# C:\Users\athomas\Desktop\ehc logo.pngACA%20logosmall

**Enchanted Hills Camp Registration 2021**

[Alt. Text Description: Right: Enchanted Hills Camp Logo; burgundy crescent moon open to the left with pine tree. Center: “Enchanted Hills Camp Application 2021” in bold surrounded by a rectangle. Right: words “American Camp Association” inside a circle with two human stick figure drawings above the word “accredited”]

# Virtual Session Interest Form

# Youth (7-12 years old) and Adult (ages 21+) Session campers will unfortunately not be invited to attend in-person sessions at Enchanted Hills Camp this summer. Due to the nature of the COVID-19 pandemic, we feel it’s in the best interest of campers and staff alike to host virtual programming for these age groups. However, age appropriate virtual camp activities will be offered for both and may include game nights, audio described movie screenings, discussion groups, technology classes, arts and crafts, orientation and mobility classes and more. If you have any questions or comments, please direct them to Camp Director, Tony Fletcher, tfletcher@lighthouse-sf.org.

Additionally, some components of both the Music and STEM camps will be offered virtually despite the bulk of campers being physically at EHC. For those of you who will not be able to join us in person, we’re extending the opportunity for you to join us in these virtual components of these sessions. These programs will be offered via Zoom and invitations will be sent out to registered participants.

# Please check: (Please mark an X after your chosen answer)

#  YOUTH Virtual Camp\_\_\_\_ (7-12 years old) Monday, July 5th – Saturday, July 10th

#  ADULT Virtual Camp\_\_\_\_ (age 21+) Monday, June 21st – Saturday, June 26th

#  Virtual Music Camp Components\_\_\_\_ (high school/college ages) Monday, July 26st – Sunday, August 1st

#  Virtual STEM Camp Components\_\_\_\_ (13-20 years old) Monday, July 26st – Sunday, August 1st

**Personal Demographic Information:** (Please fill in all required information, if marked as “optional” please fill what you feel comfortable.)

Camper’s Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: Cell: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth (MM/DD/YYYY):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender Identity: (Please mark an X after your chosen answer)

Female\_\_\_\_\_ Male\_\_\_\_\_ Other\_\_\_\_\_ Non-binary \_\_\_\_­ Declined\_\_\_\_

Pronouns: (e.g. she/her, he/him, they/them, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethnicity: (Optional, please mark an X next to all that apply**.** This information is collected so that LightHouse can apply for grants and funding to defray the cost of attending EHC)

Black/African American \_\_\_\_\_ Caucasian\_\_\_\_\_ Latinx/Hispanic\_\_\_\_\_

Eastern European \_\_\_\_\_ Native American\_\_\_\_\_ Middle Eastern\_\_\_\_\_

Pacific Islander/Native Hawaiian\_\_\_\_\_ Asian\_\_\_\_\_

Other (please describe)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contacts:**

Emergency Contact: \_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: Cell: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work: (\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Second Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone - Cell: (\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone - Home: (\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone - Work : (\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Referral Information:**

Referred by: (Please mark an X after your chosen answer)

Teacher\_\_\_\_ Family Member \_\_\_\_ Friend\_\_\_\_

Lighthouse Lately weekly email \_\_\_\_\_ Lighthouse Website \_\_\_\_\_

Facebook/Social Media \_\_\_\_\_ Other\_\_\_\_\_

(If other who or what?): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Household Information:**

Type of Residence: Please place an (X) next to the choice that most accurately reflects your residence.

Assisted Living Center \_\_\_\_ Homeless\_\_\_\_ Care Facility\_\_\_\_

House \_\_\_\_ Apartment \_\_\_\_\_ Senior Living/Retirement Community\_\_\_\_

Shelter\_\_\_\_ SRO\_\_\_\_ Declined\_\_\_\_ Other \_\_\_\_

Type of residence if other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Living Arrangement: Please place an (X) next to the choice that most accurately reflects your living arrangement.

Alone\_\_\_\_ Spouse/Partner\_\_\_\_ Family\_\_\_\_

Roommate\_\_\_\_ Personal Care Attendant \_\_\_\_

Household Income: What is the approximate accumulative monthly income for your household? (Providing a range, i.e 2,000-2,500/month is also appropriate): ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This information is collected so that LightHouse can apply for grants and funding to defray the cost of attendance at EHC.

Please indicate the number of people living in your household: **­­­**\_\_\_\_\_\_\_\_\_

**LightHouse for the Blind & Visually Impaired**

 **WAIVER OF LIABILITY & RELEASE**

This Waiver of Liability and Release must be initialed after each section and signed by anyone receiving services from the LightHouse for the Blind & Visually Impaired (LightHouse) at the following locations: 1155 Market Street, Headquarters; LightHouse of Marin; LightHouse of the North Coast; Ed Roberts Campus; Enchanted Hills Camp; in the community, client's home and workplace; as well as, while being transported in a vehicle provided or procured by the LightHouse. Participation in services is prohibited unless this form has been signed and returned to the LightHouse.

This consent shall be valid throughout the time period the individual receiving services or participating in LightHouse program is “Active.” If more than a year passes without activity in ANY LightHouse program or service, a new Waiver MUST be signed.

1) I am in satisfactory physical, mental and emotional condition and may engage in all activities associated with the services I am receiving at my own risk, except those listed in number 7 below. At any time that I am receiving services provided by the LightHouse, I hereby consent to any medical and/or other treatment as may be considered necessary by a qualified physician, nurse, or designated LightHouse staff member. In case of emergency, permission is given to designated LightHouse staff to contact emergency medical services and/or secure treatment for the undersigned.

 \_\_\_\_\_\_ (Initials)

2) I hereby state, that even with the best optical correction that I am:

 \_\_\_\_ A. Visually impaired (visual acuity between 20/40 and 20/200) and have a vision loss that significantly limits one or more life functions.

 \_\_\_\_ B. Legally blind (visual acuity of 20/200 or less in best corrected eye, or visual field of 20 degrees or less).

 \_\_\_\_ C. Totally blind or nearly-totally blind (visual acuity of "hand motions," "light perception," or "no light perception.")

 I understand and accept the LightHouse reserves the right to require documentation of my vision loss if the LightHouse staff determines such information is considered necessary for assessment and/or the provision of services/training.

 \_\_\_\_\_\_\_\_ (Initials)

3) I hereby waive any and all claims that I or my heirs may have against the LightHouse, its Directors, Officers, Employees, Independent Contractors, Volunteers, and/or Agents for any injuries or property damage which may arise while I am receiving LightHouse services, including transportation provided or procured by the LightHouse, at or while en route to any of the locations referenced above in paragraph 1. I acknowledge that this waiver includes any claims for personal injuries or property damage caused by or arising out of the negligence of LightHouse or its Directors, Officers, Employees, Independent Contractors, Volunteers, and/or Agents.

 \_\_\_\_\_\_\_\_ (Initials)

4) Are there any medical, mental or emotional conditions and/or medications the LightHouse should be aware of during your participation in

 programs/services with the LightHouse?

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5) Exceptions or specifications regarding any of the above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand this Waiver of Liability and Release, along with the attached Waiver of Liability Relating to Coronavirus/COVID-19. constitute the entire understanding between the parties referenced herein with respect to matters set forth herein. There are no oral representations, arrangements or agreements between the parties referenced herein other than those contained verbatim in the Waiver of Liability and Release and the attached Waiver of Liability Relating to Coronavirus/COVID-19. This Waiver of Liability and Release and the attached Waiver of Liability Relating to Coronavirus/COVID-19 shall be interpreted in accordance with and governed by the laws of the state of California.

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian:(Print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Required if consumer is under 18 years old)

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LightHouse for the Blind & Visually Impaired**

**Waiver of Liability Relating to Coronavirus/COVID-19**

1) The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious. The state of medical knowledge is evolving, but the virus is believed to spread in droplets breathed from one person to another in the air, and/or by contact with contaminated surfaces and objects. People can be infected and show no symptoms and therefore spread the disease. There is no known treatment, cure, or vaccine for COVID-19. COVID-19 can cause serious and potentially life threatening illness and even death.

2) The LightHouse for the Blind & Visually Impaired (LightHouse) has taken measures to prevent the spread of COVID-19. But, it is not possible to eliminate all risk of the presence of the disease. Therefore, if you choose to utilize the LightHouse’s services and/or enter onto the LightHouse’s premises you may be exposing yourself to and/or increasing your risk of contracting or spreading COVID-19.

3) The LightHouse’s premises include but are not limited to 1155 Market Street, Headquarters; LightHouse of Marin; LightHouse of the North Coast; Ed Roberts Campus; Enchanted Hills Camp. This release applies not only to your decision to enter the LightHouse premises, but also to receive services in person from the LightHouse at any location, for example, in the community, client's home and workplace; as well as, while being transported in a vehicle provided or procured by the LightHouse.

4) ASSUMPTION OF RISK: I have read and understood the above warning concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 for myself and/or my children in order to utilize the LightHouse’s services and enter the LightHouse’s premises. These services are of such value to me [and/or to my children,] that I accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order to utilize the LightHouse’s services and premises in person rather than arranging for an alternative method of enjoying the same services virtually (e.g. teleconference)].

5) WAIVER OF LAWSUIT/LIABILITY: I hereby forever release and waive my right to bring suit against the LightHouse, its Directors, Officers, Employees, Independent Contractors, Volunteers, and/or Agents in connection with exposure, infection, and/or spread of COVID-19 related to utilizing the LightHouse’s services and premises, including transportation provided or procured by the LightHouse, at or while en route to any of the locations referenced above in paragraph 3. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

6) CHOICE OF LAW: I understand and agree that the law of the State of California will apply to this contract.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian:(Print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Required if consumer is under 18 years old)

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Release.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_