Dear Camper Family,

The Laurel Foundation is honored that you are interested in sending your child/children to our program. For over 24 years, we have been providing physically and emotionally safe, free camp programs to over 4,000 children. Our mission is to enrich and empower trans youth and youth affected by HIV/AIDS through diverse and educational camp programs.

Providing cost-free camp programs for our campers and families is an important part of The Laurel Foundation’s mission. We believe that all children should have the opportunity to come to camp regardless of their family’s ability to pay. In order to do this, we rely on private funding and donations from our community.

It costs The Laurel Foundation $1,200 to send a child to camp for one week. Please consider making a donation to The Laurel Foundation to ensure we are able to offer programs to as many children as possible. Any amount helps.

Ways to make a donation:

- Visit our web page and pay online by clicking the DONATE button
- Mail a check to the office
- Hold a fundraiser - (Lemonade stand, Garage Sale etc.)
- Return this letter with your donation to the office.

Donation Amount:

☐ $25 ☐ $250
☐ $50 ☐ $500
☐ $150 ☐ $1,000
☐ $________

Thank you for your support.

Sincerely,

[Signature]

Founder/CEO
Dear Parents/Legal Guardians,

Thank you for requesting information about our upcoming 2018 trans youth camps! Camp is an opportunity to develop a positive identity, independence, and develop a support group with new friends. Although the questions in the enrollment packet are extensive, we encourage you to answer all questions to the best of your ability. Camp Laurel aims to support all of its campers’ needs and answering the enrollment questions provides helpful insight as to what needs our campers. Feel free to contact us with any questions regarding the enrollment process.

There are only FOUR easy steps to becoming a CONFIRMED camper:

1. **Fill Out Application**
   - Include all checked items from application checklist.
   - **VERY IMPORTANT**: Remember to SIGN and DATE every page that contains a:

2. **Get Physical**
   - Remember to make your appointments EARLY and IN ADVANCE!

3. **Submit Completed Application and Deposit**

<table>
<thead>
<tr>
<th>Camp</th>
<th>Priority Deadline (No deposit)*</th>
<th>Final Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transgender Camp – July 29 – Aug. 3, 2018 (Children 10-17)</td>
<td>May 1, 2018</td>
<td>July 15, 2018</td>
</tr>
</tbody>
</table>

*NO DEPOSIT required if complete application is SUBMITTED BY PRIORITY DEADLINE.

**Refundable Deposit Information:**
- Required ONLY if application is turned in after May 1, 2018, the priority deadline.
- $10 for the first camper, $5 for each additional camper in a family.
- All cancellations with less than two weeks notice will forfeit deposit.

**Final Deadline**: Unless special arrangements have been made, all paperwork must be submitted by the FINAL DEADLINE, as staff will not be in the office.

4. **CONFIRMATION**
   - You will be notified via phone and mailed a confirmation packet.

Please feel free to call The Laurel Foundation office at (626) 683-0800 if you have any questions.

Thank you,

Jenny Lopez
Outreach Coordinator
Camper Name: _____________________________

The items checked below are needed in order to guarantee a space at camp. All required documents are included in this packet. Please return registration materials as soon as possible. Although the registration documents are extensive, we ask that you answer all sections to the best of your ability. The Laurel Foundation aims to support all of our campers needs as fully as possible. If you have any questions, please call Lupe Flores at (626) 683-0800.

☐ 2018 Camp Laurel Camper Enrollment Forms

☐ Physical
  ➢ Summer Camp: **MUST BE DATED AFTER:** 08/29/2017

☐ Refundable Deposit $________ (FOR THE ENTIRE FAMILY)
  ➢ Only required if submitting complete application **after May 1, 2017**, the priority deadline.
  ➢ Cash, check, money order or credit/debit card accepted.
  ➢ Please call the office to pay by credit/debit card.
  ➢ Checks and credit/debit cards are **NOT** processed until after camp and **ONLY** if the proper cancellation notice was **NOT** given.

☐ Community Agreement (signed by parent and camper)

☐ Summer Food Form

**DON’T FORGET TO SIGN AND DATE EVERY LINE WITH A “✓” ON IT!**
**2018 Camp Laurel**

**Child - Camper Application**

Camp Laurel is an equal opportunity provider. Camp Laurel is open to any child (10-17) who identifies as trans without regard to race, color, sex, religion or national origin or disability. Acceptance into camp is at the sole discretion of The Laurel Foundation staff and shall be confirmed once a complete application is received and upon review of medical/behavioral conditions. All information is confidential and used only by Camp Laurel’s administrative/medical staff in accordance with the HIPAA Act of 1996.

---

### General Information

(To be completed by parent/legal guardian)

<table>
<thead>
<tr>
<th>Camper Name:</th>
<th>Gender Identity:</th>
<th>Birthday: / /</th>
<th>Age:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Camper Legal Name (if different from above):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent/Legal Guardian Name: (1)</td>
<td>Relationship to the child:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does parent have legal custody?</td>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>If no, who has legal custody?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent/Legal Guardian Name: (2)</td>
<td>Relationship to the child:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Street Address:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State/Zip:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Phone:</td>
<td>Cell Phone:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent/Guardian Email Address:</td>
<td>Work Phone:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Mental Health Questions**

By answering the questions below, you are helping the Camp Laurel staff to best support your child during camp. The answers to these questions have no bearing on your child’s admittance to camp.

1) Has your child seen/consulted with a social worker, psychologist and/or psychiatrist in the past 6 months? YES NO
2) Has your child been diagnosed with a behavioral or mental health condition? (e.g., ADD/ADHD, Depression, PTSD, OCD) YES NO
3) Has your child been prescribed or is currently taking a psychoactive medication for any reason? YES NO
4) Has your child had a history of self-harm (cutting, etc.)? YES NO
5) Has your child had recent suicidal ideations? YES NO

If you answered “Yes” to any of the questions in this section, please complete the psycho-social assessment on page 7.

---

### Additional Screening Questions

**Please check all that apply for your child:**

- [ ] Child has fears about attending camp
- [ ] Bed-wetting
- [ ] Anxiety or fear of new situations
- [ ] Problems getting along with other children
- [ ] Parent/Guardian has concerns about camp
- [ ] Special dietary needs (Diabetic, Food Allergies, etc.)
- [ ] Waking up at night, sleepwalking, nightmares, etc.
- [ ] Behavior problems, trouble functioning at age level
- [ ] Difficulty dressing independently
- [ ] Serious illness/death of family member in last year
- [ ] Other children you do not want in child’s cabin
- [ ] My child has attended another trans youth or LGBTQ camp

(please describe their experience in the area below)

Please explain checked items:

---

The Laurel Foundation
75 South Grand Avenue, Pasadena, CA 91105
Phone: (626) 683-0800 Fax: (626) 683-0890

---

2018 Camp Laurel Application Packet ● (Page 3 of 10)
### Conditions of Enrollment
(To be completed by adult/parent legal guardian)

Your signature below indicates approval of the following:

1. In consideration of the acceptance of my application for participation at Camp Laurel Foundation, Inc. (hereafter referred to as “The Laurel Foundation”), I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have, or which may hereafter occur as a result of my participation in The Laurel Foundation’s activities. This release is intended to discharge in advance The Laurel Foundation, and all of its agents, representatives, volunteers and employees from any and all liability, claims, costs, expenses and/or damages (collectively referred to as “liability”) arising out of or connected in any way with my participation in the activities of The Laurel Foundation, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. I further understand that serious accidents occasionally occur during camp activities; and that participating in camp activities may occasionally result in illness (up to and including death), mortal or serious personal injuries and/or property damage as a consequence thereof. I also understand that The Laurel Foundation accepts no responsibility for the loss, damage or theft of my property. Knowing the risks of camp activities, nevertheless, I hereby agree to assume those risks and to release and hold harmless all of the persons or entities mentioned above who through negligence or carelessness might otherwise be liable to me (or to my heirs or assigns) for damages.

2. I acknowledge that The Laurel Foundation is a camp for transgender youth.

3. I understand that during any camping experience involving community and/or environmental living there are inherent health risks, including but not limited to exposure to illnesses, childhood or otherwise, to which I may not have been previously immunized against. Further, I understand that The Laurel Foundation has made every reasonable attempt to minimize these health risks; however, should I experience any illness following any The Laurel Foundation, Inc. program, I should contact my physician or call The Laurel Foundation, Inc. office (626) 683-0800 to consult with the medical staff.

