

Thank you for your interest in Manitoba Aphasia Camp 2019!

**Date:** Day Camps **September 7** and **8**, 2019  
**\$65/Day** (includes program activities, meals and transportation - central pick-up and drop-off points)

**Contact:** March of Dimes  
Anupam Sharma  
[asharma@marchofdimes.ca](mailto:asharma@marchofdimes.ca)  
204-430-6453

**Application:** Please fill in the application form.  
Submit by Friday, August 16, 2019. Spaces are limited.

### PARTICIPANT INFORMATION

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

yes ✓  no ✗ year: \_\_\_\_\_

**If no**, please provide a **letter or report** from a speech-language pathologist or neurologist stating your communication diagnosis.

Letter or report included?

yes ✓  no ✗

I will attend September 7

yes ✓  no ✗

I will attend September 8

yes ✓  no ✗

I will attend both, September 7 and September 8

yes ✓  no ✗

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





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








**Personal Needs:**





If you need help with personal care, including toileting and bathing, taking medications or behavioral management, you must bring someone to manage your care needs.

**Note:** this person must complete an application form for Family/Friends of a camper with Aphasia and, pay the registration fee.

CONTACT INFORMATION		
Last Name:	First Name:	
Address:	City:	Postal Code:
Telephone No.:	Email Address:	
Date of Birth:		
Emergency Contact Name:	Emergency Contact Phone No.:	
Date of Stroke/Illness:	Occupation/Work (Pre-stroke/Illness):	
Family/Important Relationships:		
Hobbies & Interests:		

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"/>
COMMUNICATION			
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 all that apply)			
Keywords  <i>Boat</i>	Writing/Drawing 	Communication 	Communication Device 
iPad or tablet 	Camera 	Speak slowly/Quiet 	Extra Time 

<p>Pictures/Maps</p> 	<p>Pointing/Gesture</p> 	<p>Choices</p> 	<p>Family/Friends</p> 
<b>HEALTH INFORMATION (Please check all that apply)</b>			
<p>Stroke <input type="checkbox"/></p>	<p>Brain Injury <input type="checkbox"/></p>	<p>Seizures <input type="checkbox"/></p>	
<p>Difficulty swallowing <input type="checkbox"/></p>	<p>Difficulty Hearing <input type="checkbox"/> Hearing Aid</p>	<p>Difficulty Seeing <input type="checkbox"/> Glasses</p>	
<p>Headaches <input type="checkbox"/></p>	<p>Diabetes <input type="checkbox"/> <input type="checkbox"/>Type 1   <input type="checkbox"/>Type 2</p>	<p>Pregnant <input type="checkbox"/></p>	
<p>Other medical information (Please list):</p>			
<p>Medications (or attach list): Do you <b>need help taking</b> your <b>medications</b>? <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p><b>If yes, you will need to have a family member/friend/caregiver to help you manage.</b></p>			

Further Information:

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

**EpiPen**

Yes  No

**MOBILITY**

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

	No help	Some help	A lot of help
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"/>

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

This person **must complete** a family/friends **application form** which can be found online at [www.marchofdimes.ca](http://www.marchofdimes.ca)

**TRANSPORTATION**

**Manitoba Aphasia Camp provides a bus from a location in North Winnipeg. People can also come in their own vehicles. The price is the same if you take the bus or use your own vehicle.**

**Will you have a car at the camp?**

yes ✓     no ✗

**LOOKING AHEAD TO CAMP 2019**

Please mark all that apply. I am attending this camp to:

1. <b>Meet new people</b> , who are also living <b>with aphasia</b>	<input type="checkbox"/>
2. <b>See camp friends</b>	<input type="checkbox"/>
3. Have a <b>vacation</b>	<input type="checkbox"/>
4. <b>Try something new</b>	<input type="checkbox"/>
5. Find <b>peer support</b> for people with aphasia	<input type="checkbox"/>
6. <b>Participate</b> in recreational <b>activities</b>	<input type="checkbox"/>
7. <b>Find support</b> from <b>health professionals</b> for people with aphasia	<input type="checkbox"/>
8. <b>Practice communication</b>	<input type="checkbox"/>
9. Help <b>educate students</b> about people living with <b>aphasia</b>	<input type="checkbox"/>
10. <b>Spend time</b> with my <b>spouse/partner/friend</b>	<input type="checkbox"/>

**Other:** Please describe:

List any **activities** you would like to do at the Camp:

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

I understand that the Manitoba Aphasia Camp is a completely voluntary day program designed to provide outreach, support, and social interaction for anyone interested in or affected by Aphasia. I understand that Manitoba Aphasia Camp and its partners (March of Dimes Canada, Hello SpeechWorks and Camp Massad) will not be monitoring, evaluating, or providing medical attention and health care needs/support for the participant at the camp. Manitoba Aphasia Camp (its partners March of Dimes Canada, Hello SpeechWorks and Camp Massad) are in no position to provide on-site care, nor is camp participation a substitute for regular medical and health care needs of the participant. My well-being and safety are my responsibility throughout the course of the camp 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 as best I can 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.



In consideration of the camp activities, I agree that the Manitoba Aphasia Camp (its partners, March of Dimes Canada, Hello SpeechWorks and Camp Massad), 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
- The camp fee must be submitted with this form (if not already sent)
- Camp fees include transportation (central pick-up and drop-off point), meals and snacks, and all activities while at camp
- Campers requiring any form of assistance (i.e., for purposes of self-care, safety, mobility, behavior, 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 day camp.
- Smoking is prohibited except in designated outdoor areas. Alcohol use is not permitted in any area of the camp
- During your time at Manitoba Aphasia Camp 2019, 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
- Manitoba Aphasia Camp does not provide private transportation options to and from the aphasia camp. Central pick-up and drop-off points are provided.

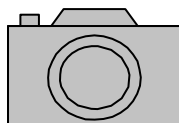
**ACKNOWLEDGEMENT**

I have reviewed the MANITOBA 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 Witness:	Date:
Print Name of Witness	
Signature of Committee or Guardian (if applicable)	
Print name of Committee or Guardian (if applicable)	

**AUTHORIZATION FOR PUBLICITY RELEASE FORM**

During your stay at Manitoba 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 Manitoba Aphasia Camp, Hello SpeechWorks 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, Manitoba Aphasia Camp, Hello SpeechWorks and March of Dimes Canada via radio, TV, newspaper, brochures, social media, etc.
- Assist with **fundraising** campaigns or marketing for the Manitoba 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 use of my:

**FIRST NAME** \_\_\_\_\_  **yes** ✓  **no** ✗  
(print first name)

**LAST NAME** \_\_\_\_\_  **yes** ✓  **no** ✗  
(print last name)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**PAYMENT**

Please **enclose cheques** with this application.

Please make **cheques payable** to “**March of Dimes Canada**”

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

Cost: **\$65.00 per person/Day**

If paying by credit card, please call Anupam Sharma at 204-430-6453 to give details over the phone. Please do not put credit card information on this form.

**CANCELLATION**

Camp fee is refundable, less a \$30 administration fee until August 24, 2019. After this date, the camp fee is only refundable if we can fill your spot.

Send your application and payment to:

March of Dimes Canada  
213 Notre Dame, Suite 903  
Winnipeg, Manitoba, R3B 1N3.

Please note that submitting an application **does not** guarantee acceptance. The 2019 camp has 40 spots available. Register early to avoid disappointment.

Submitting registration does not guarantee acceptance.