1155 Notre Dame Avenue Winnipeg, MB, Canada R3E 3G1 T (204) 452-4311
F (204) 477-5547

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2025 LIFE Sun & Fun Summer Camp - Info Package

In this package, you will find:

- Camp information (3 pages)
- Camp selection form (2 pages)
- Participant demographics form (3 pages)
- Photo consent <u>form</u> (1 page)
- Our Favourite Words profile (1 page)

REGISTRATION DEADLINE March 14th, 2025

Who is eligible to attend?

- The majority of our camp programming is for campers aged 12 20 (birthday between 2005 and 2013) with physical and/or developmental disabilities.
- For ages 7-11: We offer 1 week of half-day camp for ages 7-11 (birthday between 2014 and 2018) called Snapshot. This camp is designed for children who haven't had access to the supports they need to be successful at community-based camps, and require a more flexible environment to flourish. Acceptance into this camp is conditional on follow-up discussion, and acceptance last year does not guarantee acceptance this year.

What support is provided?

Each camper is paired up with a recreation support worker hired and trained by the Rehabilitation Centre for Children, called a 'camp buddy'. Buddies support their camper's engagement in fun recreational activities and help to foster relationships between campers, as well as addressing the camper's personal care needs. Buddies help to facilitate activities and ensure they are modified to support each camper's successful engagement. Camp supervision is provided by rehabilitation professionals (physiotherapists, occupational therapists, and recreation therapists).

What is the cost?

The registration fee is \$140 per camp week (half-day Snapshot camp costs \$70). This fee is the responsibility of the family. Please contact us if this fee is a barrier to your participation.

The cost of camper buddies is separate from the registration fee, and is typically funded by your supporting agency such as Children's disAbility Services (CdS), Community Living disAbility Services (CLdS), and/or Child and Family Services (CFS).

Please discuss your plan to attend camp with your community services worker before submitting a registration form to ensure this funding is in place for your child. This funding is required to attend our summer camp. Families may also choose to pay for the 1:1 camp buddy out of pocket.

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How do I register my child?

Depending on the number of applicants we receive, we will do our best to ensure that all families receive one week of camp programming. Families may request a second week, and we will try to accommodate as space allows. Families are required to provide us with several choices of weeks; we try our best to ensure that families receive their preferences.

Registration deadline: March 14th, 2025. All applications received by the deadline will be considered.

We require all forms signed and returned to register your child for camp. Please return your completed camp package via fax, mail, or drop-off to:

LIFE Program

1155 Notre Dame Avenue Winnipeg, MB R3E 3G1 Fax: (204) 477-5547 **Questions? Please contact:**

LIFE Program – Hailey Perchotte (204) 258-6538 lifeprogram@rccinc.ca

Camp descriptions:

Please review the descriptions on the next page to learn more about each camp. All our camps are:

- Open to participants with and without mobility aids
- 4-day weeks (Tuesday Friday)

				July 29-			
	July 8-11	July 15-18	July 22-25	Aug 1	Aug 5-8	Aug 12-15	Aug 19-22
St. John's High School	Swim	Swim	Swim	Snapshot (ages 7-11) Half days	Swim	Active	
Fort Garry Mennonite Fellowship		Art	Music	Chef	Music	Adventure	
Selkirk – Christ Church							Selkirk

Addresses:

- St. John's High School 401 Church Ave
- Fort Garry Mennonite Fellowship 150 Bayridge Ave
- Selkirk Christ Church, 227 McLean Avenue, Selkirk MB

Please note all camp weeks and locations are subject to change. Facilities often do not confirm our space rental requests until May, therefore we have to proceed with planning without location confirmations.

We'll do our best to maintain the above schedule, but will keep you informed if changes occur.



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Each of our camps follows a predictable schedule that is provided to families ahead of time. Campers and their buddies are always invited to modify the schedule to best suit the campers' needs, with the support of the supervising therapists. Scheduled camp activities such as swimming, yoga, music, art, Zumba, and archery are interspersed among unscheduled camp activities which include biking, crafts, board games, sports, tie dye, group games, and our signature Friday afternoon water fight!

