

AD-Venture Camp

Application for Summer 2019

(Adu^lts with Disabilities—Venture Camp)

❖ Camps with Meaning ❖



Camps with Meaning
is a ministry of
Mennonite Church Manitoba



Camps with Meaning
600 Shaftesbury Blvd.
Winnipeg MB R3P 0M4

GENERAL CAMP INFORMATION

Please note – there have been some changes made – read through the form carefully.

WELCOME TO CAMPS WITH MEANING!

Camps with Meaning provides adults with mental and physical disabilities with a caring Christian community where they can make friends, enjoy the outdoors and worship God. We offer a safe, healthy and wholesome environment. A week at camp is a meaningful way for campers to spend their vacation.

OUR GOALS

Our primary goal is for each camper attending to feel affirmed and respected. We encourage campers to build friendships, grow in positive social skills, participate in outdoor physical recreation and experience Christian worship and teaching.

OUR ACTIVITIES

Our programs vary from site to site and include games, crafts, sports activities, walks, boat rides, horseback riding, zip lines and animals. For individuals interested in high activity levels, please see page 2 of the registration form for more information. Our engaging Bible lessons involve singing, skits and dramas. There is also time to interact with staff and other campers in a relaxed atmosphere.

OUR SERVICES

Our kitchens provide nutritious and delicious meals. Our staff provides basic guidance in social living skills. Although basic assistance with self help is available, we do have limited space for one-to-one workers to accompany campers who are very dependent. A licensed health officer is resident on site. In the cabins the campers to staff ratio is approximately 1 staff to 4 campers. Staff is responsible for the campers 24 hours per day.

CAMPERS' SAFETY AND WELL BEING

In order to provide a safe environment for all campers, violent behaviour by campers will not be tolerated. In the event that campers persist with unacceptable behaviour, their caregivers will be contacted to come and take them home.

Please note that we **DO NOT** offer, nor are we equipped to provide, supervision for campers with high behavioural needs. **Campers will be screened before being accepted.** Please inquire for further details **BEFORE** registering.

TRANSPORTATION

Campers are responsible for their own transportation to and from camps. Caregivers must be available to pick up a camper that must be sent home for whatever reason.

ACCREDITATION

Our camps are accredited by the Manitoba Camping Association and are also members of the Mennonite Camping Association and Christian Camping International.

CONTACT INFORMATION

You may call us from 9:00 a.m. to 4:00 p.m., Monday through Friday, at: 204-895-CAMP [2267]

fax: (204) 832-7804

email: camps@mennochurch.mb.ca

website: www.campswithmeaning.org.

Our address is:

600 Shaftesbury Blvd, Winnipeg MB R3P 0M4

REGISTRATION: Registration for **May/June sessions begin at 3:00 pm on Monday**. Registration for **July/August sessions begin at 7:00 pm on Sunday**. Please do not arrive early. **Each camper must be accompanied by a person who is fully aware of their needs and able to answer any questions about their medical or social needs. Campers who arrive without such a person may be returned to their home at the parent/guardian/caregiver's expense.** Thank you for complying with this requirement.

It would be **VERY** helpful to have bags, suitcases, etc., marked with camper's name.

MEDICAL INFORMATION: In order to assist during the hectic time of registration upon arrival, the following should be placed into a ziplock bag: picture of camper, meds in bubble pack, any money, valuables or small items which could be lost. **CLEARLY LABEL ZIPLOCK BAG** with camper's name. Campers **MUST** provide a Medication Administration Record (MAR) - available from the Pharmacist. **MAR MUST be forwarded to the office 2 weeks prior to the camp date** – this will assist the camp health officer to prepare accordingly. Please note: “provide as needed” (or equivalent) is not a clear enough directive – please be specific.

CAMPER PICK-UP: Camper pick-up takes place at **2:00 pm on the last day of the camp session**.