4. Person(s) to be contacted in case of an emergency while I am at camp:

   - **Name:**
   - **Home Phone:**
   - **Cell/Work Phone:**

5. The Laurel Foundation’s administration must be notified of any changes to emergency contact information. It is crucial for The Laurel Foundation administration to be able to reach emergency contact at any time in the event of emergency.

6. By signing this consent, I am stating that I am the parent/guardian of the child named below on this application and I have the authority to enroll my child and execute all required documents needed for my child to attend The Laurel Foundation’s programs. I have obtained any and all pertinent consents or authorities (including those required by court order). I understand that should my child’s other parent/guardian (if applicable) challenge my authority: 1) My child will be sent home promptly and, 2) I will protect The Laurel Foundation and its programs from the claims of the other parent/guardian, including paying all costs of resolving the dispute.

7. The Laurel Foundation’s accident insurance program represents secondary coverage for campers. Any and all claims must be submitted primarily through your insurance company. If you have health and accident insurance coverage, please list:

   **(ATTACH COPY OF INSURANCE CARD)**

   - **Name of Insurance Company:**
   - **Address:**
   - **Policy Number:**
   - **CCS Number:**
   - **Medical Number:**
   - **Phone:**
   - **Certificate Number:**

8. I authorize The Laurel Foundation, Inc.’s medical staff to render or order medical treatment for my child in case of any medical and/or surgical emergency and in the treatment of pain and/or discomfort, to receive any x-rays, anesthetic, medical, dental, surgical diagnosis, treatment, and hospital care which is deemed advisable by and is to be rendered under the supervision of any physician, dentist or surgeon licensed under the provisions of the California Medical Practice Act or the California Dental Practice Act. This authorization is given pursuant to the provisions of Section 25.8 of the civil code of California.

9. All information provided in this application is correct so far as I know and I may engage in all prescribed camp activities, except as noted by the examining physician and/or me.

10. I attest that all of the child’s immunizations required for school are up to date.

11. By signing below, I acknowledge that I have read the entire application and agree to each of the provisions contained in the General Information, Conditions of Enrollment, Medication List, Health History, Permission for Camp Activities, Physical Information, and Photo/Video & Media/Press/Art Release sections of this camper application.

---

**Parent/Legal Guardian Name:**

**Parent/Legal Guardian Signature:**

**Camper Name (please print clearly):**


**Medications**  
*(To be completed by parent/legal guardian or physician)*

**CAMPER NAME:** ___________________________  **Sex assigned at birth:** ___________________________  
*Please initial if your child does not take any medications:* X

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage</th>
<th>Times Taken</th>
<th>Routine/As Needed</th>
<th>Oral/Injection</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Routine</td>
<td>As Needed</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Oral</td>
<td>Injection</td>
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<td>Oral</td>
<td>Injection</td>
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<td></td>
<td></td>
<td></td>
<td>Oral</td>
<td>Injection</td>
</tr>
</tbody>
</table>

**NOTE:** Medications must be received in original pharmacy containers with dosage typed by pharmacist. Meds are stored/administered as directed. Personal modifications cannot be honored. Administration times may be altered due to nature of camp environment.

**Health History**  
*(To be completed by parent/legal guardian)*

**Allergies (Please list all):** ____________________________________________________________

Have you ever had Varicella (Chicken Pox) or Zoster (Shingles)?  ☐ Yes  ☐ No

Have you been exposed to any of the following contagious/communicable diseases in last 1-3 weeks?

☐ Measles  ☐ Mumps  ☐ Chicken Pox (Varicella)  ☐ Shingles (Zoster)  ☐ Other: ___________________________

Describe routine your child prefers to receive medication: ________________________________________

Does your child take his/her medications as prescribed by your doctor?  (Circle one): Always  Sometimes  Most of the time  Never

Does your child go to his/her scheduled doctor visits?  (Circle one): All the time  Sometimes  No  Only for camp

Please list any special needs or equipment (e.g. G-tube, central line, wheelchair) our medical staff should know about: ____________________________

