



RICHMOND CENTRE FOR DISABILITY

2015 Children & Youth Summer Camp

(July 6 – August 14, 2015)

Application Form

NOTE: Please read carefully the “Application Guidelines and Refund Policy” before filling out the Summer Camp Application Form.

SECTION 1 – Camper & Family Information

Child's Name: _____ Age: _____
(As at July 1, 2015)

Parent/Guardian's Name: _____

Relationship to Camper: Father ☐ Mother ☐ Others (please state) _____

Address: _____
City Province Postal Code

Telephone: (Home) _____ (Work) _____

Cell: _____ Email: _____

In case of emergency please provide two additional contacts who could pick up your child:

Name Phone (Most available day time number) Relationship to camper

Name Phone (Most available day time number) Relationship to camper

First time registration at RCD Summer Camp? ☐ Yes ☐ No

A 30-minute Parent-Child-Camp Staff meeting will be held on July 2nd for new campers **ONLY**. The purpose is to better understand the needs of your child. The meeting is mandatory for acceptance into the summer camp for new campers. Please indicate below the best time for the meeting:

| | Thur. July 2 | Special Request |
|-------------|---------------------|------------------------|
| A.M. | | |
| P.M. | | |

(For Special Request, please indicated clearly the dates and times, we will try our best to accommodate your request as schedule permits.)

SECTION 2 – Personal Information of Camper

Child's Name to be addressed by camp staff: _____

Date of Birth: _____ Sex: Male ☐ Female ☐

Camper's Primary Diagnosis: _____

Additional Information of Condition: (Provide separate medical report if available)

COMMUNICATION

- | | |
|---|---|
| <input type="checkbox"/> Able to tell what he/she wants | <input type="checkbox"/> Limited in telling what he/she wants |
| <input type="checkbox"/> Unable to tell what he/she wants | <input type="checkbox"/> Has difficulty hearing or wears hearing aids |

Comment: _____

Please describe if there is any special communication tools used at home and at school:

List of specific words and phrases the child uses and what they mean:

MOBILITY

Camper can independently:

- | | | | |
|--------------------------------|-------------------------------|------------------------------|---------------------------------------|
| <input type="checkbox"/> Stand | <input type="checkbox"/> Walk | <input type="checkbox"/> Run | <input type="checkbox"/> Climb stairs |
|--------------------------------|-------------------------------|------------------------------|---------------------------------------|

Camper can exercise for _____ minutes/hours comfortably

Camper uses:

- | | | | |
|--|-------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Walker | <input type="checkbox"/> Cane | <input type="checkbox"/> Crutches | <input type="checkbox"/> Others _____ |
| <input type="checkbox"/> Wheelchair – Manual | | <input type="checkbox"/> Wheelchair – Power Chair | |

Assistance required, if any _____

SECTION 2 – Personal Information of Camper (continued)

SELF CARE

| | Perform independently | Require assistance (please state) |
|-----------|--------------------------|-----------------------------------|
| Eating | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| Toileting | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| Cleaning | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| Dressing | <input type="checkbox"/> | <input type="checkbox"/> _____ |

Additional Information for Assistance and Preferences:

BEHAVIOUR

Camper works well: ☐ In groups ☐ On his/her own

Camper socializes: ☐ Well ☐ Average ☐ Poorly

Camper follows instructions:

☐ Most ☐ Some ☐ Almost none of the time

☐ Needs encouragement to stay on task

Describe tools & techniques: _____

List things that upset your child:

SECTION 2 – Personal Information of Camper (continued)

Flight Risk: Camper has run away before ☐ Yes ☐ No
Camper will wander away from activities ☐ Yes ☐ No

Please describe if yes:

What are the effective behaviour-management strategies used at home and at school?

Please list any calming techniques:

What other concerns regarding behaviour the Summer Camp staff should be aware of?

PERSONAL ATTRIBUTES

Like _____

Dislike _____

Fear _____

Strengths, Abilities & Talents

SECTION 3 – School Information

School: _____ Grade: _____
(As at September 2015)

Please provide information on the types of support received at school:

SECTION 4 – Additional Information

T-shirt Size (circle one) **Child:** S M L **Adult:** S M L

Has your child registered for the following?

Access 2 Entertainment Card Yes ☐ No ☐

- ☐ If your child has an IEP, Behaviour Plan, Psycho-Educational Assessment, etc., please provide copies with this application.
- ☐ If you would like, please provide a current picture of your camper with this application.

Parent/Guardian's Expectations:

Signature of Parent/Guardian: _____ Date: _____

Forms to be returned for registration:

(Registration can only be processed when all the forms, filled out in its entirety, and camp fee payment have been submitted)

- *Application Form*
- *Waiver/Release and Photo Consent Form*
- *Personal Health Form*
- *Attendance & Payment Schedule*
- *Payment for Summer Camp*



2015 RCD Summer Camp - Personal Health Form

To Parents/Guardian: the information on this form will be used at the discretion of the camp supervisor/coordinator to ensure care and attention is given to the health of your child. All information on this form is considered **Personal and Confidential**. Please return this form to the responsible RCD staff.