APPLICATION FOR CAMP: Call in to reserve your spot. Then, complete the AD-Venture Camp - Application and Medical Form enclosed. Incomplete applications cannot be processed. Please look it over and fill it in carefully and completely (note: TWO signatures on last page) to ensure we can give the camper the best care possible during the week. Common errors include leaving out important information or not signing the form in all spots requiring signatures. Applications should be mailed in as soon as possible. **If you reserve prior to the early bird date, the application MUST be in before the early bird deadline too.**

SCREENING: In order to aid communication with any new clients and to ensure our services are well understood, we may contact new applicants to clarify needs and abilities of applicants.

CAMPER ACCEPTANCE LETTER: A detailed acceptance / information letter will be sent to help each camper prepare for camp.

CANCELLATION POLICY: A 75% refund is available up to 14 days prior to camp. After that point, no refund is available except for certified medical or family emergencies.

SESSIONS AND FEES: Our fees are kept as low as possible. Early bird **discounts (EB)** (\$20) apply to registrations **received, or postmarked and dated on or before March 30th**. Cheques should be made payable to: **Mennonite Church Manitoba**. The sessions available for ADV campers are as follows:

CAMP	SESSION 1	SESSION 2	SESSION 3
ASSINIBOIA	May 27-31 (Mon-Fri) (\$445/ EB: \$425)	June 10-14 (Mon-Fri) (\$445/ EB: \$425)	July 28-Aug 2 (Sun-Fri) (\$445/ EB: \$425)
KOINONIA	June 3-7 (Mon-Fri) (\$445/ EB: \$425)	July 7-12 (Sun-Fri) (\$445/ EB: \$425)	July 14-19 (Sun-Fri) (\$445/ EB: \$425)

**BE SURE YOU PHONE IN YOUR RESERVATION
PRIOR TO MAILING IN THE APPLICATION!**

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CAMPS WITH MEANING

ASSINIBOIA * KOINONIA
600 Shaftesbury Blvd., Winnipeg MB R3P 0M4,
PH: (204) 895-2267 (CAMP), F: (204) 832-7804,
camps@mennochurch.mb.ca; www.campswithmeaning.org

Please attach recent
photo here!

AD Venture Camp - Application and Medical Form

Please answer all questions. Note that forms containing incomplete information will be returned.

Camp Attending: Koinonia Assiniboia **Session Dates** _____

PERSONAL DATA

Camper's Name _____ M F Birth Date _____ Age _____
(Last) (First) (M/D/Y)

Can camper identify self? Y N with address? Y N Phone _____

COMPLETE Mailing address: _____
Box/Street No. City Pr Postal Code

Has camper attended Camps with Meaning before? Y N Will camper be accompanied by a one-to-one worker? Y N

Our staff can offer limited assistance with self help in the tasks on page 3. **Campers who are prone to excessive wandering, who need high levels of care and assistance, or who need constant supervision must be accompanied by a one-to-one worker.** Please indicate name of one-to-one worker for this applicant and request they forward an updated CAR and police check to the Camps office.

Name _____

Person completing application _____ Phone No. _____

Email _____

Relationship to Camper _____ Contact Person available (with phone no.): _____

Provincial Health Registration Number (6 digit) _____ Personal Health Number (9 digit) _____

Other Medical Plans _____

Community Services Worker Name: _____ Phone _____

Pick-up/Drop-off: Please provide the name and phone number of person(s) transporting the camper:

Drop-off name _____ Ph _____ Pick-up name _____ Ph _____

PLEASE NOTE THAT THE PERSON TRANSPORTING THE CAMPER MUST BE A CAREGIVER WHO CAN CLARIFY MEDICAL QUESTIONS.

Emergency Notification

Persons named here must be AVAILABLE DURING THE CAMP SESSION to provide information about the camper and to arrange return transportation for the camper if it becomes necessary for the camper to return home before the end of the week for medical or behavioural reasons. They may be listed by consent only. 2 names must be listed.

