



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

Deadline for Registration May 26, 2017

Family Camp Bumbleberry Registration Form

July 14-16, 2017; Arrive Friday, July 14 and leave on Sunday, July 16 at 2:00pm

Family camp is an opportunity for the whole family to enjoy camp together. Campers of **all ages and their families** will be accepted on a first come first served basis.

Please select a digital file from your hard drive or memory device and then insert the camper or campers picture in the space provided above.

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.

Please provide a recent photo of each child that will be attending camp.

Easter Seals Camper Youth 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

Gender

Male

Female

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

Secondry 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

2nd Emergency Last Name

2nd Emergency First Name

Home phone

Work number

Cell

Relationship

MEDICAL INFORMATION

Does the camper have:

Allergies

Does the camper carry an Epi pen?

Yes

Yes

No

No

Does the camper have:

Seizure Disorder/
Epilepsy

If yes, please complete below:

Yes

No

Type

Duration

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

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)

Sleeping at Camp

Bed rails required

Yes
No

Does your son/daughter require turning at night?

Yes
No

Number of times:

Sleep difficulties

If yes please describe:

Yes
No

Lifting and Transfer

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

Diet and Eating Habits

Regular

Gluten free

Thickened

Vegan

Tube feed

Pureed

Lactose intolerant

Ketogenic

Soft

Vegetarian

Cut into pieces

Other

Please describe:

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:

Will you be providing your own food?

Yes

No

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 your child use PECS?		
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.

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:

Personal Equipment

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

Electric wheelchair

Manual wheelchair: camper requires pushing

Manual wheelchair: camper does not requires pushing

Walker

Oxygen

High chair

Crib

Suction machine

Feeding pump

AFOs

Bedrails

Computer

Communication device

Play pen

Commode chair

Other: please specify

Does the camper wear:

Glasses

Hearing aids

Contact lenses

Cochlear implants

Name (s) of individuals attending Family Camp and relevant information:

Family Member 1, Name, Birth Date, MCP#, Allergies

Family Member 2, Name, Birth Date, MCP#, Allergies

Family Member 3, Name, Birth Date, MCP#, Allergies

Family Member 4, Name, Birth Date, MCP#, Allergies

Family Member 5, Name, Birth Date, MCP#, Allergies

Is there any information about other family members that the staff should be aware of?

T-shirt size and quantity: Please indicate all attending family members name with requested camp t-shirt size.

Available sizes:

Adult S, M, L, XL, XXL, XXXL

Youth S, M, L, X

Toddler 2T, 4T

Sleeping Accommodations:

Do you and your family prefer a bedroom in:

Main building first floor

Main building second floor

A Cabin

Due to space limitations it may be necessary to share a cabin with another family. If so is there a family you prefer to share the cabin with?

Please note:

The main building has bedrooms with bunk beds, each room has either 2 or 3 sets of bunk beds. The bathrooms are shared. Only the main floor washrooms have a roll in shower available.

Each cabin has 5 sets of bunk beds and a bathroom with a shower stall.

Photo Release

I give Easter Seals Newfoundland and Labrador, permission to use any photos, video or audio taken of my child and/or myself at or for 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 18 yrs

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

Camper signature or Parent/Guardian if under 18 yrs

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 releases 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 health at the Easter Seals NL Camp.

To meet your/your 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/my child. All the information gathered is stored in a confidential and safe manner. Easter Seals NL is in compliance with the Personal Health Information Protection Act (PHIPA).

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.

Name of Camper or Parent/Guardian if under 18 yrs

Name of Witness

Signature of Camper or Parent/Guardian if under 18 yrs

Signature of Witness

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

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