



Camp Application - 2019 -

Dear Campers and Families:

Does fun in the sun and new experiences and friendships sound like how you want to spend your summer? Then perhaps Easter Seals BC/Yukon Camp Winfield or Camp Shawnigan is the place for you! We offer exceptional sleep-over programs for children, youth and young adults with diverse abilities. This package will help you understand our programs and services as well as apply to camp.

This may seem like a large document, but to ensure quality care for all our campers, we request that you please complete it carefully and thoroughly. As a parent/caregiver, you are crucial in this process. If you have any questions regarding our environment, program activities, staff screening, care ratios, etc; please get in touch with us. This helps everyone in determining if our camps are right for your camper and family. Please provide us with as much detailed information as possible about your camper's support needs so that we are better equipped to provide the best care possible. Working together, we aim to be as personalized as possible for each camper.

IS OUR CAMPING PROGRAM RIGHT FOR YOU AND YOUR CAMPER?

The focus of the BC Easter Seals Camping Program is to provide a sleep-away camping experience that facilitates growth in independence, self-esteem and peer-interaction for children, teens and young adults with disabilities. We are rooted in nature-based, outdoor activities and our staff creates safe, warm, fun and supportive environments which allow campers to explore and develop their abilities.

Although we offer a generalized program that caters to a wide range of individuals with many diverse abilities, no single program can provide support for every individual. We recognize that our program is not suitable for campers with certain support needs. In order to continue to provide the highest possible care and to ensure safety for our campers and staff, we reserve the right to refuse any camper who is considered unsuitable for our programs. We unfortunately are unable to accept campers whose sole diagnosis is Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD), or Learning Disabilities (LD) due to our mandate and high application volume. However, if a camper has a separate primary diagnosis they may still be eligible for our program.

Applicants with aggressive behaviours and/or those in a medically fragile state may be unsuitable for our programs. Please contact us if you are unsure. We will be glad to discuss and determine if we can provide adequate support for your camper's needs.

THE APPLICATION PROCESS

Please use the 2019 form, no other documents will be accepted. It must be printed with pages 5-17 filled out plus pages 18 - 20 if a new camper, and mailed to the Vancouver office as follows:

Attn: Camp Registrar
Easter Seals BCY
3981 Oak Street
Vancouver, BC, V6H 4H5

Registration proceeds on a first-come, first-serve basis. We are not always able to accommodate your first choice of camp session. If the week you applied for is fully booked, we will do our best to accommodate you in another week. A camper's registration will be confirmed only after we have received ALL paperwork pertaining to the camper's stay at camp. Use the CHECKLIST provided in this application to help you stay organized. Easter Seals BCY reserves the right to request additional documentation as deemed necessary.

If your camper is applying with a PSW, a separate PSW application must accompany the camper application. You can either **DOWNLOAD** and complete a Personal Support Worker Application (PSW) form and mail it along with the Camper Application, or have your PSW apply online. Part of the PSW application includes a Criminal Record Check. Criminal Record Checks must contain a Vulnerable Sector Search and can take many weeks to complete. We recommend having the PSW start this process as soon as possible. If your camper is attending with a PSW, we will hold a spot for you for 6 weeks once we have received a completed camper and PSW application while we wait for the Criminal Record Check to arrive. We are only able to accommodate a maximum of 6 PSW's in each session, and these spots are filled quickly on a first-come, first-serve basis. If you are unsure of what your camper's care ratio might be in our environment, please get in touch and we will provide you with consultation.

BEHAVIOUR EXPECTATIONS and CONDITIONS OF ENROLMENT

1. Easter Seals BCY reserves the right to dismiss any camper who constitutes a hazard to the safety and rights of others, or demonstrates that s/he has rejected the reasonable controls and supervision of the camp staff.
2. Conditions of custody, if applicable, will be fully communicated in writing to the camp, including a photocopy of the section of any order referring to visitation rights.
3. Failure to disclose information, including but not limited to medical conditions or challenging behaviours, at time of registration could result in dismissal.

BEHAVIOUR SUPPORT PLANS

BC Easter Seals Camps have a mandate to provide a maximum ratio of 3 campers to 1 counsellor. The application packages are just one step in the process used to determine your camper's support needs in our environment. If there are specific concerns regarding your camper's behaviour/care, we encourage you to complete an additional form called "Behaviour Support Plan" downloadable from our website. This should clearly outline, in detailed fashion, routines, strategies or other points that will aid in how we might best work with your camper. These documents should also be reviewed with your camper's Counsellors, Nurses and Coordinators upon arrival at camp. The more we work together, the better the experience for all.

PROGRAM ACTIVITIES

Camp Winfield and Camp Shawnigan offer the following general program activities integrated in daily and weekly themes: Swimming, Arts and Crafts, Sports, Wide Games, Climbing Wall, Giant Swing, Low Ropes Course, Snoezelen Room, Music, Drama, Canoeing, in-ground trampoline, games room, one night on-site camp-out and a final Banquet and Dance. We encourage campers to choose activities that spark their interests as well as to try new things. In addition to these general activities, camp has unique attributes based on its geographic location and distinct historical development. All programs and activities are designed and promoted to be inclusive and adaptive.

CAMP FEE

There is a fee of \$600 to attend camp for kids aged 6 - 18 and an \$800 fee for Young Adults aged 19 - 29, which is a small portion of the total cost. We are currently unable to offer subsidies to this fee.

Together, we hope to create lifelong summer camp memories for all campers. If you have questions pertaining to registration, do not hesitate to contact the Camp Registrar or myself at (604) 873-1865 or toll free 1-800-818-4483 or email: campregistration@eastersealsbcy.ca.

High fives and camp smiles!