1. Name _____ Home ph _____ Bus. Ph _____

Address _____ Relationship to camper _____

2. Name _____ Home ph _____ Bus. Ph _____

Address _____ Relationship to camper _____

----- **This section for camp use only** -----

MEDICAL RECORD

Date	Ailment	Treatment

Signature of Camp Nurse _____

Date _____

INSTRUCTIONS FOR COMPLETING THE FOLLOWING: This form is to be completed by primary caregiver. Please help us to provide a safe, healthy and enjoyable time for your camper by providing us with the most **complete** information you can. This way we can ensure that we have appropriate staff and accommodations to meet their needs. This complete form must be on file in the camp office prior to attendance. No camper will be admitted without current health information.

Please print legibly.

GENERAL INFORMATION

Please share any information which will help in preparing a quality camp experience for this camper. Our goals are to provide opportunities for building friendships, growth in social skills, physical recreation (indoors and outdoors) and Christian worship and teaching. To aid us in accomplishing these goals please inform us of **all** disabilities, impairments, special needs or behavioural considerations. We will use this information to determine appropriate staffing levels and ensure that the necessary accommodations are available.

Camper's Occupation _____ Place of Work _____

Has camper been away from home? Y N

Outdoor interests _____

Indoor interests _____

Favourite music, possessions, hobbies _____

During camp this camper may like to experience:

- | | | | | |
|---------------------------------------|-----------------------------------|--|----------------------------------|-------------------------------------|
| <input type="radio"/> archery | <input type="radio"/> ping pong | <input type="radio"/> tenting/sleeping outside | <input type="radio"/> colouring | <input type="radio"/> outdoor games |
| <input type="radio"/> outdoor cooking | <input type="radio"/> canoeing | <input type="radio"/> listening to stories | <input type="radio"/> swimming | <input type="radio"/> drama |
| <input type="radio"/> nature study | <input type="radio"/> arts/crafts | <input type="radio"/> hiking/walking | <input type="radio"/> horses | <input type="radio"/> barge rides |
| <input type="radio"/> singing | <input type="radio"/> basketball | <input type="radio"/> Bible study | <input type="radio"/> campfires | <input type="radio"/> foosball |
| <input type="radio"/> volleyball | <input type="radio"/> puzzles | | <input type="radio"/> horseshoes | <input type="radio"/> ropes/zipline |

Does camper:

- | | | |
|--|--|---|
| Y N | Y N | Y N |
| <input type="radio"/> like to try new things? | <input type="radio"/> share with others? | <input type="radio"/> likes to be alone often? |
| <input type="radio"/> follow two part instructions? | <input type="radio"/> participate in group activities? | <input type="radio"/> enjoy people? |
| <input type="radio"/> get encouraged by praise? | <input type="radio"/> understand game rules? | <input type="radio"/> keep track of own possessions? |
| <input type="radio"/> initiate own activity choices? | <input type="radio"/> have active days? | <input type="radio"/> need help relating to opposite sex? |
| <input type="radio"/> take mid-day naps? | <input type="radio"/> take care of own money/wallet? | <input type="radio"/> tell untruths or exaggerate? |
| <input type="radio"/> bite/hit/hurt others? | <input type="radio"/> sleep through the night? | <input type="radio"/> break other's belongings? |
| <input type="radio"/> bites self? | usual bed time _____ ; | <input type="radio"/> steal from others? |
| <input type="radio"/> like to hide or run away? | wake-up time _____ | <input type="radio"/> have tantrums? |
| <input type="radio"/> smoke? | unusual sleep habits _____ | |
| <input type="radio"/> need supervision? | | |

For the questions below use separate sheet if additional space is needed. Please mark N/A if question is not applicable.

• Please list any compulsive behaviours: _____

Response: _____

• Please list any emotional needs you anticipate: _____

Response: _____

• Please list any self-abusive behaviours and potential causes: _____

Response: _____

• Please list any idiosyncrasies, likes or dislikes: _____

Response (if necessary): _____

• Please list any communication aids: _____

• Please list any daily habits or routines: _____

• Please list any other special needs: _____

Sleeping preference: top bunk bottom bunk preferred bottom bunk necessary either

• Campers with seizure disorders or limited mobility please indicate **bottom bunk necessary**.

