



RICHMOND CENTRE FOR DISABILITY

2010 Children & Youth Summer Camp

(July 5 – August 19, 2010)

Application Package

Please fill out the following package and return to the Richmond Centre for Disability at your earliest convenience. The application is on a first come first serve basis.

SECTION 1 – Participant & Family Information

Name of Participant: _____ Age: _____
(As at July 1, 2010)

Name of Parent/Guardian: _____

Relationship to Participants: Father Mother Others (please state) _____

Address: _____
City Province Postal Code

Telephone: (Home) _____ (Work) _____

Cell: _____ Fax: _____

Who is the primary caregiver of the child/youth at home? _____

Is this the first time applying for the Summer Camp?

Yes No (First joined year: _____)

If "Yes", you and your child will be asked to meet with the camp staff between *June 28th and July 2nd*, please indicate below the best time for the meeting:

| Date | Time |
|------|------|
| | |

(We will try our best to accommodate your request, as schedule permits. The purpose of meeting is to better understand the needs of your child; if you deem it necessary even your child had joined the camp before, please also check a time to indicate that.)

SECTION 2 – Personal Information of Participant

Date of Birth: _____

Sex: Male Female

Address: _____
(If different from Section 1) City Province Postal Code

Diagnosis of Condition: _____

Addition Information of Condition: (Provide attachment if necessary)

- Communication:
- Able to tell what he/she wants
 - Limited in telling what he/she wants
 - Unable to tell what he/she wants

Comment _____

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

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

SECTION 2 – Personal Information of Participant (continued)

Social Skills: High Average Low

Comment _____

Following Instructions: Able to follow instructions
 Difficulty in following instructions
 Unable to follow instructions

Comment _____

Behavioural Issues:

Flight Risk – Is there any precedent of the child/youth taking off by him/herself?

Yes No

Please describe if yes: _____

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

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

SECTION 2 – Personal Information of Participant (continued)

Degree of Independency in daily activities:

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

Additional Information for Assistance in Daily Activities: (Provide attachment if necessary)

Personal Preferences:

Like _____

Dislike _____

Fear _____

SECTION 3 – School Information

School: _____ Grade: _____
(As at September 2010)

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

SECTION 4 – Additional Information

Has the participant registered for the following?

| | | | |
|------------------------------|------------------------------|-----------------------------|---------|
| HandyDart Services | Yes <input type="checkbox"/> | No <input type="checkbox"/> | # _____ |
| City of Richmond Access Card | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Access 2 Entertainment Card | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |

Parent/Guardian's Expectations:

Signature of Parent/Guardian: _____ Date: _____

Forms to be returned for registration:

(Registration can only be processed when all forms, filled out in its entirety, and payment submitted)

- **Application Package*
- **Personal Health Form*
- *Photo Release Form*
- **Waiver Form*
- **Attendance & Payment Schedule*
- **Payment for Summer Camp*
- *Martial Arts Camp Form (if applicable)*

**Must be completed and signed or included*

FOR OFFICE USE ONLY:

Name of Participant: _____

Junior Camp

Youth Camp

Other Arrangement _____

Forms in File:

Application Package

Personal Health Form

Photo Release Form

Waiver Form

Attendance & Payment Schedule

Martial Arts Camp Form

Payment Received

Other Requests:

Medication Dispensing Request

Financial Assistance Request

Invoice Request

Invoice No. _____

Special Requests



2010 RCD Summer Camp - Personal Health Form

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

Participant Name: _____ Telephone: _____

Address: _____
City Province Postal Code

Contacts in an emergency (please provide two if possible):

1. Name: _____ Relationship: _____

Tel (H): _____ Tel (W): _____ Cell: _____

2. Name: _____ Relationship: _____

Tel (H): _____ Tel (W): _____ Cell: _____

Provincial Health Insurance Number (Care Card Number): _____

Family Doctor: _____ Telephone: _____

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

Does your child have any special instructions for staff regarding his/her health care/diet? (Continue at the back if necessary)

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

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

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

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

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

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

I hereby authorize the RCD staff/coordinator responsible for the Summer Camp to secure such medical advice and services as may be deemed necessary for the health and safety of my child. I agree to accept financial responsibility in excess of the benefits allowed by the RCD Insurance Plans.

Signature of Parent/Guardian: _____ Date: _____

THIS FORM IS VALID FROM JULY 6 TO AUGUST 19, 2010.



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Waiver and Consent Form

**This waiver and consent must be completed and returned to the RCD.
One waiver form per participant. Valid for the project period (July 5 – August 19, 2010).**

Name of Participant: _____

Home Phone Number: _____

Guardian Name: _____

Phone Number(s): _____

I hereby give my full approval and permission for my son/daughter to attend the 2010 RCD Children & Youth Summer camp, held at the any of the two locations in Richmond as stated in the package.

