, will take all and full responsibility and will authorized any treatment or medical services needed.

I, the adult responsible for myself and all of my family members listed on Form # 1, also understand and agree that any and all such medical, dental, hospital or similar expenses incurred in the treatment is our responsibility. I 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 participating 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 suit 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.

Current Medical Insurance is mandatory in order to participate in any recreation activity or event. Any medical costs incurred while participating in any of Wayfinder Family Services' Recreation Programs (including Camp Bloomfield) shall be the responsibility of the adult completing this form. 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 adult and family members.

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 am responsible for all family members to fully comply with this document. I also have received a copy of this document for my personal record

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

**I WILL PROVIDE A COPY FOR ALL THE MEMBERS OF MY FAMILY OF:
MEDICAL INSURANCE CARD
OR State of California/Benefits Identification Card (MEDI-CAL)**

Print name of Adult: _____

Signature of Adult: _____

Date: _____

Camp Bloomfield Family Camp Registration Packet

Family Last Name (Primary Client Last Name): _____

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**
Family 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 family arrives late, Wayfinder Family Services *is not* responsible for transportation to camp.
- Camp Bloomfield, 35375 Mulholland Hwy., Malibu, CA 90265**
Family will check in at Camp Bloomfield on the first day of the session at **12:30 p.m.**
- LAX or Oxnard Transportation Center**
Family 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**
Family 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.** It will be the family's responsibility to arrange for transportation from Wayfinder Family Services.
- Camp Bloomfield, 35375 Mulholland Hwy., Malibu, CA 90265**
Family will check out on the last day of the session from Camp Bloomfield **between 9:00 a.m. and 10:00 a.m.**
- LAX or Oxnard Transportation Center**
Family 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. Families must be checked in and checked out during the times posted above with a parent/guardian present. Cabin and counselor assignments will only be given after family has been properly checked-in and registration is complete.

Print name of Adult: _____

Signature of Adult: _____

Date: _____

Camp Bloomfield Family Camp Registration Packet

Family Last Name (Primary Client Last Name): _____

ACTIVITY OPT-OUT

I have **checked off** the following activities in which I **DO NOT** want my family members 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: _____ | |

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

As the adult responsible for all family members listed on Form 1 of this registration packet, I hereby grant permission to participate in all activities offered by or through Camp Bloomfield, with the exception of those activities that were checked off above. My family members and I hereby join in the foregoing Activity Opt-Out Form and hereby stipulate and agree 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 our participation in the activities of Camp Bloomfield and their of the property, animals, and facilities. I, on behalf of our family, 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.

My family members and I confirm we do NOT have a health or physical condition that will interfere with the activities stated above or cause us 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 Adult: _____

Signature of Adult: _____ **Date:** _____

CABIN ASSIGNMENTS

If you have a medical condition that requires you to need a bottom bunk accommodation please specify in the space provided below, otherwise bunk accommodations are on a 'first come, first serve' basis.

If you would like to share a cabin with another family during your stay, please note the family's name(s) below to assist staff during cabin assignments. However, your request **must** be approved and is not guaranteed. **(Please print)**

Family's Last Name (Blind or Visually Impaired Camper's Last Name): _____

Family's Last Name (Blind or Visually Impaired Camper's Last Name): _____

Family's Last Name (Blind or Visually Impaired Camper's Last Name): _____

Signature of Adult: _____ **Date:** _____

Camp Bloomfield Family Camp Registration Packet

Family Last Name (Primary Client Last Name): _____

MEDIA RELEASE

Permission is hereby given to WAYFINDER FAMILY SERVICES[®] to use audio, video recordings, photographic and electronically created images of _____ (Family'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, _____ (Family'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 Adult: _____

Signature of Adult: _____ **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 Family Camp Registration Packet

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 student and/or their legal guardian and the Wayfinder Family Services.

In the event of any unresolved dispute, claim or controversy by the student 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 student 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 student 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 Adult: _____

Signature of Adult: _____ **Date:** _____

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

X _____ Date: _____

Camp Bloomfield Family Camp 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 Adult: _____

Signature of Adult: _____ **Date:** _____



End of Step One

Please return completed Step One 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 Step One application packet should include all application forms, a 2"x2" photo of each family member, a check or money order made payable to Wayfinder Family Services, a copy of each family member's medical insurance or Medi-Cal card, and a travel itinerary and/or travel reservation confirmation, if applicable (see form 5).

Upon receipt of this packet, you will receive Step Two in the mail, which will include forms two and three, includes the Health History Questionnaire and the Self-Disclosed Immunization History forms. These forms should be completed by a parent or guardian and do not require a physician's signature.

For questions regarding registration or your stay at Camp Bloomfield:

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