**Does your child have a history of any of the following? (Check all that apply)**

☐ Sinus Infections  ☐ Asthma  ☐ Headaches  ☐ Eczema/Rash  ☐ Ear Infections  

☐ Oral Herpes  ☐ Chronic Diarrhea  ☐ Chronic Constipation  ☐ Fainting Spells  ☐ Diabetes  

☐ Seizures  ☐ SC Anemia Traits

Does your child menstruate?  ☐ YES  ☐ NO  If yes, what supplies are needed? ____________________________

Can your child use tampons?  ☐ YES  ☐ NO

**Permission for Camp Activities**  
*(To be completed by parent/legal guardian)*

The elevation of the campsite is 6,600 feet. Typical camp activities include ropes course, hiking, archery, horseback riding, rock climbing, boating, yoga, sports, small animal handling, zip-line, rock wall, mountain boarding, snow sports, water sports, swimming, etc.

**Is your child restricted from any camp activities?**  ☐ YES  ☐ NO

**Does your child have elevation restrictions?**  ☐ YES  ☐ NO

If yes, please list restrictions: _________________________________________________________________

The Laurel Foundation  
75 South Grand Avenue, Pasadena, CA 91105  
Phone: (626) 683-0800 Fax: (626) 683-0890  
2018 Camp Laurel Application Packet ● (Page 6 of 10)
Physical Information
(To be completed by a licensed physician, nurse practitioner or physician assistant; Must be dated after 8/3/17)

CAMPER NAME: _______________________________ Height ___________ Weight: __________

Allergies: ____________________________________________________________

Check if there are any abnormalities with the following

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HEENT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lymph nodes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lungs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdomen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please check whether the patient has the following:

- Recent Hospitalizations
- Chronic Illness
- Hearing/Vision Deficit
- Lab Abnormalities
- Neurologic Deficit
- Asthma
- Communicable Diseases
- Physical Disabilities
- Seizures

If yes to any of the above, please comment: __________________________________________

Immunization History

Varicella:
Date: _________ If not vaccinated, has patient had Varicella or Zoster? □ YES □ NO

Tetanus:
Date of most recent Tetanus Vaccine/Booster (DTaP/Tdap/Td): __________________________

Physician Verification

The elevation of the campsite is 6,600 feet. Typical camp activities include ropes course, hiking, archery, horseback riding, rock climbing, boating, yoga, sports, small animal handling, zip-line, swimming, canoeing, etc.

Is patient restricted from any activities? □ YES □ NO Does patient have elevation restrictions? □ YES □ NO

If yes, please list restrictions: ______________________________________________________

I have been informed of the camp activities and have examined __________________________, who is physically able to engage in all activities, except as noted above. I hereby verify that all information provided on this form is true and correct.

Physician Name (please print):

Physician Signature: × Date: ×

Hospital Affiliation: Address:

Office Phone: On Call/Off Hours:

ATTENTION:

*Don’t forget to date and sign this page. The physical must be performed within a year prior to camp! Thank you!
Psycho-Social Assessment
(to be completed by a mental health professional)

Who can complete this page?
A) The applicant’s mental health professional such as their social worker, psychologist, psychiatrist
B) The medical professional that prescribed the medication or diagnosed the behavioral, mental or emotional condition

Legal Name of Camper/Patient:

How was the camper referred to you? □ Family □ Court Mandate □ School □ Other: ____________________________

When did the treatment begin? ___________________________ Date of most recent visit: ___________________________

Number of visits in the past 6 months _________________ How often is the camper currently seen? ________________

Behavioral manifestations that may appear at our camp program:
______________________________________________________________________________________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________________________________________________________________________________

Behavioral, Emotional, or Mental Health Diagnosis/Reason for Treatment: _____________________________________________

Date of Diagnosis (if formal DSM diagnosis): _______________ Essential Meds for Diagnosis: _____________________________

Criteria met that led to that diagnosis: ________________________________________________________________________________________________________________________________

Please recommend ways to manage camper’s behavioral situations:
______________________________________________________________________________________________________________________________________________________________________________________________

To your knowledge, is there or has there ever been a concern about any of the following? (Check all that apply)

□ Passive or active suicidal ideation or plans □ Self-harm □ Impulse control □ Aggression

If any of these items are checked, please explain: ________________________________________________________________________________________________________________________________

Can this child function at camp with only basic care from the on-site mental health provider? □ YES □ NO

Any other comments/limitations/restrictions: ________________________________________________________________________________________________________________________________

VERIFICATION BY MENTAL HEALTH PROFESSIONAL:

I understand that the above listed individual is seeking to participate in The Laurel Foundation’s overnight camp program for transgender youth. The camp program provides a Medical Team consisting of nurses and a mental health professional on-site and/or an on call 24-hours a day to provide basic care during camp.