Drop off is between 9:00-9:30 and pick up is between 3:00-3:30 daily.

Swim Camp: Campers are dropped off each day at Sargent Tommy Prince Place (90 Sinclair St) for a morning swim in their accessible pool, then head back to our home base for an afternoon of fun.

Music Camp: Campers spend part of the morning in music therapy and spend the rest of the day enjoying other fun activities.

Art Camp: Campers work with an art facilitator each morning to create unique art project(s). Afternoons are spent engaging in fun camp activities.

Chef Camp: This camp focuses on stepping out of your comfort zone in the kitchen! Campers will prepare unique recipes each day while practicing food handling and kitchen safety skills. New and interesting ingredients are incorporated to create opportunities for tasting adventures.

Active Camp: This camp will feature different physical activity opportunities each day such as swimming, Zumba, yoga, archery, bowling, and Boccia, as well as active group games, biking, and park visits to keep campers moving all day.

Selkirk Camp: This is a community-based camp in the Selkirk area. Using Christ Church as our home base, we will enjoy daily outings including Oak Hammock Marsh and a day trip to Bird's Hill!

NEW: Adventure Camp: This is the camp for youth who want a high-paced camp experience! Using Fort Garry Mennonite Fellowship as our home base, this camp will enjoy daily outings to fun community sites such as Stable Connections horse experience, FortWhyte Alive, bowling, and more! (exact activities TBD)

UPDATED: Snapshot Camp (for ages 7-11): This camp is designed for children ages 7-11 who haven't had access to the supports they need to be successful at community-based camps, and require a more flexible environment to flourish. Snapshot will include a variety of camp activities, providing campers with a 'snapshot' of what Sun & Fun camp is like! Please note this camp is half-days (select preference for morning 9:00-12:00 or afternoon 12:30-3:30 on the Camp Selection Form).

Acceptance into this camp is conditional on follow-up discussion, and acceptance last year does not guarantee acceptance this year.



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2025 LIFE Sun & Fun Camp – Camp Selection Form	For Office Use Only
Due date: March 14 th , 2025	
Camper name:	Received on:
Parent/guardian(s) name:	Payment received:
Desirtuation for a	

Registration fee:

_	Α (cneque	e ior	\$140/W	reek is	s enciosea	(<u>p</u> a	<u>ayab</u>	ie to	<u> </u>	
_				14.							

☐ I will pay by credit card once my registration has been processed

I am applying for:

	_		
1 week	(2 selections required)	☐ 2 weeks	(4 selections required

Depending on the number of applicants we receive, we will do our best to ensure that all families receive one week of camp programming. Families may request a second week, and we will try to accommodate as space allows.

Please NUMBER your selections in order of preference.

We cannot guarantee we'll be able to offer all campers the number of weeks requested.

Dates	Camps A	Available	
(no camp on Mondays)	Ages 7-11 are ONLY eligible for Snapshot		
July 8 – 11	Swim Camp 401 Church Ave		
July 15 – 18	Swim Camp 401 Church Ave	Art Camp 150 Bayridge Ave	
July 22 – 25	Swim Camp 401 Church Ave	Music Camp 150 Bayridge Ave	
July 29 – Aug 1	Snapshot (ages 7-11) 401 Church Ave 9:00-12:0012:30-3:30	Chef Camp 150 Bayridge Ave	
Aug 5 – 8	Swim Camp 401 Church Ave	Music Camp 150 Bayridge Ave	
August 12 – 15	Active Camp 401 Church Ave	Adventure Camp 150 Bayridge Ave	
August 19 – 22	Selkirk Camp 227 McLean Ave Selkirk MB		

Please note all camp weeks and locations are subject to change. Facilities often do not confirm our space rental requests until May, therefore we have to proceed with planning without location confirmations.

We'll do our best to maintain the above schedule but will keep you informed if changes occur.



