



our mission is to **engage, inspire, and empower** by providing life-changing programs and services with disabilities

Please "save as" this PDF file to your desk top using the campers name. Then fill it out complete it, hit save, then send it back to mike@eastersealsnl.ca

Day CAMP 2017

Individual Registration Form

Please use this form to register an individual camper for day camp and/or Camp Bumbleberry, the overnight camp.

For Family Camp Bumbleberry please use form specific for family camp.

Deadline for Registration May 26, 2017

Day Camp 2017

Week 1-July 3 to July 7, 2017

Week 5-July 31 to Aug 4, 2017

Week 2-July 10 to July 14, 2017

Week 6-Aug 7 to Aug 11, 2017

Week 3-July 17 to July 21, 2017

Week 7-Aug 14 to Aug 18, 2017

Week 4-July 24 to July 28, 2017

Week 8-Aug 21 to Aug 25, 2017

Applications with a complete eight week registration will be given priority; one of those weeks may include the week of Camp Bumbleberry attendance.

Those interested in participating less than 8 weeks will be accepted on a space available first come first served basis. Maximum 20 campers per week.

The signature boxes for photo release and consent are to be hand signed by the camper or parent/guardian if under 18years of age at the first day of camp or prior to returning the form to us.

Camp Bumbleberry at Lavrock Facility, Salmonier Line:

(Please indicate the camp you are registering for.)

Gender

Adult Camp 19 years plus July 24 - 27

Male

Youth Camp 9 – 18 years August 21 - 25

Female

CAMPER PROFILE

Last Name

First Name

Phone
Home

Phone cell

E-mail address

MCP number

Date of Birth: MM/DD/YYYY example: 08/17/2005

Weight kgs

Weight lbs

Camper's Disability. Please indicate any and/
or all that apply:

Cerebral Palsy

Autism

Spina Bifida

Asperger's Syndrome

Hearing Impairment

Down Syndrome

Muscular Dystrophy

Fetal Alcohol Syndrome Disorder

ADHD

Mental Health

Visual Impairment

Global Development Delay

Learning Disability

Other: Please specify

Are there any restrictions on the camper's participation level? i.e. fireworks, water activities, outdoor field games, indoor table activities, etc.

Please indicate:

PARENT or GAURDIAN INFORMATION:

Primary Parent/Guardian
First Name

Primary Parent/Guardian
Last Name

Street

City

Postal Code

E-mail

Home phone

Work number

Cell

Secondary Parent/Guardian
First Name

Secondary Parent/Guardian
Last Name

Street

City

Postal Code

E-mail

Home phone

Work number

Cell

EMERGENCY CONTACTS

Easter Seals requires the name and phone number of a minimum of one emergency contact (other than the parent/guardian of the camper). Please do NOT indicate someone who has not agreed to this prior.

Emergency Last Name

Emergency First Name

Home phone

Work number

Cell

Relationship
to camper

2nd Emergency Last Name

2nd Emergency First Name

Home phone

Work number

Cell

Relationship
to camper

Camper Personal Support Worker:

Does the camper require a student assistant at school?

If yes, the camper is required to have a support worker at camp.

Yes

No

Please indicate the name of their support, respite, personal support worker, ABA workers name:

The support worker would provide support directly to the camper to allow for maximum integration into the program. They would provide insight to the camp staff about the specific needs of the camper.

A Certificate of Conduct and Vulnerable Sector Check from the Royal Newfoundland Constabulary is required from the camper's worker. Forms are available at the Easter Seals office. Easter Seals NL reserves the right to refuse a worker.

MEDICAL INFORMATION

Does the camper have:

Allergies

Does the camper carry an Epi pen?

Yes

Yes

No

No

Please list all allergies (food, medication, environmental) and reactions:

Does the camper have:

**Seizure Disorder/
Epilepsy**

If yes, please complete below:

Yes

No

Type

Normal duration

What does the seizure look like?

Frequency:

Common trigger:

Medication/Treatment:

Date of last seizure: MM/DD/YYYY example:
08/17/2005

Can the camper
recognize an impending
seizure?

Yes
No

Does the camper have a **Shunt**?

Yes

No

If yes, type:

Location

Has the shunt become blocked in the past?

Yes

No

Please describe symptoms of a blocked shunt and the steps to take:

Does the camper require supplemental **oxygen**?

Yes

No

(It is the parent's/guardian's responsibility to arrange the supply of oxygen)

Bladder and Bowl Routines

	Yes	No
Is the camper independent in toileting?		
Does the camper need to be reminded?		
Does the camper have bladder control?		
Does the camper have bowl control?		
Is the camper on a toileting schedule?		
Does the camper need assistance while toileting?		

Does the camper use:

- Catheters
- Attends
- Colostomy
- Suppositories
- Enemas
- Other

Special instructions:

Note: All personal care supplies (wipes, attends, catheters, etc) are to be provided by the camper.

Lifting and Transfers

If the camper requires assistance with transferring please indicate their/ your preferred method:

- Hoyers lift (if yes please bring your own sling)
- 2 person lift
- 1 person lift
- pivot transfer
- transfer board

NOTE: If the camper requires a pureed diet, a blender must be provided by the family.

Does the camper have trouble with:

- Swallowing
- Drinking
- Chewing
- No difficulties

Further eating instructions:

Communication Ability

	Yes	No
Is the camper verbal?		
Does the camper understand verbal communication?		
Does the camper follow 2-3 step directions?		
Does the camper require 1 step directions?		
Does the camper have impairments to their reasoning/judgement?		
Is the camper able to express their needs clearly?		
Does the camper use a communication device?		
Does the camper use sign language?		
Is English a second language?		

