



## Urban Activities Program Application

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### Overview

Easter Seals BC/Yukon is excited to launch its first year of the Urban Activities Program in **July 2019!**

The **youth program** will be offered to **teenagers age 13 to 18**, with a focus on developing social skills and confidence in a fun, supportive environment. Participants will get to meet other youth with diverse abilities, and together enjoy various activities and adventures around the Lower Mainland.

The **young adult program** will be offered to **young adults 19 to 29**, with a focus on developing life skills which facilitate independence. Participants will go on educational and skill-developing day excursions around the Lower Mainland.

The Urban Activities Program supports the new Vision and Mission of Easter Seals British Columbia/Yukon, a legacy charity that for 66 years has inspired over 1,000,000 persons with diverse abilities from 700 communities across both provinces.

**Our Vision:** Enable abilities in our communities.

**Our Mission:** Inspire communities across BC and the Yukon to support, and enable access for, persons with disabilities.

### Fees and Refunds

The program fee includes activity costs and transportation during daytime outings. Individual travel to and from the program and other expenses are not included. Participants must bring their own lunch and, if needed, personal and medical supplies. The Society is not responsible for any personal or medical care.

A refund will be offered if a cancellation is made at least 7 days ahead of time. After this, no refund will be offered.

WHAT	HOW MUCH
Youth program (13 to 18)	\$50 per participant per day
Young adult (19 to 29)	\$50 per participant per day

## **Behaviour Expectations and Conditions of Enrolment**

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

## **The Application Process**

Participants or their guardians are required to complete the following forms, which include contact info, participant info, activity sign-up, as well as consent, liability, and waiver agreements. Registration is based on program suitability and proceeds on a first-come, first-serve basis. If the days you applied for are fully booked, we will do our best to accommodate you with other days. A participant's registration will be confirmed only after we have received ALL necessary paperwork.

This form must be printed, completed, and mailed or emailed to the Vancouver office as follows:

Attn: Urban Activities Program  
Easter Seals BCY  
3981 Oak Street  
Vancouver, BC, V6H 4H5  
[svanvloten@eastersealsbcy.ca](mailto:svanvloten@eastersealsbcy.ca) (for emailing the application)

We are excited to be offering this new program in the Lower Mainland that will allow you to make new friends and build lifelong skills and memories! If you have any questions about the registration process or the program, please check out our list of frequently asked questions, or feel free to send an email to [svanvloten@eastersealsbcy.ca](mailto:svanvloten@eastersealsbcy.ca).

Sincerely,  
Spencer van Vloten  
Youth Program Leader, Easter Seals BC/Yukon





## 1. CONTACT INFO

<p><b>PARTICIPANT INFO</b></p> <p>Full Name (please print legibly) _____</p> <p>Disability/Diagnosis: _____</p> <p>Home Phone Number: _____ Is your child a ward of the province? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date of Birth (day/month/year): _____ Sex: _____ Personal Health Number: _____</p>
<p><b>PARENT/GUARDIAN/FOSTER PARENT INFORMATION (not Social Worker/Ministry Staff)</b></p> <p>#1- Given Name: _____ Last Name: _____</p> <p>Phone (Home): _____ (Bus): _____ (Cell): _____</p> <p>#2- Given Name: _____ Last Name: _____</p> <p>Phone (Home): _____ (Bus): _____ (Cell): _____</p>
<p><b>ADDRESS / EMAIL</b></p> <p>Street: _____ City: _____ Postal Code: _____</p> <p>Parent/Guardian E-mail (at least ONE valid email is required): _____</p>
<p><b>EMERGENCY CONTACTS</b></p> <p>We require the names and phone numbers of <b>TWO</b> emergency contacts (other than the parents/guardians of the participant). These people must be available and within driving distance <b>AT ALL TIMES</b> during the applicable program dates. Do <b>NOT</b> indicate someone who has not agreed to this prior. <b>These people will also be added to the Authorized Pick-Up List.</b></p> <p>#1 -Complete Name: _____</p> <p>Relationship to participant: _____</p> <p>Phone (Home): _____ (Bus): _____ (Cell): _____</p> <p>#2 -Complete Name: _____</p> <p>Relationship to participant: _____</p> <p>Phone (Home): _____ (Bus): _____ (Cell): _____</p>
<p><b>SOCIAL WORKER INFORMATION (if applicable)</b></p> <p>Contact Name: _____ Phone (during the program): _____</p>

**PERSONAL SUPPORT WORKER (if applicable)**

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

**Please Note:** If you believe your participant requires a PSW, it is necessary to also submit a PSW application form. This can be printed off the website (link) by the PSW. Your participant's application will not be complete until **BOTH** this application and the PSW application have been received.

Will a PSW be accompanying the participant?  Yes No

Would you like to add your PSW to the authorized pick up list below?  Yes No

Name of PSW: \_\_\_\_\_ PSW Email: \_\_\_\_\_

**AUTHORIZED PICK UP LIST & PRIVACY INFORMATION**

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

Complete Name of person(s) authorized to pick up participant:

(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 participant?  Yes (Specify below) No

\_\_\_\_\_  
\_\_\_\_\_



## 2. PARTICIPANT INFORMATION

### Attach Recent Photo Here

To help us more easily identify your participant, please attach a recent photo of them below, or in an email to [svanvloten@eastersealsbcy.ca](mailto:svanvloten@eastersealsbcy.ca):

### MEDICAL HISTORY

*(Please outline participant’s medical history, including any medications they are on. Please note that it is up to participants and/or their guardians to store, label, and take their medications as appropriate. Program staff can carry meds during program hours but are not responsible for their use.)*

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

- Yes (Please attach specific guidelines or their emergency medical form to application)
- No

### COMMUNICATION

Does your participant communicate verbally?  Yes  No

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

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Does your participant have communication tools or devices they will bring to the program?

- Yes (If yes, please specify below)
- No

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**ALLERGIES**

Does your participant have anaphylactic reactions?  Yes (To \_\_\_\_\_) No

Does your participant carry an epipen?  Yes No

Describe reactions:

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Does your participant have any allergies?  Yes No

Please describe any allergies and reactions

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**MOBILITY**

Does your participant walk independently?  Yes No

Does your participant use a wheelchair?  Yes No

If yes, please specify:  Manual  Power Both

Can your participant operate their wheelchair independently?  Yes No

Please specify any assistance needed in wheelchair:

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Please list other equipment your participant uses (e.g. walker, braces, crutches, AFO's etc.):

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**PERSONAL CARE**

Does your participant have bowel control during the day?  Yes No

Does your participant have bladder control during the day?  Yes No

Does your participant wear attends/diapers/pull-ups during the day?  Yes No

Add any additional information about personal care. Attach additional sheets if necessary:

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**SHUNT**

Does the participant have a shunt?  Yes No

If yes, has the participant's shunt become blocked in the past?  Yes No

For what reasons?

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**BEHAVIOUR SUPPORT**

The following questions will help assist our staff in ensuring your participant has the best experience possible. 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 the participant being sent home\*\****

Does your participant interact well with:  Younger children  Peers  Older children  
 Adults

Check the types of behaviour that apply to your participant:

- Non-compliance       Self-harm       Physical aggression       Attention seeking
- Inappropriate language       Running away       Wandering       Sexual aggression
- Verbal aggression       Other (specify):

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

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Is your participant on a behaviour support program at home or school?

- Yes (Please attach a copy)
- No

Any additional information that would help our staff care for your participant:

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### 3. ACTIVITY SIGN-UP

Participants can register for as little as 1 day and as many days as they are eligible for, with full weeks of activities being encouraged.

<b>Week 1 (ages 13-18)</b> <i>Drop-off and pick-up location</i> Vancouver Easter Seals House, 3981 Oak Street	<b>Week 2 (ages 19-29 )</b> <i>Drop-off and pick-up location</i> Vancouver Easter Seals House, 3981 Oak Street	<b>Week 3 (ages 13-18 )</b> <i>Drop-off and pick-up location</i> North Van, Lonsdale Quay Market, 123 Carrie Cates Ct.	<b>Week 4 (ages 19-29 )</b> <i>Drop-off and pick-up location</i> Surrey, Park Place, 9908 King George Blvd #203
<u>Monday, July 1<sup>st</sup></u> Park Adventure	<u>Monday, July 8<sup>th</sup></u> Make Your Own Picnic	<u>Monday, July 15<sup>th</sup></u> Park Picnic	<u>Monday, July 22<sup>nd</sup></u> Mini Golf and Park Fun
<u>Tuesday, July 2<sup>nd</sup></u> Bowling Bash	<u>Tuesday, July 9<sup>th</sup></u> Bowling Bash	<u>Tuesday, July 16<sup>th</sup></u> Bowling Bash	<u>Tuesday, July 23<sup>rd</sup></u> Bowling Bash
<u>Wednesday, July 3<sup>rd</sup></u> Amazing Animals	<u>Wednesday, July 10<sup>th</sup></u> Market And Museum	<u>Wednesday, July 17<sup>th</sup></u> Amazing Animals	<u>Wednesday, July 24<sup>th</sup></u> Art Adventures
<u>Thursday, July 4<sup>th</sup></u> Art Adventures	<u>Thursday, July 11<sup>th</sup></u> Amazing Animals	<u>Thursday, July 18<sup>th</sup></u> Scavenger Hunt	<u>Thursday, July 25<sup>th</sup></u> Scavenger Hunt
<u>Friday, July 5<sup>th</sup></u> Friday Sports Day	<u>Friday, July 12<sup>th</sup></u> Friday Sports Day	<u>Friday, July 19<sup>th</sup></u> Friday Sports Day	<u>Friday, July 26<sup>th</sup></u> Friday Sports Day

**I want to register for the following dates (list as many or as few that apply):**

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Backup dates (in order of preference):

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## 4. CONSENT, LIABILITY AND WAIVER AGREEMENT

**The Participant 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 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 "Urban Activities Program" shall include all activities, services, and events in any way connected with or related to any of the program 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. I hereby **RELEASE AND DISCHARGE** THE BC LIONS SOCIETY, BRITISH COLUMBIA EASTER SEAL 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 IN THE BC EASTER SEALS URBAN ACTIVITIES PROGRAM, DUE TO ANY CAUSE WHATSOEVER, INCLUDING NEGLIGENCE ON THE PART OF THE RELEASEES. I do however wish my child to participate in the BC Easter Seals Urban Activities .Program, notwithstanding such potential risk.
3. 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 Urban Activity Program.
4. 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 in the BC Easter Seals Urban Activities Program.
5. 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 program administrated forms.
6. 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.
7. 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 office site or activity site immediately. If this occurs, I will be responsible for arranging for my Child's transportation from the site and the associated costs.

- 8. 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 Urban Activities Program 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.

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

**INFORMATION AND PHOTO WAIVER**

Initial

I consent that my participant’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 Urban Activities Program. To meet the needs of our participants 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 Urban Activities Program 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.

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Parent/Guardian Signature Date

First and Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_



## WE NEED YOUR HELP

**The application CANNOT be processed without this page being completed and returned**

All our 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 enjoy our programs.

We would like to ask you, the parent/caregiver, to make a contribution to help with this year's program 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 participant's acceptance is **not** contingent upon us receiving a donation.

### INFORMATION – For tax receipt purposes, please print all information

Participant Name: \_\_\_\_\_

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

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ H#: \_\_\_\_\_

Email: \_\_\_\_\_ Bus.#: \_\_\_\_\_ Cell#: \_\_\_\_\_

**Option #1** -  Yes, I am able to help offset the costs of the BC Easter Seals programs and services.

Please accept my donation of:

\$50  \$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 programs 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](mailto:info@eastersealsbcy.ca)



## MONTHLY DONOR

### Option 2—YES. I want to become a ‘Partner in Caring’ Monthly Donor:

For just \$0.99/day—\$30/month, you can provide art supplies, sports medals, transit passes, and more

For just \$1.64/day—\$50/month, you can provide a day of fun and skill-building activities to 40 participants

For just \$3.29/day—\$100/month, you can provide a full week of activities to 15+ participants

#### Please check your monthly donation amount

- \$30 (\$0.99/day)  
  \$50 (\$1.64/day)  
  \$100 (\$3.29/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 ensure the long-term viability of our programs and services.  
Thank you so much =)**



## PAYMENT INFO

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

Participant Name: \_\_\_\_\_

Days Attending: \_\_\_\_\_

Program Fee (\$50 x total days attending): \_\_\_\_\_

Payment method:

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

Visa       Mastercard       American Express

I have applied or am applying for autism funding

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CVV: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_