James Gagnon
Director, Camp Programs & Facilities

2019 Summer Camp Dates

Camp Winfield

New Camper Weekend

Fri Jun 21 - Sun Jun 23, 2019

All ages (6-18) max. 30 campers

3 days/ 2 nights

Camp #1

Sunday Jun 30 - Friday Jul 5, 2019

Young Adults (19 - 29 years old)

6 days/ 5 nights

Camp #2

Sunday Jul 7 - Friday Jul 12, 2019

All Ages (6-18 years old)

6 days/ 5 nights

Camp #3

Sunday Jul 14 - Friday Jul 19, 2019

Kids (6-12 years old)

6 days/ 5 nights

Camp #4

Sunday Jul 21 -Friday Jul 26, 2019

Teens (12-18 years old)

6 days/ 5 nights

Camp Shawnigan

Camp #5

Sunday Aug 4 - Friday Aug 9, 2019

Young Adults (19 - 29 years old)

6 days/ 5 nights

Camp #6

Sunday Aug 11 - Friday Aug 16, 2019

All Ages (6-18 years old)

6 days/ 5 nights

Camp #7

Sunday Aug 18 - Friday Aug 23, 2019

All Ages (6-18 years old)

6 days/ 5 nights

Camp #8

Sunday Aug 25 - Friday Aug 30, 2019

Young Adults (19 - 29 years old)

6 days/ 5 nights



2019 Application Checklist

In order for an application to be processed, all parts need to be complete. This checklist is meant to help applicants keep track of the sections that they have completed. If you have questions or concerns please contact the Camp Registrar, Jennifer Blair, at 604-873-1865 or 1-800-818-4483 or email: campregistration@eastersealsbcy.ca.

Have You Done The Following...

- | | |
|--|--------------------------|
| 1. Selected a camp that is age and ability appropriate for camper | <input type="checkbox"/> |
| 2. Included an updated email address | <input type="checkbox"/> |
| 3. Submitted a PSW Application online or with camper application (if applicable) | <input type="checkbox"/> |
| 4. Submitted PSW Criminal Record Check with Application (if applicable) | <input type="checkbox"/> |
| 5. Advised Emergency Contacts that they have been used on Application | <input type="checkbox"/> |
| 6. Included a recent camper photo | <input type="checkbox"/> |
| 7. Signed and dated the Liability Release | <input type="checkbox"/> |
| 8. Completed the We Need Your Help Page (All contact info filled in) | <input type="checkbox"/> |
| 9. Completed the Payment Form | <input type="checkbox"/> |
| 10. Physician has completed and signed the Medical Form | <input type="checkbox"/> |
| 11. Provided an up-to-date Immunization Record | <input type="checkbox"/> |
| 12. Provided an Emergency Information Form/Plan (if applicable/available) | <input type="checkbox"/> |
| 13. Included a Behaviour Support Form with Camper Application (if applicable) | <input type="checkbox"/> |
| 14. Filled out the New Camper Rubric (if new camper or needs have greatly changed) | <input type="checkbox"/> |
-

ONLY COMPLETE 2019 FORMS WILL BE PROCESSED !

For the most up to date Camp info visit:

WWW.EASTERSEALSBCY.CA

BC Easter Seals
Camping Program



2019
Camper Application

FOR OFFICE USE ONLY

PSW FORMS

Date Mailed: _____
Date Received: _____
Medical Form: ☐
Crim Rec Check: ☐
Liability Signed: ☐
Two References: ☐
PSW Info Sent: ☐
Immunization: ☐
Crim Check Paid: ☐

CAMPER FORMS

DATE: _____ AGE: _____
CAMP: _____ SESSION #: _____
Care Ratio: 1-1 2-1 3-1 4-1 5-1
Liability Release Signed: ☐ Puffer: ☐
Personal Health Number: ☐ Recent Photo: ☐
Medical Form Included: ☐ Epi Pen: ☐
Two Emergency Contacts: ☐ Immunizations ☐
BSP: ☐ Latex ☐
Rubric ☐

PLEASE NOTE: Applications take time to process because campers are reassessed annually. The Society reserves the right to change registration requirements or refuse an application. Incomplete forms will delay camper registration. A spot at camp cannot be confirmed until ALL forms have been received by mail or in person at our Vancouver office.

****ORIGINAL SIGNED FORMS ARE REQUIRED. Facsimiles or copies will not be accepted.****

CAMPER'S FULL NAME (please print legibly): _____

Disability/Diagnosis: _____

Home Phone Number: _____ Is your child a ward of the province ☐ Yes ☐ No

Personal Health Number: _____

Sex: _____ Date of Birth: _____ (day/month/year)

PARENT/GUARDIAN/FOSTER PARENT INFORMATION (not Social Worker/Ministry Staff)

#1- Given Name: _____ Last Name: _____

Phone No. Res: _____ Bus: _____ Cell: _____

#2- Given Name: _____ Last Name: _____

Phone No. Res: _____ Bus: _____ Cell: _____

ADDRESS / EMAIL

Street: _____ City: _____ Postal Code: _____

Parent/Guardian E-mail: _____

(at least ONE valid email is required)

EMERGENCY CONTACTS

We require the name and phone number of **TWO** emergency contacts (other than the parents/guardians of the camper). These people must be available and within driving distance **AT ALL TIMES** during the applicable camp dates. Do NOT indicate someone who has not agreed to this prior. **These people will also be added to the Authorized Pick-Up List.**

#1 -Complete Name: _____

Relationship to camper: _____

Phone No. (Res): _____ (Bus): _____ (Cell): _____

#2 -Complete Name: _____

Relationship to camper: _____

Phone No. (Res): _____ (Bus): _____ (Cell): _____

SOCIAL WORKER INFORMATION (if applicable)

Contact Name: _____ Phone No. (during camp): _____

Recent Camper Photo: We ask that you please include a recent colour photo of your camper. The photo should easily identify your camper.

