



## Camper Application - 2020

**Camp:** Youth Week (ages 8-20)  
**Dates:** Sunday, July 26 (1:00pm) – Friday, July 31 (11:00 am)  
**Fee:** \$440.00

The Camp Committee will determine the suitable week for an applicant, based on his/her abilities, volunteer availability, and Camp dynamics.

How many years have you been going to camp?

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### A. PERSONAL INFORMATION

Name:

Mailing Address:

City:

Province:

Postal Code:

Phone Number:

Gender:

M

F

D.O.B. (mm/dd/yy):

Best Email address for future contact information:

Diagnosed Disability:

Name of Residential Home Provider (if applicable):

(e.g. Rehoboth, Robin Hood, Supported, Private, etc.)

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### B. EMERGENCY INFORMATION

It is vital the Camp Director can reach someone at one of the emergency phone numbers during the week of camp. Persons listed below **must** be available during the week of camp the applicant attends.

#### **Primary Contact**

Name:

Relationship:

Phone Number:

Alternate Number:

#### **Alternate Contact (if primary is unavailable)**

Name:

Relationship:

Phone Number:

Alternate Number:

#### **Applicant's Doctor Contact**

Physician's Name:

Phone:

Alberta Health Care or AISH Number:

Other coverage:

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**C. PHYSICAL CARE NEEDS**

Please indicate the degree of personal care required by the applicant for each of following functions: (e.g. verbal prompts, independent, assistance required, etc.)

**Activities of Daily Living**

Drinking:	Eating:		
Hair:	Teeth:		
Dressing:	Toileting:		
Washing/Bathing:	Menstrual Care:		
The usual form of bathing is by shower. Would the applicant do better in a bath?		Yes	No
Usual rising time:	Usual bed time:		
Bedtime routine:			
Other information regarding personal care?			

**Communication**

What method does the applicant use to communicate?

	Verbal	Written	Gestures	Sign Language	Word board/book	Other
Does the applicate read?	Yes	No	If Yes, how well?			
Does the applicant write?	Yes	No	If Yes, how well?			

**If the applicant requires aids to communicate, make sure they are sent with him/her. If he/she uses sign on a limited basis, state what common signs are used.**

**Mobility**

To what extent does the applicant require assistance to move from A to B, including indoors/outdoors?

Independent – does not require assistance

Independent with help	Wheelchair	Walker	Other
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Semi-independent – requires wheelchair for distances only

Semi-independent – requires supervision and/or some assistance

Dependent – requires pushing of wheelchair or full support of walker

Additional comments?

**Bladder and Bowel Control (please specify bladder, bowel or both)**

Full – has control and is able to go to washroom or request assistance when necessary.

Partial – has occasional accidents

Incontinent	No control at night	No control at any time
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**D. DIETARY NEEDS**

To what extent does the applicant require special consideration to food/diet needs? If the applicant has a food sensitivity, please state how it is managed (avoidance, medication).

**E. MENTAL HEALTH/ EMOTIONAL CARE NEEDS**

Behaviour Traits (e.g. violent reactions, good natured, attention seeking, mock illness symptoms) Explain in detail:

Specify your recommended method of dealing with any identified behaviour problems:

**F. GENERAL INFORMATION**

Activities enjoyed:

Activities of no interest:

Limitation (physical or other)

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This application is true and correct, and I believe this applicant is suited to attend Camp Rehoboth.

Dated this \_\_\_\_\_ of \_\_\_\_\_, 20\_\_

Parent / Caregiver or Legal Guardian

\_\_\_\_\_ *Print name*

\_\_\_\_\_ *Signature*

\_\_\_\_\_ *Relationship to applicant*

\_\_\_\_\_ *Contact phone number*

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Additional comments and/or concerns: