



SEA TO SKY APHASIA CAMP 2019

Application Form for Person with Aphasia

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 are **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**.

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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. **Personal Needs:** If you **require assistance** with **personal care**, including toileting and bathing assistance, taking medications and/or behavioural management, you **must bring someone to manage** your **care needs**.
Note: this person must complete a **Family/Friend Registration Form**, and pay the registration fee.
8. Camp **check-in commences** at **4:00PM**. Please do not arrive any earlier than 2:00PM. Camp **departure** on Sunday is at **2:00PM**.
9. We will be in touch after **August 5** to confirm registrations.

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

School of Audiology and Speech Sciences

Eavan Sinden

aphasiacamp@audiospeech.ubc.ca

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

March of Dimes

Yi Chu

ychu@marchofdimes.ca

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<p style="text-align: center;">Ready to apply? Fill in the following information.</p> <p>NOTE: If you are a family member/friend wishing to attend camp, please complete the Family/Friend Registration Form</p> <p style="text-align: center;">Submit by July 19, 2019 to receive the early bird discount</p>

PARTICIPANT INFORMATION		
Have you attended Aphasia Camp before ?		
<input type="checkbox"/> yes ✓	<input type="checkbox"/> no ✗	Year:
If no, you must provide written confirmation of a diagnosis of Aphasia from a speech language pathologist or neuropsychologist.		
Written confirmation included?		
<input type="checkbox"/> yes ✓	<input type="checkbox"/> no ✗	

Please note: This **camp** and its programs have been specifically **designed for People with Aphasia** and their **family/friends**.

Applications from clients with **cognitive communication** and/or **motor speech disorders** as their **primary diagnosis** cannot be approved.

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CONTACT INFORMATION		
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.:	
Date of Stroke:	Profession (Pre-stroke):	
Family/Important Relationships:		
Hobbies & Interests:		

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COMMUNICATION			
	No difficulty	Some difficulty	A lot of difficulty
Talking 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WHAT HELPS YOU TO COMMUNICATE? (Please check <input checked="" type="checkbox"/> all that apply)			
Keywords <i>Boat</i>	Writing/Drawing 	Communication Book 	Communication Device 
iPad or device 	Camera 	Speak slowly/Quiet 	Extra Time 
Pictures/Maps 	Pointing/Gesture 	Choices 	Family/Friends 

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HEALTH INFORMATION (Please check <input checked="" type="checkbox"/> all that apply)		
Stroke <input type="checkbox"/>	Brain Injury <input type="checkbox"/>	Seizures <input type="checkbox"/>
Difficulty swallowing <input type="checkbox"/>	Difficulty Seeing <input type="checkbox"/> Glasses?	Difficulty Hearing <input type="checkbox"/> Hearing Aid ?
Headaches <input type="checkbox"/>	Pregnant <input type="checkbox"/>	Diabetes <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2

Other medical information (Please list):

Medications (or attach list):

Do you **need help taking your medications?** Yes No

If yes, you will need to have a family member/friend/carer to help you manage.

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Further Information:

EATING			
	No difficulty	Some difficulty	A lot of difficulty
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special Diet <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"/>	Thickened liquids <input type="checkbox"/>	Other:	
Allergies <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please list:			
EpiPen <input type="checkbox"/> Yes <input type="checkbox"/> No			

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MOBILITY			
I use a (please check <input checked="" type="checkbox"/> all that apply)	Cane <input type="checkbox"/>	Walker <input type="checkbox"/>	Wheelchair <input type="checkbox"/>
			

Please indicate **how much help** you need with the following:

	No help	Some help	A lot of help
Showering/Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifting/Transferring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE NOTE:

If you have indicated that you need **some help** or **a lot of help**, you must **bring a family member/friend/carer to manage your care needs.**

This person **must complete** a family/friends **registration form** which can be found online at www.seatoskyaphasiacamp.com

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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	<input type="checkbox"/>
2. To find support for living with aphasia from peers	<input type="checkbox"/>
3. To learn more about aphasia	<input type="checkbox"/>
4. To participate in recreational activities	<input type="checkbox"/>
5. To practice communication	<input type="checkbox"/>
6. To educate healthcare students about living with aphasia	<input type="checkbox"/>
7. To spend time with my spouse/partner/friend	<input type="checkbox"/>

Other? Please describe:

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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 (fees for transportation to/from camp are an additional payment)
- 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	
Signature of Committee or Guardian (if applicable)	Date:

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Print name of Committee or Guardian (if applicable)

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 19th, 2019)**
- **\$250.00 per person (if received after July 19, 2019)**
- **\$50 for private bus**

SUBSIDY

Please **check here** if you wish to **apply** for a **camp subsidy**.

If applying, please **attach** the most recently available:

- **2 years’ Notices of Assessment (“NOA”)** issued by Canada Revenue Agency for the two (2) highest earners in the camper’s household,
OR
- **2 years’ Proof of Income (Option “C” Print) (“POI”)** issued by Canada Revenue Agency for the two (2) highest earners in the camper’s household.

Subsidies are limited and there is no guarantee of acceptance.

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



a place of mind



DOUGLAS COLLEGE
Therapeutic Recreation



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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

Send your application and payment to:

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

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