



Received on _____

Alberta Aphasia Camp 2019

Application Form for Family/Friends of a Person with Aphasia

Thank you for your interest in **Alberta Aphasia Camp 2019!**
Campers can attend with 1 - 2 family members and/or friends

Date: September 13 – 15, 2019

Contact: Andrea Ruelling, SLP
Alberta Aphasia Camp Director
ruelling@ualberta.ca / 780-492-1549 (daytime phone)

Cost: \$125.00 (early bird discount: before June 28, 2019)
\$175.00 (until July 26, 2019)

Process: **Applications** will only be accepted until **July 26, 2019**
Applicants will be sent **confirmation/info package** by the **end of August**

Location: **Gull Lake Centre** (near Lacombe, Alberta)

CAMPER INFORMATION & CURRENT MAILING ADDRESS

Last Name:	First Name:	
Address:	City:	Postal Code:
Telephone #:	Email Address:	
Date of Birth:	Gender:	
Emergency Contact Person's Name:	Emergency Contact Person's Phone #:	

Have **you attended** an Aphasia Camp **before**?

yes ✓ no ✗ The most recent year you attended?: _____

Name of **camper with Aphasia** you'll be attending with _____

What is your **relationship** to the camper with Aphasia? _____

If new to camp, how did you hear about camp?

HEALTH INFORMATION

Personal Health Number (PHN): _____

Do you have any **medical conditions** that you would like staff to be made aware of?
If **yes**, please **list/describe**:

Allergies: yes ✓ no ✗

If **yes**, please **list** allergies:

Do **you use** an **EpiPen®**? yes ✓ no ✗
If **yes**, please **bring** to camp

Do you require a **special diet**: yes ✓ no ✗

<input type="checkbox"/> diabetic	<input type="checkbox"/> vegetarian	<input type="checkbox"/> vegan
<input type="checkbox"/> gluten free	<input type="checkbox"/> low salt	<input type="checkbox"/> dairy free
<input type="checkbox"/> other diet:		

SLEEPING ACCOMMODATIONS

Some **accommodations** are **shared** and others are **private**. Would you be willing to sleep in either? **yes** ✓ **no** ✗

Please indicate your preference (will try to accommodate): shared private

Accommodations are **bunk bed style**. Please select the types of bed you could sleep in:

bottom bunk top bunk either

To increase the number of bottom bunks we have, we take some top bunks off and place them on the ground. These beds will have side rails. Are you able climb over rails?

yes ✓ **no** ✗

Some cabins have stairs to access the beds. **Are you able to** climb stairs safely **without assistance**? **yes** ✓ **no** ✗

ACTIVITIES THAT INTEREST YOU

Please **check all** the activities that **interest you** so we have an idea of how often to offer an activity and how many spots to make available (you will **sign-up for activities on Friday** at camp)



Yoga



Indoor games /
Puzzles



Meditation /
Relaxation



Archery



Hiking/Walking



Indoor gym/sports



Canoeing/Kayaking



Concert



Drum circle



Arts & Crafts



Low ropes/Climbing



Outdoor games



iPad / tablet apps

Please list other activities you'd like to see at camp this year:

RELEASE OF LIABILITY – ALBERTA APHASIA CAMP RELEASE FORM

Inherent Risks

I, the undersigned, do hereby acknowledge that the Alberta Aphasia Camp is a completely **voluntary overnight weekend program** designed to provide outreach, support, and social interaction for anyone interested in or affected by Aphasia. I understand that Alberta Aphasia Camp and its partners, the University of Alberta and March of Dimes Canada, will not be monitoring, evaluating, or providing medical attention of health care needs support. Alberta Aphasia Camp and its partners, the University of Alberta and March of Dimes Canada, are in no position to provide on-site care, nor is camp participation a substitute for participants' regular medical and health care needs. My well-being and safety is my responsibility throughout the course of the camp weekend experience.

Each **camp activity carries inherent risks for campers**. These risks may include, but are not limited to, contact during sports (with another person, equipment or property), group separation, slips, falls, burns, transportation accidents, and other incidents. Inherent risks may lead to injury or illness including, but not limited to, injuries, illnesses, bodily injury, burns, insect bites, allergic reactions, head and back injury, or death.

Assumption of Risks

I have read the inherent risks and will participate in the activities of the camp. I accept that there are inherent risks involved in camp activities and agree to accept those risks. I will seek and receive explanation from the camp of any activities I have concerns with or need clarification.

Waiver/Release of Liability

In consideration of the camp activities, I agree that the Alberta Aphasia Camp, the University of Alberta and March of Dimes Canada, and their employees, volunteers, students or directors **shall not be held liable** for any injuries or damages which may arise out of the course of normal camp activities, including accident and inadvertence.

Agreement to Conditions

- This form must be completed in full
- If you are sending this form in electronically (i.e., via email), this section can be signed first night of camp upon your arrival. Camp staff will act as your witness.
- The camp fee must be submitted with this form

- Camp fees include accommodation, 3 meals a day and snacks, and all activities while at camp. Camp fee does not include transportation. It is the responsibility of the camper to provide their own transportation to and from camp. Carpooling may be facilitated
- Campers requiring any form of assistance (i.e., for purposes of self-care, safety, mobility, behaviour, etc.) must be accompanied by a family/friend/attendant. All campers participating without a family/friend/attendant must be independent in all aspects of their care
- Campers are responsible for bringing all necessary items for their stay at the camp. A packing list will be provided at the end of August
- Smoking at camp is prohibited except in designated outdoor areas. Alcohol use is not permitted in any area of the camp

Acknowledgement

I have reviewed and completed the Alberta Aphasia Camp camper application. I understand and agree to the camp Release of Liability, and Agreement to Conditions.