Based on this understanding and my work with this individual, I believe The Laurel Foundation should □ ACCEPT or □ DECLINE this application.

Provider Name: ___________________________________________ Title: ___________________________

Signature: ___________________________ Date: ___________________________

Agency/Hospital Affiliation: ___________________________ Phone: ___________________________

The Laurel Foundation
75 South Grand Avenue, Pasadena, CA 91105
Phone: (626) 683-0800 Fax: (626) 683-0890
Photo/Video & Media/Press/Art Release

Participation in The Laurel Foundation’s program(s) (including camps, day events, etc.) implies consent for the participant to be photographed, videotaped and otherwise depicted for general use. General use means that these mediums may be distributed only to participants and volunteers who have signed The Laurel Foundation’s Confidentiality Agreement and HIPPA Agreement; dispersal of these mediums to the public (e.g., website, social media, etc.) is strictly prohibited unless released by The Laurel Foundation under the consent of the releases below. Please read the releases carefully and sign the ones with which you are comfortable and sign and date at the bottom.

CAMP GROUP PHOTO

My child may appear in the CAMP GROUP PHOTOS. These photos are only shared with campers, staff, potential donors and is used for fundraising purposes. (THIS IS NOT A MEDIA RELEASE)

MEDIA/PRESS RELEASE

Photo/Video Release for the Media/Press
My child may be filmed and/or photographed while participating in The Laurel Foundation’s programs (including camps, day events, etc.) by the press/media (e.g. newspapers, television news crews, web, etc.), for The Laurel Foundation’s website, newsletters, yearbook or other internet purposes. I understand that there may be members of the press/media present to document the program experience for possible broadcast or release. General field shots are often taken of campers interacting, walking, etc., where my face may appear alone or in a group.

Interview Release
My child may be interviewed by members of the press/media.

First Name Release
My child’s FIRST name may be used/mentioned in the press/media.

Full Name Release
My child’s FULL (first & last) name may be used/mentioned in the press/media.

Art Release
My child may create art projects (including drawings, paintings, poems, or other artistic mediums) while participating in The Laurel Foundation’s programs. For good and valuable consideration which is hereby acknowledged, I irrevocably grant Camp Laurel Foundation, Inc. and its not-for-profit parent company and assign the following unconditional and perpetual worldwide, royalty free, paid-up, irrevocable and unencumbered rights to sell and/or exhibit (and authorize others to use, distribute and exhibit) all or part of the art project(s) in any and all forms of media now known or hereafter discovered, in perpetuity, throughout the world, without further compensation, review or approval, without limitation, in connection with Camp Laurel Foundation, Inc. Any changes in the permissions granted must be made in writing. I agree that any exploitation of the art project(s) or any rights therein will not necessarily entitle me to receive any additional payment or other consideration. I hereby waive unconditionally and irrevocably any so-called “moral rights.”

I have carefully read this release. I fully understand its contents and how images/video recordings/press/art may be used or not used during and/or after The Laurel Foundation’s programs (including camps, day events, etc.).

I understand that The Laurel Foundation prohibits participants from posting photographs or other personally identifiable information of me without the authorization or permission of The Laurel Foundation onto the internet via social networks (i.e., Facebook, Instagram etc.). I also understand that there are other participants in the program who are not under the control of The Laurel Foundation and may do so illicitly. I hereby release, discharge and agree to save harmless The Laurel Foundation, its legal representatives or assigns, and all persons acting under The Laurel Foundation’s permission or authority, from any liability due to any other participants’ failure to adhere to the policies addressed herein. I hereby acknowledge, I irrevocably grant Camp Laurel Foundation, Inc. and its not-for-profit parent company and assign the following unconditional and perpetual worldwide, royalty free, paid-up, irrevocable and unencumbered rights to sell and/or exhibit (and authorize others to use, distribute and exhibit) all or part of the art project(s) in any and all forms of media now known or hereafter discovered, in perpetuity, throughout the world, without further compensation, review or approval, without limitation, in connection with Camp Laurel Foundation, Inc. Any changes in the permissions granted must be made in writing. I agree that any exploitation of the art project(s) or any rights therein will not necessarily entitle me to receive any additional payment or other consideration. I hereby waive unconditionally and irrevocably any so-called “moral rights.”

My child’s name may be used/mentioned in the press/media.

I hereby agree not to post any photographs or personally identifiable information without the subject’s advance written permission or permission from The Laurel Foundation. I further agree to release The Laurel Foundation’s Privacy Practices to my child before attending camp.

I hereby agree to save harmless The Laurel Foundation, its legal representatives or assigns, and all persons acting under The Laurel Foundation’s permission or authority, from any liability due to any other participants’ failure to adhere to the policies addressed herein.

Further, I agree not to post any photographs or personally identifiable information without the subject’s advance written permission or permission from The Laurel Foundation.

I understand that I am the sole responsibility to communicate and explain The Laurel Foundation’s Privacy Practices to my child before attending camp.

I further understand that I am the sole responsibility to communicate and explain The Laurel Foundation’s Privacy Practices to my child before attending camp.

The undersigned parent/legal guardians and agrees that the photographs, recordings, art, film and/or videotapes and reproductions, and all rights therein shall be the sole and absolute property of The Laurel Foundation.

*PLEASE SIGN AND DATE BELOW*

<table>
<thead>
<tr>
<th>Parent/Legal Guardian Name (please print):</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Legal Guardian Signature: ✗</td>
<td></td>
</tr>
<tr>
<td>Camper Name (please print):</td>
<td></td>
</tr>
</tbody>
</table>

The Laurel Foundation
75 South Grand Avenue, Pasadena, CA 91105
Phone: (626) 683-0800 Fax: (626) 683-0890

There are ten: ✗

2018 Camp Laurel Application Packet ● (Page 8 of 10)
Notice of Privacy Practices

To our parents/legal guardians. This notice describes how health information about you (as a camper of this organization) may be used and disclosed, and how you can get access to this health information. This is required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Our commitment to your privacy:
Camp Laurel Foundation, Inc. is dedicated to maintaining the privacy of your health information. We are required by law to maintain the confidentiality of this health information. We realize these laws are complicated, but we must provide you with the following important information:

Use and disclosure of your health information in certain special circumstances:
The following circumstances may require us to use or disclose your health information:

1. To public health authorities and health oversight agencies that are authorized by law to collect information.
2. Lawsuits and similar proceedings in response to a court or administrative order.
3. If required to do so by a law enforcement official.
4. When necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. We will only make disclosures to a person or organization able to help prevent the threat.
5. To federal officials for intelligence and national security activities authorized by law.
6. If you are under the custody of a law enforcement official.
7. For Workers Compensation and similar programs.

Your rights regarding your health information:

1. Communications. You can request that our organization communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. We will accommodate reasonable requests.
2. You can request a restriction in our use or disclosure of your health information for treatment, payment, or health care operations. Additionally, you have the right to request that we restrict our disclosure of your health information to only certain individuals involved in your care or the payment for your care, such as family members and friends. Such request must be received in writing in The Laurel Foundation, Inc. office; 75 South Grand Avenue; Pasadena, CA 91105; at least 72 hours prior to the start of camp. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.
3. You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to The Laurel Foundation, Inc.; 75 South Grand Avenue; Pasadena, CA 91105.
4. You may ask us to amend your health information if you believe it is incorrect or incomplete, and as long as the information is kept by or for our organization. To request an amendment, your request must be made in writing and submitted to The Laurel Foundation, Inc.; 75 South Grand Avenue; Pasadena, CA 91105. You must provide us with a reason that supports your request for amendment.
5. Right to a copy of this notice. You are entitled to receive a copy of this Notice of Privacy Practices. You may ask us to give you a copy of this notice at any time.
6. Right to file a complaint. If you believe your privacy rights have been violated, you may file a complaint with our organization or with the Secretary of the Department of Health and Human Services. To file a complaint with our organization, contact The Laurel Foundation, Inc.; 75 South Grand Avenue; Pasadena, CA 91105. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
7. Right to provide an authorization for other uses and disclosures. Our organization will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law.
8. I understand that there are other participants/campers in the program who are not under the control of The Laurel Foundation, Inc.. These other participants might post photographs or other personally identifiable information of me without the authorization from or permission of The Laurel Foundation, Inc. onto the internet via social networks (i.e., Facebook, Instagram, etc.) While I understand The Laurel Foundation, Inc. strongly discourages the postings of such photographs or such other personally identifiable information onto the internet, I hereby release on my own behalf to Camp Laurel Foundation, Inc. and its parent company’s, employees, directors, vendors, volunteers, and/or any other representatives from any liability with respect to the re-leasing of any such information______________(initial). Further, I hereby understand that it is incumbent upon me not to post any photographs or personally identifiable information without the subject’s advance written permission______________(initial).
9. Furthermore, I understand that it is my sole responsibility to communicate and explain The Laurel Foundation Inc.’s Privacy Practices to my child before attending camp______________(initial).
10. If you have any questions regarding this notice, please contact The Laurel Foundation, Inc. at (626) 683-0800.