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Swimming:					.		
Can your child swim in deep water without flotation? ☐ Yes ☐ No What type of flotation device does your child use: ☐ None ☐ Noodle ☐ Flutter board ☐ Regular life jacket ☐ Specialized life jacket or flotation device							
						Details:	
Biking: Does your child bik Can they follow roa What type of bike Two-wheeler Specialized bike Name of bike/desc	ad safety (such as do they currently c (eg Freedom Co	s stopping use? Upright toncepts, T	rike 🗆		Yes □ No pent trike	□ Wi	th prompts
T-Shirt Size: □ □ Adult medium	Youth small Adult la		outh medium ☐ Adult XL		Youth large Adult XXL		Adult small Adult XXXL
School and Other S	Supports:						
What school does t	he camper atter	ıd?					
Contact info for a t	•			•		mation a	bout how
Name:		Position:			Phone #:		
(initial he regarding this appl buddy, my child ma By signing this form my child to particip bus to camp outing transfer to hospita diagnosis, summar ill health or injury. damages to person sent to camp if pos	ay not be eligible n, I authorize can pate in all camp a gs. I grant permis of and release rel y of incident, pre I understand tha al property that	if the sup to attend np staff to ctivities. I sion for ca evant med sent med t the LIFE	port agency is r I this camp. I contact people grant permission amp staff to see dical and/or per ication) to eme Program is not	named on for n k appro sonal in rgency i	to provide fund d on this form. I my child to be tra priate medical a nformation of m medical staff in sible for reimbu	grant pe ansporte attention y child (s the even rsement	he 1:1 camp ermission for ed by taxi or n (including such as at of sudden related to
					Date:		
Judi aldii J	arent/Guardian Signature: Date:						



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<u>LIFE Program – Participant Demographics Form</u>

Participant name:	Date of birth:	Date of birth:					
6-digit MC Health #:							
9-digit PHIN #:							
Parent/guardian names:							
	Postal	code:					
Home phone:	Cell phone:						
Work phone:	Email address:						
Legal guardian - name, phoi	ne #, email, and fax # (if different from above):						
Emergency contact(s) - nam	ne, relationship, phone # (if different from above):						
Persons authorized to pick (up participant - name, relationship, phone # (if di	fferent from above):					
Supporting agency informat Children's disAbility		d Family Services (CFS)					
Services (CdS)	disAbility Services (CLdS)						
Worker name:	Phone #:						
Email address:	Fax #:						
Office mailing address:							
•	tive/augmented communication (AAC)? □ Y	es 🗆 No					
Will they bring their device t	to programs? Yes No						
How best can we support us	se of the communication device while at programs	?					
Health and medical informa Diagnosis:							



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Mobility (check all that apply):					
☐ Walks independently	☐ Manual wheelchair - self propel: ☐ Yes ☐ No				
☐ Crutches	☐ Power wheelchair ☐ Walker				
☐ Stroller/wheelchair for distance	•				
Additional details:					
Transfers (if applicable):					
	☐ Two-person lift ☐ Weight-bearing – pivot transfer				
Additional details:					
Toileting (check all that apply):					
☐ Independent	☐ Uses disposable undergarments ☐ Toileting sling to toilet				
□ Needs assistance with wiping	☐ Uses change table				
Additional details:					
	and A				
Eating and feeding (check all that a ☐ Feeds self					
	□ Needs assistance				
,	☐ Uses gastronomy tube				
Additional details:					
Allergies/food sensitivities: □	Ves II No				
Epi Pen?: ☐ Yes ☐ No					
Seizure disorder: ☐ Yes ☐	No				
·					
	losage:				
	ts until rescue meds are administered:				
Additional details:					
Medications administered during c	amp time? ☐ Yes ☐ No				
Medication prescription(s), dosage	(s), and time(s):				
Details for administration (e.g: Doe	Details for administration (e.g: Does it need to be refrigerated? Does it need to be taken with food?				
Does it need to be crushed up and added to pudding or yogurt? etc):					



