



**RICHMOND CENTRE FOR DISABILITY**  
**2018 Children & Youth Summer Camp**  
 (July 9 – August 10, 2018)

**Application Form**

**NOTE:** Please read carefully the “Application Guidelines and Refund Policy” before filling out the Summer Camp Application Form.

**SECTION 1 – Camper & Family Information**

Child’s Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 (As at July 1, 2018)

Parent/Guardian’s Name: \_\_\_\_\_

Relationship to Camper: Father  Mother  Others  (please state) \_\_\_\_\_

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

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

In case of emergency please provide two additional contacts who could pick up your child:

Name Phone (Most available day time number) Relationship to camper

Name Phone (Most available day time number) Relationship to camper

First time registration at RCD Summer Camp?  Yes  No

A 30-minute Parent-Child-Camp Staff meeting will be held on either July 3, 4 or 5 for new campers **ONLY**. The purpose is to better understand the needs of your child. The meeting is mandatory for acceptance into the summer camp for new campers. Please indicate below the best time for the meeting: (AM or PM, please specify time if possible)

	Tue. July 3	Wed. July 4	Thur. July 5
A.M.			
P.M.			

*(For special request, please call Ella at 604-232-2404 for arrangement; we will try our best to accommodate your request as schedule permits.)*

**SECTION 2 – Personal Information of Camper**

Child's Name to be addressed by camp staff: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: Male  Female

Camper's Primary Diagnosis: \_\_\_\_\_

Additional Information of Condition: (Provide separate medical report if available)

**COMMUNICATION**

- Able to tell what he/she wants       Limited in telling what he/she wants  
 Unable to tell what he/she wants       Has difficulty hearing or wears hearing aids

Comment: \_\_\_\_\_

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

---

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

**MOBILITY**

Camper can independently:

- Stand       Walk       Run       Climb stairs

Camper can exercise for \_\_\_\_\_ minutes/hours comfortably

Camper uses:

- Walker       Cane       Crutches       Others \_\_\_\_\_

- Wheelchair – Manual       Wheelchair – Power Chair

Assistance required, if any \_\_\_\_\_

**SECTION 2 – Personal Information of Camper (continued)**

**SELF CARE**

	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 and Preferences:

**BEHAVIOUR**

Camper works well:  In groups  On his/her own

Camper socializes:  Well  Average  Poorly

Camper follows instructions:

Most  Some  Almost none of the time

Needs encouragement to stay on task

Describe tools & techniques: \_\_\_\_\_

List things that upset your child:

**SECTION 2 – Personal Information of Camper (continued)**

Flight Risk: Camper has run away before  Yes  No  
Camper will wander away from activities  Yes  No

Please describe if yes:

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

Please list any calming techniques:

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

**PERSONAL ATTRIBUTES**

Like \_\_\_\_\_

Dislike \_\_\_\_\_

Fear \_\_\_\_\_

Strengths, Abilities & Talents

**SECTION 3 – School Information**

School: \_\_\_\_\_ Grade: \_\_\_\_\_  
(As at September 2018)

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

**SECTION 4 – Additional Information**

T-shirt Size **Child:** S  M  L  **Adult:** S  M  L

Has your child registered for the following?

Access 2 Entertainment Card Yes  No

- If your child has an IEP, Behaviour Plan, Psycho-Educational Assessment, etc., please provide copies with this application.
- If you would like, please provide a current picture of your camper with this application.

Parent/Guardian's Expectations:

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

***Forms to be returned for registration:***

*(Registration can only be processed when all the forms, filled out in its entirety, and camp fee payment have been submitted)*

- *Application Form*
- *Waiver/Release and Photo Consent Form*
- *Personal Health Form*
- *Attendance & Payment Schedule*
- *Payment for Summer Camp*



## **2018 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.

Child's Name: \_\_\_\_\_ Parent/Guardian's Name: \_\_\_\_\_

Contact Tel (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

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:

(Continue all additional info at the back if necessary)

Does your child have any special instructions for staff regarding his/her health care/diet?

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 undergoing treatment of which the staff should be aware of:

---

Will your child be bringing 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: Your child must be able to take the medications by themselves. The summer camp staff will not administer any medications to campers.

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

IN CASE OF MEDICDAL EMERGENCY, I understand every effort will be made to contact parents or guardians of campers. In the event I cannot be reached, I hereby give permission to 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 9 TO AUGUST 10, 2018.**



**RICHMOND CENTRE FOR DISABILITY**  
**2018 Children & Youth Summer Camp**  
(July 9 – August 10, 2018)  
**Waiver/Release & Photo Consent Form**

**This Waiver & Release Form must be completed and returned to the RCD**  
**One waiver form per participant. Valid for the Summer Camp period (July 9 – August 10, 2018)**

I hereby give my full approval and permission for my son/daughter, \_\_\_\_\_, to attend the 2018 RCD Children & Youth Summer camp, held at the Garratt Wellness Centre in Richmond.

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 summer camp.

**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 2018 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 Parent/Guardian

Date

**RCD thank you for giving photo consent; it is important to promote our work!**

During camp activities, still and moving photos and films are sometimes taken. They may be used in publicity for the camp, such as newspaper and magazine coverage, or they may be featured in our camp brochure or on our camp website. Not all children are photographed, and of those who are photographed, not all are necessarily featured in print or online. Campers' names will never be included with any pictures.

**PHOTO CONSENT**

My child named above may be photographed during camp activities and I give permission to RCD to use those photographs in publicity, on RCD website, in the camp brochure, other advertising, and/or news articles, for the primary purpose of promoting and aiding the RCD and its work.

---

Signature of Parent/Guardian

Date



**RICHMOND CENTRE FOR DISABILITY**  
**2018 Children & Youth Summer Camp**  
 (July 9 – August 10, 2018)

**Attendance & Payment Schedule**

Child's Name: \_\_\_\_\_

**Camp Schedule: 9:30am – 3:00pm, Monday to Friday**

	<b>1-week Rate</b>	<b>2-week or more Rate</b>
<b>Week 1:</b> July 9 – 13	<input type="checkbox"/> \$250	<input type="checkbox"/> \$200
<b>Week 2:</b> July 16 – 20	<input type="checkbox"/> \$250	<input type="checkbox"/> \$200
<b>Week 3:</b> July 23 – 27	<input type="checkbox"/> \$250	<input type="checkbox"/> \$200
<b>Week 4:</b> July 30 – August 3	<input type="checkbox"/> \$250	<input type="checkbox"/> \$200
<b>Week 5:</b> August 7 – 10	<input type="checkbox"/> \$200	<input type="checkbox"/> \$160
	_____	_____
<b>Total Payment:</b>	<u><u>\$250 / \$200</u></u>	<u><u>\$</u></u>

Payment Enclosed:  Cash     Cheque     Visa     Mastercard     Debit Card

(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 \_\_\_\_\_