Signature of Attendee *(if you are filling in the application form digitally and emailing it in, we will get this signature when you arrive at camp)*

Print Name of Attendee

Date

Signature of Witness *(if you are filling in the application form digitally and emailing it in, we will get this signature when you arrive at camp)*

Print Name of Witness

Date

(If applicable) Signature of Committee or Guardian

(If applicable) Print Name of Committee or Guardian

Date

Personal Information PRIVACY STATEMENT for Aphasia Camp

There are laws and regulations that require us to collect personal information in connection with the Alberta Aphasia Camp.

Alberta Aphasia Camp, March of Dimes Canada and the University of Alberta collect and use your personal information for the following purposes;

- i) Processing your application
- ii) Contacting you about your application
- iii) Getting your feedback about Aphasia camp
- iv) Providing you information about March of Dimes Canada
- v) Providing you information about programs related to Aphasia

We will not use your personal information for any purposes other than those listed above.

The personal information collected about you includes

- Information in your application
- Additional or updated information which we may collect from you in the future.

Signature of Attendee *(if you are filling in the application form digitally and emailing it in, we will get this signature when you arrive at camp)*

Print Name of Attendee

Date

Signature of Witness *(if you are filling in the application form digitally and emailing it in, we will get this signature when you arrive at camp)*

Print Name of Witness

Date

(If applicable) Signature of Committee or Guardian

(If applicable) Print Name of Committee or Guardian

Date

AUTHORIZATION FOR PUBLICITY RELEASE FORM

During your stay at Alberta Aphasia Camp, your **photograph, video or audiovisual may be taken** by employees/agents or authorized media (newspapers/radio/tv) to make, use, edit, and publish photographs, videotapes, or other audiovisual records of you for the intended purpose or publicity or public relations or educational purposes

I, _____, give permission to the Alberta Aphasia Camp, University of Alberta (2-70 Corbett Hall, Edmonton, Alberta) and the March of Dimes Canada (legally known as Rehabilitation Foundation for the Disabled) to include me in:

PHOTOGRAPHS: Yes No

VIDEOTAPING: Yes No

I understand that my **picture** and/or my **name** may be used to:

- Improve **public awareness** about Aphasia, Alberta Aphasia Camp, University of Alberta clinic, and March of Dimes Canada via radio, TV, newspaper, brochures, social media, etc.
- Help with **fundraising** campaigns or marketing for the Alberta Aphasia Camp;
- **Teaching** staff, volunteers, students and other interested persons about aphasia.

I understand that my consent is **voluntary** and will not affect my ability to attend camp. I allow the use of my:

FIRST NAME _____ Yes No
(print first name)

LAST NAME _____ Yes No
(print last name)

Signature _____ Date: _____
(if you are filling in the application form digitally and emailing it in, we will get this signature when you arrive at camp)

Witness _____ Date: _____
(if you are filling in the application form digitally and emailing it in, we will get this signature when you arrive at camp)

PAYMENT (all payments will be processed *one – two weeks before* camp)

Cost: **\$125.00 per person** (early bird rate if received **by June 28, 2019**)
 \$175.00 per person (if received **by July 26, 2019**)

Cheque: Please **enclose cheques** (payable to *March of Dimes Canada*). Cheques will only be deposited **two weeks prior** to camp.

Credit Card: If paying by credit card a staff from March of Dimes Canada will call you to discuss payment **two weeks prior** to camp. Do not include credit card information on the application.

Cancellation: Camp is refundable, less a \$30 administrative fee, until two weeks prior to camp (August 30, 2019). After this date the camp fee is only refundable if we are able to fill your spot.

Mail, Fax or Email your application to:

Alberta Aphasia Camp
c/o Andrea Ruelling
8205 – 114th Street
2-70 Corbett Hall
University of Alberta
Edmonton, Alberta
T6G 2G4

Email: ruelling@ualberta.ca

Fax #: 780-492-9333

****Do not contact or send application forms to Gull Lake Centre****

PLEASE KEEP THIS PAGE FOR YOUR OWN RECORDS;

What: Alberta Aphasia Camp September 13 – 15, 2019

Where: Gull Lake Centre

When:

- Arrive on Friday, September 13, 2019 @ 7:00 PM
- Depart on Sunday, September 15, 2019 @ 2:00 PM

**** You are responsible for your own transportation to and from camp ****

Please note:

A **confirmation letter/info package is sent** to all applicants by **end of August**.
This will include: a packing list, weekend schedule and map/directions to camp.

Payment will be processed **two weeks prior** to camp.

- If you have paid with cheque, it will be deposited at this point.
- If you would like to pay by credit card, a March of Dimes Canada representative will call you at this point.

Cancellation policy: Camp is refundable, less a \$30 administrative fee, until two weeks prior to camp (August 30, 2019). After this date the camp fee is only refundable if we are able to fill your spot.

Questions?

Check out our website, past videos and FAQs listed at uab.ca/AphasiaCamp

Contact Andrea Ruelling, SLP, Alberta Aphasia Camp Director
ruelling@ualberta.ca / Phone #: 780-492-1549