By signing below, I hereby acknowledge that I have been presented with a copy of The Laurel Foundation, Inc.’s Notice of Privacy Practices and that I will adhere to them.

Parent/Legal Guardian Signature: ☒

Date:

Parent/Legal Guardian Name (please print):

Camper Name (please print):

The Laurel Foundation
75 South Grand Avenue, Pasadena, CA 91105
Phone: (626) 683-0800 Fax: (626) 683-0890

2018 Camp Laurel Application Packet ● (Page 9 of 10)
This camp is open to adolescents, ages 10-17 who identify as trans without regard to race, color, sex, religion or national origin. Final acceptance is at the sole discretion of The Laurel Foundation staff and shall be confirmed once a complete application is received and upon review of medical/behavioral conditions. PLEASE NOTE: All applicants must also submit a 2018 Camper Enrollment Application.

**General Information**
(To be completed by camper applying for program)

<table>
<thead>
<tr>
<th>Your Name:</th>
<th>Gender Identity:</th>
<th>Birthday: / /</th>
<th>Age:</th>
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</thead>
</table>

**Pronouns:**
What is your cabin type choice? Transfeminine Transmasculine Non-Binary All Gender Other: ______________________

**Community Agreement**
Camp Laurel strives to build a safe, inclusive community for all of our campers. Camp Laurel’s community values serve as a grounding center to create a fun camp experience for all. When attending one of our programs you agree to adhere to the following community norms and expectations.

**Values**

**Respect**
We expect all members of our community to treat each other with respect and dignity. This manifests itself in many ways throughout camp and includes, but is not limited to, using positive language, honoring folks’ identities and experiences, being aware of others’ needs and being responsive to those.

**Empowerment**
Camp is a place to try new things and step out of perceived comfort zones. Our community strives to empower and support one another on our unique journeys towards growth. With that being said, it is important for our community members to use positive and encouraging language toward one another.

**Inclusivity**
Our community is based on the inclusion of all. From respecting other’s identities, to respecting your cabin mates quirks. This is a value we hold very close to our hearts at Camp Laurel and it is up to every one of us to make sure every member of our community feels respected, included, and heard. Cabin groups are selected based on your selection above and your age. We are aware that you may want to room with your friends, but we cannot guarantee that will be the case. We encourage you to get to know your cabin mates.

**Unplugged**
We have a strict no electronics policy at camp. We hope campers have so much fun they forget about their electronic devices and live in the moment. Our mission is to foster connections between campers at camp. We truly believe stronger in person connections and development of social skills can happen when campers are interacting with each other and not on cellular devices. Worried about photos? Photos of camp will be posted on Camp Laurel’s social media and blog. Parents can also contact The Laurel Foundation directly to receive photos of their child after camp.

**Acknowledgement**

I understand that making any false statement on this application will be sufficient cause for The Laurel Foundation to discharge me from Camp. I hereby pledge that all information provided on this application is true and correct.

