



SEA TO SKY APHASIA CAMP 2019  
APPLICATION FORM FOR FAMILY/FRIENDS

Thank you for your interest in Aphasia Camp 2019!

**Date:** September 20-22, 2019

Please join us for our **10-year Aphasia Camp Anniversary**, to be celebrated at **Zajac Ranch, Mission, BC!**

Please take time to **read over** the following **notes** to orient you to **camp** this **year**:

1. Zajac Ranch provides **dorm-style accommodation**. There will be **6 –8 people per room**, sleeping on lower bunks. Please **bring** your own **bedding** and **pillows**. The camp does not provide these items.
2. The ranch is **physically accessible**, and it is a **big** and beautiful site. Please bring a **flashlight** for the **evenings**.
3. There is **no laundry facilities** on site. Please **pack accordingly**.
4. There is a **resort-style accessible swimming pool**. We **encourage** all **campers** to **bring bathing suits, pool shoes** and **towels**
5. **Washrooms** and **showers** are **accessible**. Common areas are **shared** by **men** and **women**. **Toilets** and **showers** are in **individual cubicles**.
6. Smoking is prohibited except in designated outdoor areas.
7. Camp **check-in commences** at **4:00PM**. Please do not arrive any earlier than 2:00PM. Camp **departure** on Sunday is at **2:00PM**.
8. We will be in touch after **August 5** to confirm registrations.

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For **questions** about **camp**, please **contact**:

School of Audiology and Speech Sciences

Eavan Sinden

[aphasiacamp@audiospeech.ubc.ca](mailto:aphasiacamp@audiospeech.ubc.ca)

For **questions** about the **registration process**, please **contact**:

March of Dimes

Yi Chu

[ychu@marchofdimes.ca](mailto:ychu@marchofdimes.ca)

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**Ready to apply?**  
**Fill in the following information.**

**Submit by July 19, 2019 to receive the early bird discount**

<b>PARTICIPANT INFORMATION</b>		
Have <b>you attended</b> Aphasia Camp <b>before?</b>		
<input type="checkbox"/> yes ✓	<input type="checkbox"/> no ✗	Year:
<b>CONTACT INFORMATION</b>		
Last Name:	First Name:	
Address:	City:	Postal Code:
Telephone No.:	Email Address:	
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Emergency Contact Name:	Contact Person's Phone No.:	
Relationship with Person with Aphasia:		
<input type="checkbox"/> Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Family/friend <input type="checkbox"/> Carer		



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<b>-HOBBIES &amp; INTERESTS:</b>

<b>MENU</b>			
<b>Special Diet</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
Diabetic <input type="checkbox"/>	Vegetarian <input type="checkbox"/>	Vegan <input type="checkbox"/>	Gluten Free <input type="checkbox"/>
Dairy Free <input type="checkbox"/>	Other:		
<b>Allergies</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please list:			
<b>EpiPen</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			

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### TRANSPORTATION

Do you have **your own transport to and from the Sea to Sky Aphasia Camp?**

Yes  No

If you answered **no** above,

A **private bus** will be **organized** to Zajac Ranch for an additional cost of \$50.  
Stops will be determined based on registrations.

**Do you require this service?**

Yes  No

If **yes**, please include a separate cheque to “UBC” for the amount of \$50.

### LOOKING AHEAD TO CAMP 2019

**I am attending this camp:**

1. To **meet new people**, who are also living **with aphasia**

2. To **find support** for living with aphasia from **peers**

3. To **learn** more about **aphasia**

4. To **participate** in recreational **activities**

5. To **learn communication strategies**

6. To **educate healthcare students** about living with **aphasia**

7. To **spend time** with my **spouse/partner/friend**

**Other?** Please describe:

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<b>Please tick the family/friend (partner) specific opportunities you would be interested in attending at camp:</b>	
1. Partners' Breakfast	<input type="checkbox"/>
2. Communication Partner Training (learning strategies to communicate together more effectively)	<input type="checkbox"/>
3. Creating family/friend online network for training and support	<input type="checkbox"/>

<b>Are there any other activities that you would like to be included over the weekend? Please list:</b>

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### **RELEASE OF LIABILITY Inherent Risks**

I, the undersigned, do hereby acknowledge that the Sea to Sky 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 Sea to Sky Aphasia Camp and its partners The University of British Columbia, March of Dimes Canada, and Douglas College will not be monitoring, evaluation, or providing medical attention of health care needs support. Sea to Sky Aphasia Camp and its partners The University of British Columbia, March of Dimes Canada, and Douglas College 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 (provided or carpooling), and other incidents. Inherent risks may lead to injury or illness including, but not limited to, injuries, illnesses, bodily injury, burns, insect bites, 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 Sea to Sky Aphasia Camp, the University of British Columbia, March of Dimes Canada, and Douglas College, 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.

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## AGREEMENT TO CONDITIONS

- This form must be completed in full
- The camp fee must be submitted with this form (if not already sent)
- Camp fees include accommodation, 3 meals a day and snacks, and all activities while at camp (transportation to/from camp is not included)
- Campers requiring any form of assistance (i.e., for purposes of self-care, safety, mobility, behaviour, etc.) must be accompanied by an attendant. All campers participating without an attendant must be independent in all aspects of their care
- Campers are responsible for bringing all necessary items for their stay at the camp
- Smoking is prohibited except in designated outdoor areas. Alcohol use is not permitted in any area of the camp
- During your stay at Sea to Sky Aphasia Camp, your photograph, video or audiovisual may be taken by employees/agents or authorized media (newspapers/radio/television) 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
- Sea to Sky Aphasia Camp does not provide private transportation options to and from the aphasia camp.

## ACKNOWLEDGEMENT

I have reviewed the SEA TO SKY APHASIA CAMP camper information/registration package. I understand and agree to the camp Release of Liability, and Agreement to Conditions

Signature of Attendee	Date:
Print Name of Attendee	



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### PAYMENT

Please **enclose cheques** with this application.

Please make **cheques payable to “UBC”**

Application will only be **processed** when **payment is received**

Cost:

- **\$225.00 per person (Early Bird Rate if received before July 19<sup>th</sup>, 2019)**
- **\$250.00 per person (if received after July 19, 2019)**
- **\$50 for private bus**

### DONATIONS – CAMPBELL-PURVES APHASIA EDUCATION FUND

**Camp fees** can be a **burden** for some of our campers.

Please **check here**  if you would like to make a **donation** to the which helps **subsidize camperships**

Make cheques payable to: **“Campbell-Purves Aphasia Education Fund”** and include with application

### CANCELLATION:

Camp fee is refundable, less a \$30 administration fee until August 23, 2019. After August 23, 2019, the camp fee is only refundable if we are able to fill your spot. If you need to cancel contact: Yi Chu at [ychu@marchofdimes.ca](mailto:ychu@marchofdimes.ca)

Send your application and payment to:

March of Dimes Canada  
301-1212 West Broadway  
Vancouver, BC V6H 3V1

Please note that submitting an application **does not** guarantee acceptance. Sea to Sky Aphasia Camp sold out in 2018. The 2019 camp offers 30 spaces. Register early to avoid disappointment.

Submitting application does not guarantee acceptance.

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