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

I agree to hold harmless all 2010 RCD Summer Camp staff and volunteers, and the RCD and the venue in-charge, and any parties hosting this event, including officers and directors, from any liability resulting from the participation of the named participant in the registered activity.

WAIVER/RELEASE

I agree and understand that the RCD and volunteers for this event ("organizers") and its officers, and directors are not responsible for any loss, damage, personal injury, and death suffered by me, or my child, out of, or in connection with participation in this program and/or any activity associated with this program, whatsoever and howsoever caused, including negligence on the part of the organizers. In consideration of my acceptance at the 2010 RCD Summer Camp, I agree on behalf of myself, my dependants, heirs, assigns and representatives to release, discharge and hold completely harmless organizers, it's owners, officers, and directors from any and all actions, claims, demands, liabilities, losses, damages, and expenses to my person or property, arising in relation to participation in this project.

Signature of Guardian

Date



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Photo Release Form

The undersigned hereby grants to the Richmond Centre for Disability permission to take or have taken, still and moving photographs and films, including television and video picture, of myself/son/daughter/ward,

_____ ,

and consent and authorize the Richmond Centre for Disability to use and reproduce the photographs, films and pictures, to circulate and publicize the same by all means including without limiting the generality of the foregoing, in newspapers, broadcast media, brochures, pamphlets, instructional materials and books.

With respect to the foregoing material, no inducements or promises have been made to the undersigned to secure signature to this release other than the intention of the Richmond Centre for Disability to use or allow use of such photographs, films or pictures for the primary purpose of promoting and aiding the Richmond Centre for Disability and its work.

Date: _____

Signature of Self/Parent/Guardian: _____

Name in Print or Type: _____



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Attendance & Payment Schedule

Name of Participant: _____

| | | | | |
|----------------------|----------------|--------------------------------|--------------------------|------|
| First Week: | July 5 – 8 | (East Richmond Community Hall) | <input type="checkbox"/> | \$80 |
| Second Week: | July 12 – 15 | (East Richmond Community Hall) | <input type="checkbox"/> | \$80 |
| Third Week: | July 19 – 22 | (East Richmond Community Hall) | <input type="checkbox"/> | \$80 |
| Fourth Week: | July 26 – 29 | (East Richmond Community Hall) | <input type="checkbox"/> | \$80 |
| Fifth Week: | August 3 – 5 | (East Richmond Community Hall) | <input type="checkbox"/> | \$60 |
| Sixth Week: | August 9 – 12 | (Martial Arts Camp) | <input type="checkbox"/> | \$80 |
| Seventh Week: | August 16 – 19 | (Martial Arts Camp) | <input type="checkbox"/> | \$80 |

Total Payment: _____

Payment Enclosed: Cash Cheque Visa Mastercard

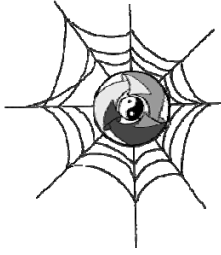
(Do Not Enclose Cash in Mail)

| |
|------------------------|
| Card Number: _____ |
| Expiry Date: _____ |
| Cardholder Name: _____ |

Office Use Only:

Payment method _____ Receipt Number _____

Payment received by _____ Date of payment received _____



SIROTA'S ALCHEMY

SUMMER CAMP APPLICATION FORM

(Please fill out this form if your child is registering for the Martial Arts Camp)

Name of Camp: 2010 RCD Summer Camp

Name of Participants: _____

Name of Parent/Guardian: _____

Tel: _____ Cell: _____

Emergency Contact: _____ Tel: _____

Address: _____

City: _____ Postal Code: _____

Allergies/Health Issues: Refer to RCD Health Form

I am registering my child in the Martial Arts Summer Camp conducted by Sirota's Alchemy Inc. I understand that this will be a hands-on camp involving interaction between group participants. Although great intentions have been placed on safety, injuries do occur. In event of an injury to my child on any levels, I and/or my representatives waive all rights to sue Sirota's Alchemy Inc., Master Michael Sirota, its staff, volunteers and all other against any and all legal actions arising out of my child's participation at the said summer camp. I am forever releasing Sirota's Alchemy Inc. against any and all claims arising from my child's participation at the martial arts event.

Signature of Parent/Guardian

Date

#160 – 5640 Hollybridge Way, Richmond, B.C., V7C 4N3
Tel: 604-244-8842 Fax: 604-244-8842 E-mail: sirota@taekwondocanada.ca