ATTACH PHOTO HERE

PERSONAL SUPPORT WORKER (if applicable)

The minimum age for a Personal Support Worker (PSW) is 17 years. Easter Seals BCY reserves the right to refuse a PSW application.

Will a PSW be accompanying your camper? ☐ No ☐ Yes

Name of PSW: _____ PSW Email: _____

Would you like to add your PSW to the authorized pick up list (see below for details) ☐ No ☐ Yes

Please Note: If you believe your camper requires a PSW, it is necessary to also submit a PSW application form. This can be printed off the website or completed online by the PSW. Your camper's application will not be complete until **BOTH** Camper and PSW forms have been received.

CAMP SESSION

Please choose **ONLY** sessions your camper is eligible to attend. See pg 3 for details. **New campers** are eligible for New Camper Weekend **and** a full session.

New Camper Camp is for campers to get a chance to experience camp in a smaller dose before their full week of camp. A parent/guardian is able to come as a Personal Support Worker if desired. All PSW paperwork is required for Parent/Guardian.

New Camper Camp: ☐ No ☐ Yes

Session: 1st choice: _____ **2nd choice (if applicable):** _____

AUTHORIZED PICK UP LIST & PRIVACY INFORMATION

Your camper will **ONLY** be released to individuals listed below and/or parents/guardians as well as emergency contacts. Authorized individuals are required to show **picture identification** prior to a camper's release. The registrar must be **immediately** notified of any changes to this list.

Complete Name of person(s) authorized to pick up camper from Camp:

(1) _____ (2) _____

(3) _____ (4) _____

Are there any custody agreement details that we should be aware of, or any individual(s) who should not be allowed access to the camper? ☐ No ☐ Yes

Please specify: _____

If requested, may we share your contact information with other campers and their families? ☐ No ☐ Yes

May we share your contact information with our partner organizations?

☐ No ☐ Yes

Is there another camper, of the same gender, your camper would like to be grouped with (if possible)?

Camper's Name: _____

Is the family of this other camper aware of this request? ☐ No ☐ Yes

Could you offer another camper a ride to camp? ☐ No ☐ Yes

If yes, would you have wheelchair space in your vehicle? ☐ No ☐ Yes

SERVICE DOGS

Does your camper require a service dog? ☐ No ☐ Yes

If yes, will they be attending with the dog? ☐ No ☐ Yes

If you selected yes, they will be attending with the dog, you must also include copies of the dog's service certificates from an accredited agency approved by the Ministry of Justice.

2019 CAMPER INFORMATION

Our goal is to assist your camper to explore her/his fullest ability. When completing the following sections please provide as much detail as possible. If the space is insufficient please feel free to attach additional pages. The more information our staff has, the better able they will be to offer your camper the best possible camp experience! Easter Seals BCY is in compliance with the Personal Information Protection and Electronic Documents Act (PIPEDA).

ALL INFORMATION RECEIVED REMAINS CONFIDENTIAL

Must your camper wear a life jacket in and around water? ☐ No ☐ Yes

Please note: It is BC Easter Seals Camps policy that all campers who experience seizure activity will be required to wear a lifejacket at all times in and around water unless otherwise indicated by a physician on the medical form.

NO EXCEPTIONS

BC Easter Seals Camps reserve the right to decide who will wear a life jacket in and around water while at camp.

Please indicate any camp activities that you DO NOT wish your camper to participate in:

HISTORY

Past medical history: _____

In the event that your camper requires a visit to the walk in clinic or emergency room, are there specific guidelines/protocols for your camper in an urgent or emergency situation?

☐ No ☐ Yes (if yes, please attach specific guidelines or their Emergency Medical form to application)

SEIZURE ACTIVITY

Does your camper have seizures or a known seizure disorder controlled by medication? ☐ No ☐ Yes

If yes, please complete below

Type: _____ Normal duration: _____ Normal Frequency: _____

Seizures will restrict camper's activities as follows: _____

Any other information or concerns?: _____

Do you have a seizure protocol (document made and given to school)? ☐ No ☐ Yes (if yes, please include)

For camp nursing staff use only, to be completed at check-in:

EMS call time: _____ Date of last seizure: _____ Controlled with medication?: ☐ No ☐ Yes

Rescue medication? ☐ No ☐ Yes Describe each phase in detail (including time generally taken):

Prodromal Phase/Auras: _____

Ictal Phase (active seizure phase): _____

Postictal Phase: _____

COMMUNICATION

Does your camper communicate verbally? ☐ No ☐ Yes

If no, or if your camper has limited verbal communication, how do they communicate their needs? _____

Does your camper have any communication tools or devices they will bring to camp? ☐ No ☐ Yes

If yes, please specify: _____

MEALTIME ROUTINE/DIET

1. Special food preparation required? ☐ Pureed ☐ Minced ☐ Thickened drink ☐ Other

Please provide details: _____

2. Does your camper require assistance with eating? ☐ No ☐ Yes Please specify: _____

3. Does your camper have difficulty ☐ Swallowing ☐ Chewing ☐ Drinking

Please explain: _____

4. Does your camper have a: ☐ G-tube ☐ J-tube used for ☐ Feeding ☐ Medication

If used for feeding, will you be supplying formula? ☐ No ☐ Yes (please attach feeding schedule)

Date of tube insertion: _____

5. Please describe special dietary requirements, special instructions associated with meal times or desired foods for particular eaters: _____

6. Does your camper require special food items for taking medications (e.g. yogurt, apple sauce, juice etc.)? ☐ No ☐ Yes If yes, please specify _____

If yes, will you be supplying these items? ☐ No ☐ Yes

7. Please list any specialized food and/or equipment that your camper will be bringing to camp: _____

please note all vitamins, supplements and herbal remedies MUST be included on the medical form or they cannot be given at camp

ALLERGIES (note: our camps are nut-aware facilities)

1. Does your camper have any anaphylactic reactions? ☐ No ☐ Yes To: _____

Does Camper carry an epipen? ☐ No ☐ Yes

Describe Reaction: _____

2. Does your camper have any drug allergies? ☐ No ☐ Yes

Please describe the allergies and reactions: _____

3. Does your camper have any food allergies? ☐ No ☐ Yes

Please describe the allergies and reactions (please be as specific as possible): _____

4. Does your camper have a latex allergy? ☐ No ☐ Yes

Please describe reaction: _____

Does your camper generally avoid the following products that contain latex:

Pool noodles ☐ No ☐ Yes Other _____

Basketballs ☐ No ☐ Yes

Rubber bands ☐ No ☐ Yes

5. Does your camper have environmental allergies: ☐ No ☐ Yes

Please describe the allergies and reactions: _____

VISION

1. Does your camper have vision difficulties?

☐ No ☐ Yes

Please describe: _____

2. Does your child wear glasses? ☐ No ☐ Yes

If yes, please label glasses.

HEARING

1. Does child have hearing difficulty? ☐ No ☐ Yes

2. In what ear does your child have hearing difficulty?

☐ Left ☐ Right ☐ Both

3. Does your camper wear hearing aids with:

☐ Slight amplification ☐ Full amplification ☐ None

4. Are Ear Plugs required while in water? ☐ No ☐ Yes

5. When hearing aids are removed, does your camper:

☐ Use ASL ☐ Read lips ☐ Neither

MOBILITY

1. Does your camper walk independently? ☐ No ☐ Yes ☐ With assistance
2. Does your camper use a wheelchair? ☐ No ☐ Yes Please specify: ☐ Manual ☐ Power ☐ Both
Can your camper operate their wheelchair independently? ☐ No ☐ Yes
How much time should your camper be out of their wheelchair each day? _____
3. Is your camper able to transfer to a bus seat? ☐ No ☐ Yes ☐ With assistance
4. Does your camper require transferring help to/from: ☐ Wheelchair ☐ Bed ☐ Toilet ☐ Bath/shower
Please specify the type of transfer used: _____
5. Please list other equipment your camper uses (e.g. walker, braces, crutches. AFO's etc.): _____
6. If your camper uses AFO's, do they do so ☐ At night ☐ During the day
Please specify exact times if necessary: _____

NIGHT CARE (Please note: campers sleep in dorms or rooms with other campers except in special circumstances. Designated staff members are awake all night to continuously check on campers and provide assistance. Room monitors are also used.)

1. What care or direct supervision does your camper require throughout the night? _____
2. Does your camper find it difficult to fall asleep if others are in the room? ☐ No ☐ Yes
3. Will your camper disturb other campers from sleeping in a shared room? ☐ No ☐ Yes
4. Suggestions or strategies for bedtime routine: _____

PERSONAL CARE

1. Does your camper have bowel control:
During the day? ☐ No ☐ Yes
At night? ☐ No ☐ Yes
2. Does your camper wear attends/diapers/pull-ups:
During the day? ☐ No ☐ Yes
At night? ☐ No ☐ Yes
3. Does your camper have bladder control:
During the day? ☐ No ☐ Yes
At night? ☐ No ☐ Yes
4. Does your camper wet the bed?
☐ No ☐ Yes ☐ Occasionally
5. Does your camper use: ☐ Independent ☐ With assistance ☐ Dependent
☐ Disempaction ☐ Ostomy ☐ Artificial Sphincter
☐ Enemas ☐ Catheters ☐ Ileal Conduit ☐ Other _____
6. Does your camper have a history of bladder infection? ☐ No ☐ Yes
7. Please check the level of assistance required and provide notes as needed:

	None	Some	Total	Please describe
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Brushing teeth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Describe special skin care required: _____

Female Campers:

Has she menstruated? ☐ No ☐ Yes If no, has she been told about it? ☐ No ☐ Yes
If yes, is menstruation regular? ☐ No ☐ Yes If no, please describe: _____

9. How often does your camper have a bowel movement? _____
10. Does your camper have a history of constipation or diarrhea? ☐ No ☐ Yes
If yes, please explain how to best restore regular bowel movements (e.g. increase water intake, prune juice etc.) _____
11. Does your camper have difficulty having a bowel movement in public washrooms? ☐ No ☐ Yes
12. Additional information about Personal Care etc. including schedule of times, products used, etc. Attach additional sheet if necessary: _____

SHUNT

Does the camper have a shunt? ☐ No ☐ Yes Date inserted: _____
If yes, has the camper's shunt become blocked in the past? ☐ No ☐ Yes
For what reasons? (*Please describe*) _____

BEHAVIOUR SUPPORT

The following questions will help assist our staff in ensuring your camper has the best experience possible at camp.

Please attach additional pages as necessary- If you received a letter asking for a behaviour support plan, please download, complete and submit this separate document.