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Anything else health-related to be aware of (e.g. to other health conditions, etc):	emperature sensitivity, asthma, diabetes, shunts,
Does your child have a health care/URIS plan at school?	nool?
Support needs – check all that apply: ☐ Risk of running away ☐ Aggressive behaviour when distressed ☐ Other:	☐ High sensory needs☐ Benefits from a break from group setting
If you checked yes to any of the above, please prov	ride more details:
Activities and interests Favourite music and songs: Favourite activities:	
Dislikes/fears:	
By signing this form, I grant permission for program including transfer to hospital) and release relevant such as diagnosis, summary of incident, present metered of sudden ill health or injury. I grant permission of program activities, and to be transported by taxi or laccompanied by staff). I understand that the LIFE Proportion damages to personal property that occur at progreent to programs if possible.	medical and/or personal information of my child edication, etc) to emergency medical staff in the on for my child to participate in scheduled LIFE bus between activities when necessary (always ogram is not responsible for reimbursement related
Parent/Guardian Signature:	Date:
Return form by fax, mail, or drop off to:	For more information:

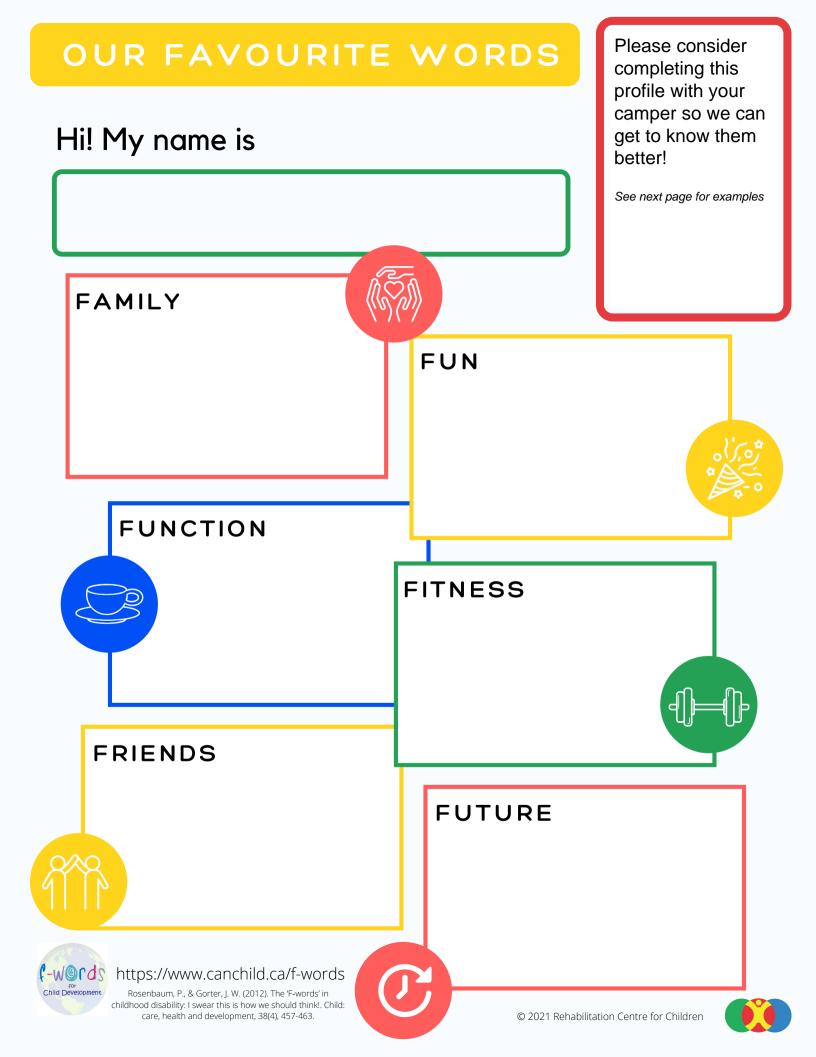
RCC LIFE Program
1155 Notre Dame Avenue
Winnipeg, MB R3E 3G1

For more information:
LIFE Program - Hailey Perchotte
(204) 258-6538
lifeprogram@rccinc.ca