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<th>Camper Name:</th>
<th>Camper Signature:</th>
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<tbody>
<tr>
<td>Parent Name:</td>
<td>Parent Signature:</td>
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</table>

The Laurel Foundation
75 South Grand Avenue, Pasadena, CA 91105
Phone: (626) 683-0800 or Fax: (626) 683-0890

2018 Camp Laurel Application ● (Page 10 of 10)
**OPTIONAL FOOD GRANT FORM**

By completing this form you will help us obtain a grant from the Dept. of Education to pay for your child's food at camp. This is one way we are able to provide a free program for your child. This information is for our office use only.

Camp and Closed Enrolled Sites
Income Eligibility Form

1. **CHILD INFORMATION**
   (List names of all enrolled children)

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   Check a box to identify a foster child (the legal responsibility of a welfare agency or court).

   If all children listed below are foster children, go to #4 to sign this form.

2. **CATEGORICAL ELIGIBILITY**: If you are getting CalFresh, CalWORKs, Food Distribution Program on Indian Reservations (FDPIR), or Kin-Gap benefits for your child, list the case number. If your child participates in the Workforce Investment Act (WIA) check the box. DO NOT complete #3. Go to #4.

   - CalFresh Case Number:
   - CalWORKs Case Number:
   - FDPIR Case Number:
   - Kin-GAP:
   - WIA: 

3. **HOUSEHOLD INCOME**: Complete this section if you DID NOT complete #2. List all household members and all income. Go To #4.

   Enter Gross Income and how often it is received (e.g., weekly, every 2 weeks, twice a month, monthly, or annually)

<table>
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<tr>
<th>NAMES OF HOUSEHOLD MEMBERS (INCLUDE THE CHILDREN LISTED ABOVE)</th>
<th>EARNINGS FROM WORK BEFORE DEDUCTIONS</th>
<th>CHILD SUPPORT, ALIMONY</th>
<th>PAYMENTS FROM PENSIONS, RETIREMENT, SOCIAL SECURITY</th>
<th>EARNINGS FROM ANY OTHER INCOME</th>
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4. **LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (SSN) AND SIGNATURE:**

**PENALTIES FOR MISREPRESENTATION:** I certify that all of the above information is true and correct and that the CalFresh, CalWORKs, FDPIR, Kin-GAP, or other eligible program case number is current, correct, or that all income is reported. I understand that this information is provided for the receipt of federal funds; that agency officials may verify the information on the Income Eligibility Form for Camp and Enrolled Sites and that the deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

<table>
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<tr>
<th>Printed Name:</th>
<th>[ ] Check here if no SSN</th>
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<tbody>
<tr>
<td>Last Four Digits of SSN:</td>
<td>[ ] Check here if no SSN</td>
</tr>
<tr>
<td>Signature of Adult:</td>
<td>Date:</td>
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**Privacy Act Statement:** Unless you list the child’s CalFresh, CalWORKs, FDPIR, WIA or Kin-GAP case number, Section 9 of the National School Lunch Act (NSLA) requires that you include the last four digits of the SSN for the household member signing the form, or indicate that the household member signing the form does not have a SSN. You do not have to list the last four digits of a SSN, but if they are not listed, or the “Check here if no SSN” is not marked, we cannot approve your child for free or reduced price meals. The last four digits of the SSN may be used to identify the household member in verifying the correctness of the information stated on the form. This may include program reviews, audits and investigations, and may include contacting employers to determine income, contacting a CalFresh, CalWORKs, FDPIR, or Kin-GAP office to determine current certification for CalFresh, CalWORKs, FDPIR, or Kin-GAP benefits, contacting the state employment security office to determine the amount of benefits received, and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. The last four digits of the SSN may also be disclosed to programs as authorized under the NSLA and the Child Nutrition Act, the Comptroller General of the United States, and law enforcement officials for the purpose of investigating violations of certain federal, state, and local education, and health and nutrition programs.

5. **RACIAL/ETHNIC IDENTITY:** You are not required to answer these questions. If you choose to do so, please mark one or more of the following racial identities:

- [ ] American Indian or Alaska Native
- [ ] Asian
- [ ] Black or African American
- [ ] Native Hawaiian or Other Pacific Islander
- [ ] White

Please mark one of the following ethnic identities:

- [ ] Hispanic or Latino
- [ ] Not Hispanic or Latino