Child's Name: _____ Parent/Guardian's Name: _____

Contact Tel (Home): _____ (Work): _____ (Cell): _____

Date of Birth: _____ Height: _____ Weight: _____

Provincial Health Insurance Number (Care Card Number): _____

Family Doctor: _____ Telephone: _____

In order that the staff may provide the best care for your child, the following information would be useful:

(Continue all additional info at the back if necessary)

Does your child have any special instructions for staff regarding his/her health care/diet?

Does your child have allergic reactions to such things as drugs, food, insect stings, etc.? If so, list giving type of reaction, treatment given, etc.:

Is your child currently subject to any chronic conditions or undergoing treatment of which the staff should be aware of:

Will your child be bringing medications to the summer camp for administration? Yes ☐ No ☐

If yes, please obtain a copy of the Medication Dispensing Policy from the RCD and fill out the Medication Release Form.

Medications: Your child must be able to take the medications by themselves. The summer camp staff will not administer any medications to campers.

Every Care & Attention will be Given To The Health & Comfort of the Participants.

IN CASE OF MEDICDAL EMERGENCY, I understand every effort will be made to contact parents or guardians of campers. In the event I cannot be reached, I hereby give permission to the RCD staff/coordinator responsible for the Summer Camp to secure such medical advice and services as may be deemed necessary for the health and safety of my child. I agree to accept financial responsibility in excess of the benefits allowed by the RCD Insurance Plans.

Signature of Parent/Guardian: _____ Date: _____

THIS FORM IS VALID FROM JULY 6 TO AUGUST 16, 2015.



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Waiver/Release & Photo Consent Form

This Waiver & Release Form must be completed and returned to the RCD
One waiver form per participant. Valid for the Summer Camp period (July 6 – August 16, 2015)

I hereby give my full approval and permission for my son/daughter, _____, to attend the 2015 RCD Children & Youth Summer camp, held at the Garratt Wellness Centre in Richmond.

I am aware that my child is expected to respect both the emotional safety and physical safety of other participants. Parents/Guardians will be informed if their children's behaviour does not reflect this standard. Any child who puts the safety of other participants at risk may be asked to withdraw from the summer camp.

WAIVER/RELEASE

I agree and understand that the RCD and volunteers for this event ("organizers") and its officers, and directors are not responsible for any loss, damage, personal injury, and death suffered by me, or my child, out of, or in connection with participation in this program and/or any activity associated with this program, whatsoever and howsoever caused, including negligence on the part of the organizers. In consideration of my acceptance at the 2015 RCD Summer Camp, I agree on behalf of myself, my dependants, heirs, assigns and representatives to release, discharge and hold completely harmless organizers, it's owners, officers, and directors from any and all actions, claims, demands, liabilities, losses, damages, and expenses to my person or property, arising in relation to participation in this project.

Signature of Parent/Guardian

Date

RCD thank you for giving photo consent; it is important to promote our work!

During camp activities, still and moving photos and films are sometimes taken. They may be used in publicity for the camp, such as newspaper and magazine coverage, or they may be featured in our camp brochure or on our camp website. Not all children are photographed, and of those who are photographed, not all are necessarily featured in print or online. Campers' names will never be included with any pictures.

PHOTO CONSENT

My child named above may be photographed during camp activities and I give permission to RCD to use those photographs in publicity, on RCD website, in the camp brochure, other advertising, and/or news articles, for the primary purpose of promoting and aiding the RCD and its work.

Signature of Parent/Guardian

Date



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Attendance & Payment Schedule

Child's Name: _____

Camp Schedule: 9:30am – 3:30pm, Monday to Friday

| | 1-week Rate | 2-week or more Rate |
|-------------------------------|--------------------------------|--------------------------------|
| Week 1: July 6 – 10 | <input type="checkbox"/> \$250 | <input type="checkbox"/> \$150 |
| Week 2: July 13 – 17 | <input type="checkbox"/> \$250 | <input type="checkbox"/> \$150 |
| Week 3: July 20 – 24 | <input type="checkbox"/> \$250 | <input type="checkbox"/> \$150 |
| Week 4: July 27 – 31 | <input type="checkbox"/> \$250 | <input type="checkbox"/> \$150 |
| Week 5: August 4 – 7 | <input type="checkbox"/> \$250 | <input type="checkbox"/> \$150 |
| Week 6: August 10 – 14 | <input type="checkbox"/> \$250 | <input type="checkbox"/> \$150 |
| | _____ | _____ |
| Total Payment: | <u><u>\$250</u></u> | <u><u>\$</u></u> |

Payment Enclosed: ☐ Cash ☐ Cheque ☐ Visa ☐ Mastercard ☐ Debit Card

(Do Not Enclose Cash in Mail)

Card Number: _____

Expiry Date: _____

Cardholder Name: _____

Office Use Only:

Payment method _____ Receipt Number _____

Payment received by _____ Date of payment received _____