If applicable: DO NOT put together in same cabin as _____

BEHAVIOURAL INFORMATION

Please note that we cannot accept violent campers. Caregivers will be asked to take home campers who endanger other campers or staff.

Please be thorough and clear in your answers.

Please circle: **O** (Often) **S** (Sometimes) or **N** (Never)

pushes/shoves others **O S N** pinches/bites self **O S N** pinches/bites others **O S N**
 kicks/hits or abuses others **O S N** throws objects at others **O S N** exposes self publicly **O S N**

List other self abuse or abuse of others: _____

List sexual behaviours unacceptable in public: _____

Does camper ever need to be restrained? **O S N**

Describe procedure: _____

Please use this space to list any other relevant behavioural information, e.g., *camper yells or screams, is hyperactive* (attach additional sheets if necessary)

MEDICAL INFORMATION Please answer all questions**General Information:**

Gender: **M** **F** Hair Colour _____ Eye Colour _____ Height _____ Weight _____

Dentures _____ Glasses _____ Hearing Aid _____

Please mark **yes** or **no** for each question in this section. Give details where **yes** is indicated. Attach additional sheets if necessary.

ALLERGIES

- Y N**
 food _____
 insects _____
 animals _____
 plant _____
 drugs _____
 other _____

Describe reaction & severity: _____

DIET RESTRICTIONS

- Y N**
 calories _____
 amount _____
 cholesterol _____
 low sugar _____
 low salt _____
 food dislikes _____

Diabetic

- insulin injections
 diet controlled

SWIMMING

- Check one**
 DOES NOT
 swims some
 swims well
 swims great
 certified
 don't know

Physically Sensitive

- sunburns easily
 vulnerable to insects

SEIZURES

- Y N**
 epileptic
 subject to seizures
 under medication
 presently controlled
 date of last _____

Type/Description:

Frequency _____
 Duration _____
 Type _____

General Abilities: Mark all boxes that are appropriate in each section:

SPEECH

- good speech
 speech impaired
 non-verbal
 signs/gestures
 writes
 makes needs known

SIGHT

- good vision
 legally blind
 totally blind
 night blind
 eye disease
 needs guide

EATING/DENTAL

- serves self appropriately
 needs assistance eating
 eating disorder
 missing teeth/chewing problem
 poor dental hygiene
 dental hygiene assistance needed
 eats slowly

FEARS

- water
 dark
 animals
 crowds
 heights
 other

HEARING

- hears well
 totally deaf
 legally impaired
 impaired left
 impaired right
 impaired both

MOBILITY

- walks well
 difficulty Walking
 good balance
 poor balance
 uses walker
 uses cane
 uses wheelchair
 wanders

SHOWERING

- prefers shower
 prefers bath
 prefers morning
 prefers bedtime
 showers self
 needs reminding
 needs assistance
 may resist showering

TOILETTING

- toilets self
 needs reminding
 needs assistance How?

 wet nights: how is this dealt with?

 wet days: how is this dealt with?

 uncontrolled bowels/wears briefs

DRESS

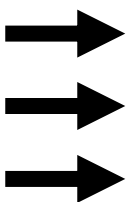
- independently dresses
 some help needed
 must be dressed

NOTE: Campers with wet nights are required to provide washable bedding and/or sleeping pad.

MENSTRUATION: Camper menstruates **Y** **N** Expect cycle at camp **Y** **N** Expect discomfort **Y** **N**

List treatment for cramps/discomfort during cycle: _____

Describe any assistance needed by camper for toileting or dressing during menstruation: _____



Each camper is **required** to provide a **MEDICATION ADMINISTRATIVE RECORD (MAR)** which can be obtained from the pharmacy. **MAR MUST** be forwarded to the office **2 weeks prior to the camp date** – this will assist the camp health officer to prepare accordingly. Please note: **“provide as needed” (or equivalent) is not a clear enough directive – please be specific.**

ALLERGIES: specify severity/treatment _____

Specifics: any known heart conditions, strokes, etc: _____

MEDICAL CONDITION: e.g. Downs Syndrome, FAS/D, etc. _____

PHYSICIAN'S NAME _____ **CLINIC NUMBER** _____

Please indicate if camper has a history of any of the following:

- | | | | | |
|--|--|----------------------------------|--|--|
| <input type="radio"/> chicken pox | <input type="radio"/> stomach trouble | <input type="radio"/> hernia | <input type="radio"/> sinus trouble | <input type="radio"/> disorder |
| <input type="radio"/> appendectomy | <input type="radio"/> tubes in ears | <input type="radio"/> asthma | <input type="radio"/> convulsions | <input type="radio"/> circulation problems |
| <input type="radio"/> ear infection/aches | <input type="radio"/> tuberculosis | <input type="radio"/> fainting | <input type="radio"/> sleepwalking | <input type="radio"/> urinary/GI track problems |
| <input type="radio"/> hepatitis B carrier | <input type="radio"/> high blood pressure | <input type="radio"/> nightmares | <input type="radio"/> hay fever | <input type="radio"/> frequent headaches |
| <input type="radio"/> heart defect/disease | <input type="radio"/> psychotic behaviours | <input type="radio"/> thyroid | <input type="radio"/> hyperactive disorder | <input type="radio"/> attention deficit disorder |
| <input type="radio"/> arthritis | <input type="radio"/> polio | <input type="radio"/> depression | <input type="radio"/> heart condition | |
| <input type="radio"/> penicillin allergies | | <input type="radio"/> mumps | <input type="radio"/> stroke | |
| <input type="radio"/> measles | | <input type="radio"/> herpes | <input type="radio"/> bleeding/clotting | |

Please note frequency, severity, treatments and response to above: _____

Medication: Self-medication is NOT an option at camp. All campers will be required to leave medications with the camp nurse.

What is camper's present medical condition or diagnosis? _____

Please list below any current health issues and medication (prescription and non-prescription) and dosage, if any.

HEALTH ISSUE	MEDICATION	DOSAGE	ADMINISTRATION
e.g. ADD	Ritalin	two tablet	with meals 3 x daily

***** It is mandatory that each camper's medication, INCLUDING NON-PRESCRIPTION DRUGS – i.e., vitamins, be prepared in a blister or bubble pack with camper name, doctor name and CLEAR medication instruction. Failure to do this may result in a \$25 per camper surcharge.*****

The following items are to be sent in a labelled ziplock bag: meds in bubble packs, picture of camper with name on it, any money, medical information update, valuables or small things which could get lost.

I verify that the above information is correct.

Signature: _____

Date: _____

AUTHORIZATION CERTIFICATE

I will notify the camp regarding the person herein described (a) if medication needs change or (b) is exposed to an infectious disease during the three weeks prior to camp. In the case of a medical emergency, I understand every effort will be made to contact the parents or guardians. In the event that I cannot be reached, I hereby give permission to the physician selected by the camp director or designate to hospitalize, secure prompt treatment, order injection, anaesthesia or surgery for the person named above. I understand that the nearest hospitals are as follows: for Camp Moose Lake: Roseau Minnesota; for Camp Koinonia: Boissevain MB and Camp Assiniboia, Headingley MB. In the event of medication, medical advice, treatment and/or equipment are required, I agree to accept financial responsibility in excess of the benefits allowed by Provincial Health and/or Medical Insurance. In case of sickness, the camp nurse may administer medication or treatment as necessary.

I agree to resolve any matter involving any personal injury or property damage, however caused, including through anyone's negligence, through negotiation, mediation, or arbitration; and that in any such case, the total liability of the Mennonite Church Manitoba, the members of its Executive and Committees, and Camp Administrators, staff and volunteers, shall be limited to that amount for which the MCM is insured; and I acknowledge that this limitation is being taken by Camp Administrators as agents for all persons benefiting there from. I give permission for any photographs, videos or other pictures to be used in camp promotional and training material and brochures without any financial compensation.

Signature of parent/guardian _____ Date _____

Clearly **PRINT** name of parent/guardian _____

PLEASE ENSURE BOTH SPACES ARE SIGNED PRIOR TO MAILING TO THE OFFICE.