If English is a second language, what is the campers first language?

Behavior: Does the camper

	Yes	No
exhibit aggressive behavior? yelling, hitting, etc?		
exhibit inappropriate behavior? touch, language, etc?		
have anxiety?		
short attention span?		
socialize well with others?		
have a special routine with meals, rest, etc?		
have sensory needs?		
have repetitive actions i.e. closing doors, turning off lights?		

Other please specify:

Please indicate any triggers, characteristics of the behavior(s) and any successful strategies used at home and any behavior management plans.

Please complete pages 9, 10, 11, 12, 13, and 14 if attending Camp Bumbleberry

Diet and Eating Habits

Regular

Gluten free

Thickened

Vegan

Tube feed

Pureed

Lactose intolerant

Ketogenic

Soft

Vegetarian

Cut into pieces

Other

Please describe:

Will you be providing your own food?

Yes

No

Activities of Daily Living (please check the appropriate sections the assistance is required)

	None	Some assistance	Full assistance
Dressing - upper body			
Dressing - lower body			
Toileting			
Brushing teeth			
Washing - face/hands			
Showering/bathing			
Transferring - in/out bed			
Transferring - on/off toilet			
Transferring - in/out wheelchair			
Walking			
Eating			

Describe all areas from above that require assistance:

Sleeping at Camp

Bed rails	Does the camper require turning at night?	If yes, number of times:
Yes	Yes	
No	No	

Sleeping difficulties

Yes
No

If yes, please describe:

Medications

(Please attach a separate sheet if space provided below is insufficient)

Regular/Scheduled Medications: Please include all prescriptions. List generic name, dosage (mg), quantity (ml), route, and time administered.

Please note that an updated list must be reviewed with nurse on camp arrival day.

Medication 1

Medication 2

Medication 3

Medication 4

Medication 5

PRN Medication: Please include all PRN, homeopathic, vitamins, ointments, etc. List generic name, dosage (mg), quantity (ml), route, and time administered.

PRN Medication 1

PRN Medication 2

PRN Medication 3

PRN Medication 4

PRN Medication 5

Personal Equipment

Please check all equipment that you will be bringing to camp:

Electric wheelchair

Manuel wheelchair: (camper requires pushing)

Manuel wheelchair: (camper does not requires pushing)

Walker

Oxygen

Feeding pump

AFOs

Bedrails

computer

communication device

Other: please specify

Does the camper wear:

- Glasses
- Hearing aids
- Contact lenses
- Cochlear implants

T-shirt sizes: Please indicate only one size

Adult	Youth
small	extra small
medium	small
large	medium
extra large	large
XXL	XL
XXXL	

Authorization for camper pickup at camp end:

If someone other than the parent or guardian will pick up the camper, please notify below:

Complete name: _____ Relationship to camper _____

Parent/Guardian name below for permission:

Photo Release

I here by give Easter Seals Newfoundland and Labrador, permission to use any photos, video or audio taken of my child and/or myself at any youth program, event or activity with Easter Seals Newfoundland and Labrador for promotional use and/or to access any additional funding for future youth programs.

Camper name or Parent/Guardian if under 18yrs

Date: MM/DD/YYYY example: 08/17/2005

Camper signature or Parent/Guardian if under 18yrs

CONSENT:

I acknowledge that, to the best of my knowledge, the information on this application form is correct. I understand that this is an application for camp and that as part of this confirmation I agree to indicate if I feel there is a reason that would impair my son/daughter's/own full participation in any and/or all camp activities. If so, I will obtain a medical clearance certificate from my son/daughter's/own attending physician indicating such restrictions prior to him/her/ myself attending camp. I agree to inform Easter Seals, Newfoundland and Labrador Inc., of any changes in my son/ daughter's/own condition prior to camp.

I hereby RELEASE AND DISCHARGE Easter Seals Newfoundland and Labrador and their respective agents, directors, officers, employees and volunteers, (collectively, the "Releasees") from all manners of action, claims or demands that I have or may have in the future, arising from the camper's attendance at the Easter Seals Newfoundland and Labrador Camp, due to any cause whatsoever, including negligence on the part of the releasees or the camper's participation in activities held away from the camp site. I do however wish my Child/ myself to participate in the Easter Seals NL Camp, notwithstanding such potential risk.

I agree to INDEMNIFY the Releasees from any claims or demands made against the Releasees in respect to any property loss, property damage or personal injury which the Releasees may suffer or become legally obligated to pay as a result of, or arising from, the camper's participation in the Easter Seals NL Camp.

I consent to the administration of medical treatments on behalf of the camper / myself as is determined to be necessary by the Releasees in their sole discretion, for her/his/my health at the Easter Seals NL Camp.

To meet meet/my child's needs I give permission for the personal information collected in this application to be shared with the staff members who will care for me and/or my child. All the information gathered is stored in a confidential and safe manner.

I acknowledge that Easter Seals NL does not have the resources to provide one to one supervision. Easter Seals camp is a new environment to campers and it may be significantly different from their familiar daily routines.

I acknowledge that If campers identify as requiring a one to one assistant at school or daily living, families are required to provide the one to one worker at camp.

I acknowledge that Easter Seals NL requires a support plan to be completed for all campers indicating how the camper's needs are met in a group setting.

During camp, campers will participate in activities such as but not limited to canoeing, field games, nature walks, campfires, roller sledge hockey and wheelchair basket ball.

Camper name or Parent/Guardian if under 18yrs:

Name of Witness:

Signature of Camper or Parent/Guardian if under 18yrs:

Signature of Witness:

MM/DD/YYYY example: 08/17/2005

MM/DD/YYYY example: 08/17/2005

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