CONSENT FOR PHOTOGRAPHS/VIDEOTAPING

YES NO 1. Having photographs taken for the purpose of: <u>promotion, fundraising, awareneducation related to the LIFE Program</u> YES NO 2. Having video taken for the purpose of: <u>promotion, fundraising, awareness, and education related to the LIFE Program</u> YES NO 3. Releasing photographs/video and information relating to the photos/video to: Rehabilitation Centre for Children and Children's Rehabilitation Foundation we television, print materials, advertisements, staff and volunteers, other clients, advanced to the general public YES NO 4. Publishing photographs/video and the following information to Social	-	nd agents and	claims and complaints that I might have against the Rehabilitation Centre for Children Inc., its I the photographer/videographer in any manner whatsoever relating to the said photographs
YES	Comments/	Restrictions:	
YES NO 1. Having photographs taken for the purpose of: <u>promotion, fundraising, awareneducation related to the LIFE Program</u> YES NO 2. Having video taken for the purpose of: <u>promotion, fundraising, awareness, and education related to the LIFE Program</u> YES NO 3. Releasing photographs/video and information relating to the photos/video to: Rehabilitation Centre for Children and Children's Rehabilitation Foundation we television, print materials, advertisements, staff and volunteers, other clients, advanced to the general public YES NO 4. Publishing photographs/video and the following information to Social	YES	_ NO	5. Releasing the following information: <u>first name only</u>
YESNO1. Having photographs taken for the purpose of: <u>promotion, fundraising, awareneducation related to the LIFE Program</u> YESNO2. Having video taken for the purpose of: <u>promotion, fundraising, awareness, and education related to the LIFE Program</u> YESNO3. Releasing photographs/video and information relating to the photos/video to: Rehabilitation Centre for Children and Children's Rehabilitation Foundation we television, print materials, advertisements, staff and volunteers, other clients, print materials, advertisements, adv	YES	NO	4. Publishing photographs/video and the following information to Social Media (Facebook, Twitter, Instagram, YouTube):
YES NO 1. Having photographs taken for the purpose of: <u>promotion, fundraising, awaren</u> <u>education related to the LIFE Program</u> YES NO 2. Having video taken for the purpose of: <u>promotion, fundraising, awareness, and education related to the LIFE Program</u> YES NO 3. Releasing photographs/video and information relating to the photos/video to:			television, print materials, advertisements, staff and volunteers, other clients, potentia
YES NO 1. Having photographs taken for the purpose of: <u>promotion, fundraising, awarented to the LIFE Program</u> YES NO 2. Having video taken for the purpose of: <u>promotion, fundraising, awareness, and promotion</u>	YES	_ NO	
YES NO 1. Having photographs taken for the purpose of: <u>promotion, fundraising, awaren</u>	YES	NO	
			education related to the LIFE Program
Rehabilitation Centre for Children Inc. to take photographs and/or videos of him/her for the following purposes:	YES	NO	1. Having photographs taken for the purpose of: <u>promotion, fundraising, awareness, and</u>
As the parent or legal guardian of (Client's name)			rdian of (Client's name), I hereby authorize the Children Inc. to take photographs and/or videos of him/her for the following purposes:



OUR FAVOURITE WORDS

FAMILY

You know me best and I trust you. Listen to them, talk to them, hear them respect them



Childhood is about FUN and PLAY. This is how I learn and grow. Please help me to do the activities that I find the most fun

FUN



FUNCTION

I might do things differently but I CAN do them. How is not important. Please let me try.



Everyone
needs to stay
fit and healthy,
including me.
Help me to
find ways to
keep fit.



Having childhood friends is important.
Please give me opportunities to make friends with my peers



FUTURE

I will grow up one day, so please find ways to develop independence and be included in my community.



-w@rds https://www.canchild.ca/f-words

Rosenbaum, P., & Gorter, J. W. (2012). The 'F-words' in childhood disability: I swear this is how we should think!. Child: care, health and development, 38(4), 457-463.

