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2024 LIFE Sun & Fun Summer Camp - Info Package

In this package, you will find:

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

REGISTRATION DEADLINE March 22nd, 2024

Who is eligible to attend?

- The majority of our camp programming is for campers aged 12 20 (birthday between 2004 and 2012) with physical and/or developmental disabilities.
- For ages 7-11: We offer 1 week of camp for ages 7-11 (birthday between 2013 and 2017) 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 **\$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 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.



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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 March 22nd, 2024.

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 Maya Woods (204) 258-6538 (204) 258-6539 hperchotte@rccinc.ca mwoods@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 30-			
	July 9-12	July 16-19	July 23-26	Aug 2	Aug 6-9	Aug 13-16	Aug 20-23
Sisler High School	Swim	Swim	Swim	Swim	Swim	Snapshot	Active
Fort Garry Mennonite Fellowship	Art	Music	Chef	Wilderness	Music		
Selkirk – Christ Church							Selkirk
Out & About						Out & About	

Addresses:

- Sisler High School 1360 Redwood Avenue
- 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, 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 Sisler 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 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 kitchen 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, star gazing, and more – in addition to our regular camp activities. We're also planning a field trip for accessible horseback riding! (tentative)

Active Camp: This camp will feature different physical activities each day including 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 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 at each location; we provide transportation between camp activities. For this camp, drop off is at 9:30 and pick up is at 3:30 daily.

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



I am applying for:

☐ 1 week (2 selections required)

☐ A cheque for \$120/week is enclosed (payable to RCC)

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

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☐ 2 weeks (4 selections required)

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2024 LIFE Sun & Fun Camp – Camp Selection Form Due date: March 22nd, 2024 Camper name: ______ Parent/guardian(s) name: _____ Registration fee: For Office Use Only Received on: ______ Payment received: ______

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 Available			
(no camp on Mondays)	Please note: there is no camp running July 2-5			
	Ages 7-11 are ONLY eligible for Snapshot			
July 9 – 12	Swim Camp	Art Camp		
	1360 Redwood Ave	150 Bayridge Ave		
July 16 – 19	Swim Camp	Music Camp		
	1360 Redwood Ave	150 Bayridge Ave		
Il., 22 26	Suring Comen	Chaf Camar		
July 23 – 26	Swim Camp	Chef Camp		
	1360 Redwood Ave	150 Bayridge Ave		
July 30 – Aug 2	Swim Camp	Wilderness Camp		
July 30 Mag 2	1360 Redwood Ave	150 Bayridge Ave		
	1300 NEUWOOU AVE	130 Bayriage Ave		
August 6 – 9	Swim Camp	Music Camp		
-	1360 Redwood Ave	150 Bayridge Ave		
August 13 – 16	Snapshot (ages 7-11)	Out & About Camp		
	1360 Redwood Ave	Various locations		
		0.11.1.0		
August 20 – 23	Active Camp	Selkirk Camp		
	1360 Redwood Ave	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.

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Swimming:				
What type of flotation devi	ice does your child	d use:		
□ None □ Noo	dle	Flutter board		
☐ Regular life jacket Details:	-		tation device	
Can your child swim in dee	p water without f	lotation? Yes	s □ No	
Biking:				
Does your child bike at hor	ne or at school?	☐ Yes ☐ I	No	
What type of bike do they				
☐ Two-wheeler	☐ Upright		cumbent trike	
☐ Specialized bike (eg Fre	•	Trivel)		
Name of bike/description (if known):			
T-Shirt Size: ☐ Youth s	small \square	Youth medium	☐ Youth large	☐ Adult small
☐ Adult medium ☐	Adult large	☐ Adult XL	☐ Adult XXL	☐ Adult XXXL
School and Other Supports	5:			
What school does the cam	per attend?			
Contact info for a trusted a your child navigates the scl	•	•		ntion about how
Name:	Position	·	Phone #:	
(initial here): I und regarding this application, buddy, my child may not be By signing this form, I auth my child to participate in a bus to camp outings. I gran	and that if the sup e eligible to atten orize camp staff to Il camp activities.	oport agency is not d this camp. o contact people na I grant permission	amed on this form. I gr for my child to be trans	g for the 1:1 camp ant permission for sported by taxi or
transfer to hospital) and rediagnosis, summary of incivil health or injury. I understandamages to personal propersent to camp if possible.	dent, present med stand that the LIFE	dication) to emerge E Program is not res	ncy medical staff in the ponsible for reimburse	e event of sudden ement related to
Parent/Guardian Signature	۵٠		Date	



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

Participant name:	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)?	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 □ No		
Epi Pen?: ☐ Yes ☐ No			
Seizure disorder: ☐ Yes ☐	No		
·			
	losage:		
How long after seizure activity starts 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. 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):			



Winnipeg, MB R3E 3G1

By fax, mail, or drop-off

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Anything else health-related to other health conditions, etc):	be aware of (e.g. temperat	ure sensitiv	ity, asthma, diabetes, shunts,
Does your child have a health ca	are/URIS plan at school?	□ Yes	□ No
Does your child have a safety pl	•	☐ Yes	□ No
Supervision needs			
☐ Satisfied in group setting		Not satisfi	ed in group setting
(ie. will stay with group, won't v	vander away)		
Please tell us about any safety of when distressed, safety near bu			
Activities and interests Favourite music and songs:			
Favourite activities:			
Dislikes/fears:			
By signing this form, I grant permincluding transfer to hospital) are such as diagnosis, summary of interest of sudden ill health or injustry for activities, and to be transported by staff). I understate damages to personal property tent to programs if possible.	nd release relevant medical incident, present medicationry. I grant permission for masported by taxi or bus bettend that the LIFE Program in that occur at programmin	l and/or per n, etc) to en ly child to pa ween activit s not respon g, and valua	rsonal information of my child nergency medical staff in the articipate in scheduled LIFE cies when necessary (always nsible for reimbursement related
Return form to:	For more informati	on:	
RCC LIFE Program	Hailey Perchotte	<u>011.</u>	Maya Woods
155 Notre Dame Avenue	(204) 258-6538		(204) 258-6539

hperchotte@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 C	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		