****Failure to honestly communicate ALL BEHAVIOUR CONCERNS may result in camper being sent home****

1. Does your camper interact well with: ☐ Younger children ☐ Peers ☐ Older children ☐ Adults
 2. Check the types of behaviour that apply to your camper:
☐ Inappropriate language ☐ Self harm ☐ Physical aggression ☐ Attention Seeking
☐ Non-compliance ☐ Running away ☐ Wandering ☐ Sexual aggression
☐ Other: _____
-

Please explain any checked behaviours, their causes, frequency, and support techniques used (e.g. behavioural transitions, escalation signals, redirection cues): _____

3. Does your camper 'stim' (self-stimulatory behaviours)? ☐ No ☐ Yes

If yes, please describe what their stims look like: _____

Is stimming an accepted/allowed behaviour or should it be redirected? _____

4. Is your camper on a behaviour support program at home or school? ☐ No ☐ Yes
(if yes, please attach a copy)

5. Has your camper ever been away from home before? ☐ No ☐ Yes

6. Please explain if there are any concerns around homesickness anticipated: _____
-

7. Any additional information that would help our staff care for your camper: _____
-
-
-
-

MENTAL HEALTH

1. Is your camper experiencing, or experienced in the past, issues with their mental health? ☐ No ☐ Yes

If yes, please describe: _____

2. How can we best support your camper's mental health at camp? _____
-
-
-
-
-

Consent, Liability and Waiver Agreement

The Camper Application Form cannot be processed if the Liability Release is incomplete or altered in any way.

Please print legibly.

I, as the parent or legal guardian of _____ (Child's Name) (the "Child"), and in consideration of the recreational, educational and health care services provided by The British Columbia Lions Society for Children with Disabilities (hereafter, together with its related entities, referred to as the "BC Lions Society") to the Child, agree as follows:

1. The term "BC Easter Seals Camp" shall include all activities, camp programs, services and events in any way connected with or related to any of the Camp Sites including, but not limited to, swimming (either in pools or in open water), climbing walls, giant swings, ropes courses, waterslides, and other such activities, services and events.
2. The term "Camp Sites" shall include Camp Shawnigan located at 2180 East Shawnigan Lake Rd., Shawnigan Lake, BC; Camp Winfield located at 1790 Davidson Rd, Lake Country, BC; and Camp Squamish located at 41015 Government Rd., Squamish, BC, and "Camp Site" shall mean any of them.
3. I hereby **RELEASE AND DISCHARGE** THE BC LIONS SOCIETY, BRITISH COLUMBIA EASTER SEAL SOCIETY, THE CUSTOM SERVICE TRANSIT SOCIETY AND ALL OTHER ENTITIES RELATED TO THE BC LIONS SOCIETY AND THEIR RESPECTIVE AGENTS, DIRECTORS, OFFICERS AND EMPLOYEES (COLLECTIVELY, THE "RELEASEES") FROM ALL MANNERS OF ACTION, CAUSES OF ACTION, CLAIMS OR DEMANDS THAT I HAVE OR MAY HAVE IN THE FUTURE, ARISING FROM THE CHILD'S ATTENDANCE AT THE BC EASTER SEALS CAMP, DUE TO ANY CAUSE WHATSOEVER, INCLUDING NEGLIGENCE ON THE PART OF THE RELEASEES OR THE CHILD'S PARTICIPATION IN ACTIVITIES HELD AWAY FROM THE CAMP SITE. I do however wish my Child to participate in the BC Easter Seals Camp, notwithstanding such potential risk.
4. 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 Child's participation in the BC Easter Seals Camp.
5. I consent to the administration of medical treatments on behalf of the Child as is determined to be necessary by the Releasees in their sole discretion, for her/his health at the BC Easter Seals Camp.
6. I certify that all information provided in this application form is true and to the best of my knowledge at the time of completing this and for all subsequent camp administrated forms.
7. I agree that my Child will ONLY be released to the individuals listed on this application form (primary contact, authorized pick up list) and that the BC Lions Society must be notified IN WRITING of any changes to the list and that identification is REQUIRED for pick-up.
8. I have reviewed the expectations and policies as outlined throughout this application and I understand that should my Child breach any of the expected behaviours, they could be asked to leave the Camp Site immediately. If this occurs, I will be responsible for arranging for my Child's transportation from the Camp Site and the associated costs.
9. I agree that I am financially responsible in the case of illness, injury, accident, emergency or property damage resulting from the Child's participation in the BC Easter Seals Camp and that the BC Lions Society may claim over against me for any claim which another participant or a third party may make against the BC Lions Society and agree to indemnify and save harmless the BC Lions Society for any expenses reasonably incurred in consequence of the above.



Consent, Liability and Waiver Agreement

The Camper Application Form cannot be processed if the Liability Release is incomplete or altered in any way.
Please print legibly.

-INFORMATION AND PHOTO WAIVER-

Initial

I consent that my Child's photo and/or information may be used by the Society for the promotional materials (print and electronic versions) and to thank donors for their support.

I acknowledge that, to the best of my knowledge, the information on the application form is correct. I agree to inform the BC Lions Society of any changes to my Child's health and wellbeing prior to my Child's attendance at the BC Easter Seals Camp. To meet the needs of our campers and have the ability to care for them we must collect personal information about them and distribute this information to people who will care for your Child. All the information gathered is stored in a confidential manner. The BC Lions Society is in compliance with the Personal Information Protection Act (British Columbia) and the Personal Information Protection and Electronic Documents Act (Canada).

Initial

Please check this box if you would like to receive information (by email, phone or mail) from the BC Lions Society regarding programs, services, events fund raising or volunteering opportunities. [You may withdraw your consent at any time.]

I understand that this is an application for the BC Easter Seals Camp and does not guarantee confirmation of registration. Notification of confirmation will be sent by e-mail at a later date once all portions of the application have been confirmed as successfully completed.

I HAVE READ AND UNDERSTAND THIS CONSENT, LIABILITY AND WAIVER AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT, I AM WAIVING CERTAIN RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASES. FOR CLARITY, THE RELATED ENTITIES OF THE BC LIONS SOCIETY INCLUDE, WITHOUT LIMITATION, THE BC LIONS FOUNDATION FOR CHILDREN WITH DISABILITIES, EASTER SEAL HOUSE SOCIETY, THE BRITISH COLUMBIA EASTER SEAL SOCIETY, AND THE 24 HOUR RELAY SOCIETY.

Parent/Guardian Signature

Date

First Name: _____

Last Name: _____

Address: _____

City: _____

Postal Code: _____



BC EASTER SEALS CAMPING PROGRAM 2019 INITIAL MEDICAL REPORT

A Medical Physician or Nurse Practitioner **MUST complete and sign** this form during appointment with camper. Once completed, this form can not be altered by parent/guardian in any way.

****PLEASE PRINT ALL INFORMATION LEGIBLY****

Easter Seals BCY will inform parents/guardians of any incidents involving their child's/ward's stay at camp. However, Easter Seals BCY reserves the right to determine appropriate medical treatment if the camper becomes ill while in our care.

Camper's Name: _____

Camper's Diagnosis: _____

Personal Health Number: _____

Age: _____ Sex: _____ Height: _____ Weight: _____

MEDICATIONS (A medication reconciliation print out may be obtained from your pharmacy and signed by the physician to replace list below)

Regular/Scheduled Medications: Please include all prescription medications/supplements/vitamins

Medication	Dosage (mg)	Route	Frequency

PRN Medications: Please include all PRN, homeopathic, vitamins, ointments, etc. taken on a regular basis. (Only PRNs on this list can be given regularly by the Camp Health Care Team)

What precautions or limitations to physical activity do you wish this camper to observe? _____

SPECIAL MEDICAL CONSIDERATIONS

In the past year has this person had, or been exposed to, a serious illness? No ☐ Yes ☐

If yes, please specify: _____

Please state all allergies and reactions (food, drug and/or environmental): _____

Must this camper have an epipen or similar product on their person at all times? No ☐ Yes ☐

Does this person's condition present any special medical treatments or concerns during their time at camp? _____

Does this person experience seizures? No ☐ Yes ☐

State type, frequency and duration of seizures: _____

****It is BC Easter Seals Camps Policy that all campers with present concerns around seizure activity wear a Lifejacket while around/in water unless otherwise indicated by a Medical Professional****

Must this child wear a lifejacket while around/in water? No ☐ Yes ☐ (this question only for campers with seizure activity)

Does this person presently have a concerning communicable illness or disease (including but not limited to Hepatitis, Tuberculosis, HIV)?

No ☐ Yes ☐ Please Specify: _____

Has this person ever been exposed to a concerning communicable illness or disease that would present an issue for their participation at camp? No ☐ Yes ☐ Please Specify: _____

Medical Practitioner's Name: _____ Phone: _____

(please print)

Signature: _____ Date: _____

E-mail Address: _____

IMMUNIZATION INFORMATION CAMPER'S RECORD OF IMMUNIZATIONS

NEW CAMPERS

Please list **all** immunization information in the chart below, or attach a copy of your camper's immunization / inoculation card. We will keep a copy of this in the camper's permanent file.

RETURNING CAMPERS

Please provide us with complete information on any **NEW** immunizations and/or booster shots the camper has received. Check one of the boxes below:

- ☐ No Updates (if you check this box you do not have to fill out the chart below)
☐ Updated immunization information is listed in the chart below.

CAMPER'S NAME: _____

Immunizations	Dates Immunizations Given (IMPORTANT: NOTE ANY ALLERGIES)
DIPHTHERIA	
PERTUSSIS	
TETANUS	
POLIOMYELITIS	
HIB (HAEMOPHILUS INFLUENZAE B)	
MEASLES	
MUMPS	
RUBELLA	
HEPATITIS B	
OTHER (please specify)	

For reference to a Routine Immunization Schedule for Infants and Children please visit:
<http://www.caringforkids.cps.ca/immunization/VaccinationChild.htm#Table1>

Previous Illnesses (Please Check all that Apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Red Measles | <input type="checkbox"/> German Measles |
| <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Appendicitis | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Decubitus ulcers | <input type="checkbox"/> Ear infections |
| <input type="checkbox"/> Urinary tract infections | | |

Other: _____

WE NEED YOUR HELP

The Camper Application Form will NOT be processed without this page being completed and returned

The cost of sending a child to a BC Easter Seals Camp for one week is approximately \$3600. All programs are funded through generous donations from individuals, service clubs, Lions, Lioness, companies, foundations and events. Each year there is a need for donations so that we can have as many children as possible experience camp.

We would like to ask you, the parent/caregiver, to make a contribution to help with this year's camp costs. Your donation will be receipted with a charitable tax receipt.

If you are able to help, please accept our gratitude. If you are unable to help please be assured that your family's acceptance is not contingent upon us receiving a donation.

INFORMATION – For tax receipt purposes, please print all information

Camper Name: _____

Camp Attending: _____

Parent/Guardian/Donor Name (must match name on Cheque or Credit Card): Mr. Mrs. Ms. Dr. Miss (Circle One)

Address: _____ Postal Code: _____

City: _____ Province: _____ Hm Ph#: _____

Email: _____ Bus. Ph#: _____

Cell. Ph#: _____

Option #1 - ☐ Yes, I am able to help offset the costs of the BC Easter Seals camping program.

