

1155 Notre Dame Avenue Winnipeg, MB, Canada R3E 3G1 Tel: (204) 452-4311 Fax: (204) 477-5547 Web: www.rccinc.ca email: lifeprogram@rccinc.ca



2023 LIFE Sun and Fun Summer Camp - Info Package

In this package, you will find:

- Camp information (4 pages)
- Camp selection form (2 pages)
- Participant demographics form (3 pages)
- Photo consent form (1 page)

REGISTRATION DEADLINE
April 14th, 2023

Who is eligible to attend?

- Campers aged 12 20 (birthday between 2003 and 2011) with physical and/or developmental disabilities.
- For ages 7-11: We are excited to offer 1 week of camp for ages 7-11 (birthday between 2012 and 2016) called Snapshot. This camp is designed for children who haven't had a successful experience 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 that 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 **\$120** per camp week. This fee is the responsibility of the family. Please contact us if this fee is a barrier to your participation. Funding for all other camp costs is generously provided by the Children's Rehabilitation Foundation and their donors.

The cost of camper buddies is separate from the registration fee, and is typically funded by your supporting agency such as CdS, CLdS, and/or CFS. Please discuss your plan to attend camp with your agency worker before submitting a registration form to ensure this funding is in place for your child.

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How do I register my child?

Please review the Camp Descriptions below to learn more about each camp. To ensure space for all, campers can attend a maximum of two weeks per summer. Families are required to provide us with several choices of weeks; we try our best to ensure that families receive their preferences. **Registration deadline is April 14**th, **2023.**

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:

Hailey Perchotte (204) 258-6538 hperchotte@rccinc.ca Maya Kirstein (204) 258-6539 mkirstein@rccinc.ca

Camp descriptions:

We are excited to offer **nine** unique summer camp themes this year in four locations! All our camps are:

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

	July 4-7	July 11-14	July 18-21	July 25-28	Aug 1-4	Aug 8-11	Aug 15-18
Cialan High Cabaal	Swim	Swim	Snapshot	Art	Swim	Swim	Swim
Sisler High School	Camp	Camp	(Ages 7-11)	Camp	Camp	Camp	Camp
Fort Garry Mennonite	Music	Chef	Music	Active	Wilderness		
Fellowship	Camp	Camp	Camp	Camp	Camp		
Selkirk – Christ Church							Selkirk
Seikirk – Christ Church							Camp
Out & About						Out &	
Out & About						About	

Addresses:

- North End Sisler High School 1360 Redwood Avenue
- South End Fort Garry Mennonite Fellowship 150 Bayridge Ave
- Selkirk Christ Church, 227 McLean Avenue, Selkirk MB
- Out & About locations change daily

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, games, sports, 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 the camp location 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 from <u>Art City</u> each morning to create art project(s) that they'll get to show off at our Friday art show. 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 safety skills. New and interesting ingredients are incorporated to create opportunities for tasting adventures.

Wilderness Camp: Campers will expand their wilderness skills when we try tent-building, plant identification, geocaching, a FortWhyte fieldtrip, and more – in addition to our regular camp activities. No previous wilderness experience required!

Active Camp: This camp will feature different physical activities each day including swimming, Zumba, yoga, and Boccia, as well as active group games, biking, and park visits to keep campers moving all day. We're also planning a field trip for accessible horseback riding! (tentative)

Snapshot Camp: We are excited to offer a camp for ages 7-11 for children who haven't had a successful experience 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 camp at RCC!

Selkirk Camp: This is a community-based camp in the Selkirk area. Using the church as our home base, we will enjoy daily outings including swimming, Oak Hammock Marsh, and the Summer Port Market.

*Out & About Camp

*This camp does not follow the same format as our other camps. This is a community-based camp, where we visit different locations each day such as the Zoo, museums, mini golf, bowling, and more. Families are responsible for drop off and pick up; we provide transportation between camp activities. For this camp, drop off is at 9:30 and pick up is at 3:30 daily.



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<u> 2023 LIFE Sun and Fun Camp - Select</u>	ion Form	For Office Use Only
Due date: April 14 th , 2023		Received on:
Camper name:		Payment received:
Parent/guardian(s) name:		
Registration fee:		
A cheque for \$120/week is enclosed (payab)	le to RCC)	
☐ I will pay by credit card once my registration	has been processed	
I am applying for:		
☐ 1 week (2 options required)	☐ 2 weeks (4 optio	ns required)

* Please NUMBER your options in order of preference. If the required number of options are not provided, we cannot guarantee you'll receive your requested weeks.

Dates	Camps Available				
(no camp on Mondays)	See previous page for camp descriptions				
	Ages 7-11 are ONLY eligible for Snapshot				
July 4 – 7	Swim Camp 1360 Redwood Ave	Music Camp 150 Bayridge Ave			
July 11 – 14	Swim Camp 1360 Redwood Ave	Chef Camp 150 Bayridge Ave			
July 18 – 21	Snapshot (ages 7-11) 1360 Redwood Ave	Music Camp 150 Bayridge Ave			
July 25 – 28	Art Camp 1360 Redwood Ave	Active Camp 150 Bayridge Ave			
August 1 – 4	Swim Camp 1360 Redwood Ave	Wilderness Camp 150 Bayridge Ave			
August 8 – 11	Swim Camp 1360 Redwood Ave	Out & About Camp Various locations			
August 15 – 18	Swim Camp 1360 Redwood Ave	Selkirk Camp 227 McLean Ave Selkirk MB			

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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 bil	ke at home or at sch	nool?	☐ Yes ☐] No			
What type of bike	do they currently u	se?					
☐ Two-wheeler	□ ∪	pright trik	ke 🗖 I	Recuml	bent trike		
☐ Specialized bik	e (eg Freedom Con	cepts, Triv	vel)				
Name of bike/deso	cription (if known):						
T-Shirt Size:	Youth small	☐ You	uth medium		Youth large		Adult small
☐ Adult medium	☐ Adult larg	ge 🗖	Adult XL		Adult XXL		Adult XXXL
School and Other	Supports:						
What school does	the camper attend?	?					
	trusted adult at you es the school enviro					mation a	bout how
Name:	Po	osition:			Phone #:		
regarding this app buddy, my child m By signing this form my child to partici bus to camp outin transfer to hospita diagnosis, summai ill health or injury.	ere): I understand the lication, and that if lay not be eligible to m, I authorize camp pate in all camp actigs. I grant permission and release relevity of incident, preserval property that ochal property that ochal	the suppo o attend the staff to co ivities. I gro on for cam ant medica the LIFE Pr	ort agency is not agency is not camp. Contact people rant permission staff to see tall and/or permission) to emerogram is not	named named on for n k appro sonal in gency respon	d on this form. In the control of th	I grant pe ransporte attention ny child (s the even ursement	he 1:1 camp ermission for ed by taxi or n (including such as at of sudden related to
Parent/Guardian	Signature:				Date:		



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LIFE Program – Participant Demographics Form

Participant name:	Date of birth:						
6-digit MC Health #:							
9-digit PHIN #:				Legal guardians			
Parent/guardian names:							
Mailing address:					le:		
Home phone:		Cell pho	one:				
Work phone:		Email a	ddre	ess:			
Legal guardian - name, phone	#, email, and fax #	(if differe	nt fr	om above):			
Emergency contact(s) - name,	relationship, phon	e # (if diffe	eren	t from above):			
Persons authorized to pick up	participant - name	, relations	ship,	phone # (if differ	ent f	rom above):	
Supporting agency information Children's disAbility	☐ Community L	_		☐ Child and Fa	mily	Services (CFS)	
Services (CdS)	disAbility Service						
Worker name:							
Email address:							
Office mailing address:							
Does your child use alternativ Device type:	_					No	
Will they bring their device to	programs?	Yes □	No				
How best can we support use	of the communicati	on device	whil	e at programs?			
Health and medical informati	on						
Diagnosis:							