Please accept my donation of:

☐ \$100 ☐ \$200 ☐ \$500 ☐ \$1,000 ☐ \$2,000 ☐ Other: \$ _____

I am enclosing: ☐ cheque, ☐ money order, or ☐ please charge my credit card:

(cheques can be made payable to "Easter Seals BCY")

☐ Visa

☐ Mastercard

☐ American Express

Card #: _____

Expiry Date: ____/____ CVV: _____

Name on Card: _____ Signature: _____

Option #2- ☐ Yes, however I prefer to be a monthly donor (see other side)

☐ I am already a monthly donor

Option #3- ☐ No, I am unable to make a donation at this time

IF YOU CHECK OPTION #3, YOU MUST STILL FILL-OUT PERSONAL INFORMATION ABOVE

Your privacy is important to us. From time to time the Society may contact you with information or requests pertaining to our camps or services. Should you have any questions regarding our privacy policy or wish to be excluded, please contact us at 604-873-1865 or 1-800-818-4483 or info@eastersealsbcy.ca.



MONTHLY DONOR

Option # 2- YES, I want to become a "Partner in Caring" Monthly Donor:

For just \$1.32/day - \$40/month, you can provide Arts & Crafts supplies for a child at camp.

For just \$2.74/day - \$80/month, You can provide a great overnight camping experience for a child at camp.

For just \$9.87/day - \$300/month, You can provide a camping session for one child to go to camp

Please check your monthly donation amount

- ☐ \$40 (\$1.32/day) ☐ \$80 (\$2.63/day) ☐ \$300 (\$9.87/day)
☐ Other \$ _____

Beginning on the ☐ 1st or ☐ 15th day starting in _____, 2019
Month

☐ Please debit my bank account (attach void cheque and sign below)

☐ Please charge my credit card (complete details and sign below)

☐ VISA ☐ MasterCard ☐ American Express

Card # _____ Expiry Date: _____ CVV: _____

Name on Card: _____

Signature: _____ Date: _____

Email: _____

Our Guarantee:

You may change or cancel your donation at any time by calling (604) 873-1865 or 1-800-818-4483 or email: info@eastersealsbcy.ca. Please note that you will receive one charitable tax receipt for all of your preauthorized contributions each calendar year.

Your generous donation helps to ensure the
long-term viability of camp.
Thank-you so much.



HELP SEND ME TO EASTER SEALS CAMPS

BE AN EASTER SEALS CAMP AMBASSADOR

This year, we are giving our campers the opportunity to be their own Easter Seals Camp Ambassador, and fundraise for their registration fee!

As a Camp Ambassador, you are an important voice. We would like your help in sharing your voice, memories and experiences at camp. With your support, we can tell more people about Easter Seals BCY, and our mission to inspire communities across BC and the Yukon to support and enable access for persons with diverse abilities.



HOW IT WORKS?

Camp Ambassadors and their families will register and create a fundraising page on our website. There is no cost to register as a Camp Ambassador. The minimum registration fee must be raised two weeks before the first day of the campers' designated camp week.



Help us share your stories, and we will help you fundraise for your Camp Registration Fee! You can organize a fundraising event in your community, school, or workplace. Or just ask your friends, family, coworkers, etc. No effort is too big or too small!

PRIZING INCENTIVES

You don't have to stop at just your registration fee! Camp Ambassadors can claim different prizes depending on how much you were able to fundraise over the registration fee. Some of the prizes we have are exclusive Easter Seals BCY water bottles, draw-string backpacks, and many more!



INTERESTED?

Be sure to check off the box located on the Payment page, and our team will get in touch to help you get started on this exciting journey!



Got a question? Contact:
Fundraising@eastersealsbcy.ca
www.eastersealsbcy.ca

Easter Seals BCY is a service
of the BC Lions Society for
Children with Disabilities



PAYMENT INFORMATION

If you are planning on fundraising for the camp fee or are using Autism funding, please indicate with the check boxes below.

Payment information must be included for the application to be processed unless you are fundraising the fee or applying for Autism Funding. Payment will NOT be processed until the application is confirmed.

Camping Fee: \$600.00 for children (Ages 6-18) and \$800 for young adults (ages 19-29)

Camper Name: _____

Camp Attending: _____

Payment method:

☐ Cheque (Please make cheque payable to "Easter Seals BCY")

☐ Visa ☐ Mastercard ☐ American Express

Card Number: _____

Expiration Date: _____

CVV: _____

Name on Card: _____

Signature: _____

Have you or will you be applying for Autism Funding? ☐ Yes

Will you be fundraising for the camp fee? ☐ Yes

New Camper Assessment Rubric

Please use this form to communicate the needs of your camper with our staff. Our staff are able to support campers who fall into a 2:1 or higher care ratio. If you check 1:1 in any area, we do suggest a Personal Support Worker for your camper.

Activities of Daily Living		3:1 care ratio	2:1 care ratio	1:1 care ratio
Bathing	<input type="checkbox"/> Needs little or no support in this area	<input type="checkbox"/> Some supervision or help with hard to reach, hair-washing etc.	<input type="checkbox"/> Requires direct supervision during bathing to remain safe and on task. May need full assistance of one staff member	<input type="checkbox"/> Full assistance required in these areas, generally needing assistance of two staff members or an extensive care routine that would take one person more than forty-five minutes at least twice a day.
Toileting	<input type="checkbox"/> Needs little or no support in this area	<input type="checkbox"/> Can use the toilet independently, may need reminders to flush, wash hands.	<input type="checkbox"/> Able to toilet with some assistance; eg. –can self-transfer, needs help wiping	
Dressing	<input type="checkbox"/> Needs little or no support in this area	<input type="checkbox"/> Mostly/Entirely independent in dressing	<input type="checkbox"/> Requires some support in dressing	
Night Care	<input type="checkbox"/> Needs little or no support in this area	<input type="checkbox"/> Sleeps soundly throughout the night	<input type="checkbox"/> Occasionally requires support during the night. Eg- washroom, water, repositioning etc.	<input type="checkbox"/> Needs constant support throughout night. Eg- equipment checks, repositioning, toileting, breathing, may wander if left unattended etc.
Eating	<input type="checkbox"/> Needs little or no support in this area	<input type="checkbox"/> Eats independently. Able to indicate food choices, and more or less portions. Will wait until others in group are finished eating for next activity.	<input type="checkbox"/> Requires assistance cutting food, portion monitoring, minor allergies etc. May wander when finished eating. May require full assistance of one staff member	<input type="checkbox"/> Requires full assistance eating. Major anaphylaxis, choking hazards. Camper not aware of food hazards. Needs constant supervision
Mobility	<input type="checkbox"/> Needs little or no support in this area	<input type="checkbox"/> Fully mobile	<input type="checkbox"/> Requires some assistance maneuvering around camp, into bed, shower, lake, etc.	<input type="checkbox"/> Requires full support maneuvering around camp and with transfers into and out of chair. Requires range of motion exercises, physio.