This program is generously funded by the Children's Rehabilitation Foundation and their donors. For more information on their work with families and children with special needs, visit their website at www.crf.mb.ca

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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	ces only				
Additional details:					
Transfers (if applicable):					
☐ Mechanical lift	☐ Two-person lift ☐ Weight-bearing – pivot transfer				
Toileting (check all that apply):					
☐ Independent	☐ Uses disposable undergarments ☐ Toileting sling to toilet				
☐ Needs assistance with wiping	_				
Additional details:					
Eating and feeding (check all that a					
☐ Feeds self	☐ Uses gastronomy tube ☐ Needs assistance				
Additional details:					
Allergies/food sensitivities: □					
List allergies:					
Epi Pen?:					
	No				
Rescue medication, location, and dosage:					
How long after seizure activity starts until rescue meds are administered:					
Additional details:					
Medications administered during camp time? ☐ Yes ☐ No					
Medication prescription(s), dosage	e(s), and time(s):				
But to fine deal to the first					
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	l added to pudding or yogurt? etc):				

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By fax, mail, or drop-off

Rehabilitation Centre for Children

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Anything else health-related to be aware of (e.g. temperature sensitivity, asthma, diabetes, shunts, other health conditions, etc):								
Does your child have a health ca	are plan (URIS or safety plan) at school	? □ Yes □ No						
Supervision needs								
☐ Satisfied in group setting (ie. will stay with group, won't v	☐ Satisfied in group setting ☐ Not satisfied in group setting ie. will stay with group, won't wander away)							
Please tell us about any safety of safety near busy roads, elopem	or support needs we should know abouent, high sensory needs, etc):	it (e.g. potential of aggression,						
Activities and interests Favourite music and songs:		······································						
Favourite activities:								
Dislikes/fears:								
including transfer to hospital) are such as diagnosis, summary of inverse of sudden ill health or injure Program activities, and to be transecompanied by staff). I understa	nission for program staff to seek appro- nd release relevant medical and/or per ncident, present medication, etc) to en ry. I grant permission for my child to pa nsported by taxi or bus between activit and that the LIFE Program is not respon that occur at programming, and such	sonal information of my child nergency medical staff in the articipate in scheduled LIFE ies when necessary (always nsible for reimbursement related						
Parent/Guardian Signature:		Date:						
Return form to: RCC LIFE Program L155 Notre Dame Avenue Winnipeg, MB R3E 3G1	For more information: Hailey Perchotte (204) 258-6538 hperchotte@rccinc.ca	Maya Kirstein (204) 258-6539 mkirstein@rccinc.ca						



CONSENT FOR PHOTOGRAPHS/VIDEOTAPING

-	and agents and t	laims and complaints that I might have against the Rehabilitation Centre for Children Inc., its the photographer/videographer in any manner whatsoever relating to the said photographs
	/Restrictions:	
YES	NO	5. Releasing the following information: <u>first name only</u>
YES	NO	4. Publishing photographs/video and the following information to Social Media (Facebook, Twitter, Instagram, YouTube):
		Rehabilitation Centre for Children and Children's Rehabilitation Foundation websites, television, print materials, advertisements, staff and volunteers, other clients, potentia donors, media representatives, and the general public
YES	NO	3. Releasing photographs/video and information relating to the photos/video to:
, -		education related to the LIFE Program
YES	NO	education related to the LIFE Program 2. Having video taken for the purpose of: promotion, fundraising, awareness, and
YES	NO	1. Having photographs taken for the purpose of: <u>promotion, fundraising, awareness, and</u>
As the pare Rehabilitat	ent or legal guard ion Centre for Cl	dian of (Client's name), I hereby authorize the hildren Inc. to take photographs and/or videos of him/her for the following purposes:
Date		