Medical/Communication		3:1 care ratio	2:1 care ratio	1:1 care ratio
Hearing	<input type="checkbox"/> Needs little or no support in this area	<input type="checkbox"/> Can hear clearly	<input type="checkbox"/> May need repetition, written materials, basic sign language	<input type="checkbox"/> Very limited hearing, constant support interpreting surroundings, someone familiar with their hearing needs
Vision	<input type="checkbox"/> Needs little or no support in this area	<input type="checkbox"/> Has clear vision	<input type="checkbox"/> May need help on uneven ground, stairs etc.	<input type="checkbox"/> Requires constant support with direction, landmarks, a person-guide for all movement/activities, verbal descriptions about surrounding environments
Communication	<input type="checkbox"/> Needs little or no support in this area	<input type="checkbox"/> Communicates needs/wants very clearly, can use various forms of communication (PEC's, visual aids, yes/no methods) to express themselves	<input type="checkbox"/> Can have difficulty expressing needs/wants, or expressing emotions in appropriate ways	<input type="checkbox"/> Needs full support in determining needs/wants, needs full assistance expressing emotions in appropriate ways, would benefit largely from someone who understands their specific style of communication
Seizure Activity	<input type="checkbox"/> No history or concerns about seizures	<input type="checkbox"/> Infrequent and/or predictable seizures, moderated with medication	<input type="checkbox"/> Seizures occur frequently (2 or more times throughout the week) may be unexpected, severity is limited (Eg: tonic clonic, absence)	<input type="checkbox"/> Requiring consistent and constant supervision due to seizure activity

Aggression & Bullying:		3:1 care ratio	2:1 care ratio	1:1 care ratio
Physical Aggression	<input type="checkbox"/> Needs little or no support in this area	<input type="checkbox"/> Rarely demonstrates physical aggression	<input type="checkbox"/> Preventable, known cause, easily intervened	<input type="checkbox"/> Threatens or physically harms self or others, requires direct supervision to ensure safety at all times.
Sexual Aggression	<input type="checkbox"/> Needs little or no support in this area	<input type="checkbox"/> Preventable, known cause, easily intervened	<input type="checkbox"/> May use sexually inappropriate language, may have difficulty understanding personal space, - can be redirected easily.	<input type="checkbox"/> Needs clear supervision to maintain appropriate language/actions at camp. Difficult to redirect.
Verbal Aggression & Inappropriate Language	<input type="checkbox"/> Needs little or no support in this area	<input type="checkbox"/> May occasionally use inappropriate language, reminders help to redirect	<input type="checkbox"/> Uses foul language to provoke others, seek attention. Needs reminders.	<input type="checkbox"/> Language directed at self or others, likely to escalate to physical aggression.
Self Abuse	<input type="checkbox"/> Needs little or no support in this area	<input type="checkbox"/> Rarely demonstrates acts of self harm	<input type="checkbox"/> Preventable, known cause, easily intervened, results in only minor bodily harm.	<input type="checkbox"/> Seriousness of injury can be minimized with direct support from someone familiar with tendencies.

Behaviours		3:1 care ratio	2:1 care ratio	1:1 care ratio
Rules and Guidelines	<input type="checkbox"/> Needs little or no support in this area	<input type="checkbox"/> Capable of understanding rules and following instructions of counselors	<input type="checkbox"/> Requires constant reminders of rules, could engage in power struggles, boundary pushing, somewhat easily resolved	<input type="checkbox"/> Non-compliant, engages in power struggles, major boundary pushing, often escalate to violence – causing harm to self or others.
Wandering/ Running Away	<input type="checkbox"/> Needs little or no support in this area	<input type="checkbox"/> May wander, usually will tell staff where they are going	<input type="checkbox"/> May wander without informing staff of where they are going, easily intervened, will not wander offsite or into danger	<input type="checkbox"/> Will wander or run away without notice, unaware of hazards, will 'disappear' without constant supervision
Transitions	<input type="checkbox"/> Needs little or no support in this area	<input type="checkbox"/> Reminders and stating expectations help to assist camper for next activity	<input type="checkbox"/> Requires guidance and behaviour support (count-downs, redirection, positive reinforcement) to transition smoothly.	<input type="checkbox"/> Major difficulty transitioning, needs to sleep alone due to behaviour, may take advantage of less supervised situations, may experience severe homesickness
Attention Seeking	<input type="checkbox"/> Needs little or no support in this area	<input type="checkbox"/> Thrives on positive reinforcement, structure and guidelines provided by staff	<input type="checkbox"/> Requires direct attention from staff during transitions, mealtimes, understanding boundaries	<input type="checkbox"/> Consistently seeks attention, regardless of it being positive or negative. Redirection is not effective.

If you selected a 2:1 care ratio in either the Behaviours or Bullying/Aggression section - please also complete a Behaviour Support Plan for your camper to help us better support them.