

AD-V Camp

(Adults with Disabilities-Venture Camp)

Application for 2020



Camps with Meaning
is a ministry of
Mennonite Church Manitoba



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

GENERAL CAMP INFORMATION

WELCOME TO CAMPS WITH MEANING!

Camps with Meaning provides adults with intellectual and/or physical disabilities with a safe and caring Christian community where they can make and deepen friendships, enjoy the outdoors, learn about and worship God, and have a whole lot of fun. A week at camp is a meaningful way for campers to spend their vacation!

OUR GOALS

Our primary goal is for each camper who attends our camps to feel affirmed and respected. We encourage campers to build friendships and grow in positive social skills, participate in outdoor recreation and try new activities, and experience Christian teaching and worship.

OUR ACTIVITIES

Our programs vary slightly at each camp and include games, crafts, sports, walks, boat and wagon rides, zip lines, interacting with animals, archery and much more. Our engaging Bible times involve singing, skits, prayer, and interactive teaching. There is also plenty of time to interact with other campers and staff in a relaxed atmosphere.

SAFETY AND WELL-BEING OF CAMPERS

In order to provide a safe environment for all campers and staff, violent behavior will not be tolerated. In the event that a camper persists with unacceptable and/or unsafe behavior, 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 behavioral or care needs. **Campers will be screened before being accepted.** Please inquire for further details before registering.

MEDICAL INFORMATION

Each week at camp is supported by a registered Health Officer who is on hand to distribute medications and handle any medical needs or emergencies.

Camper medications should be brought in a bubble pack, clearly labelled, and accompanied by a MAR sheet to assist the Health Officer in distribution and recording.

TRANSPORTATION

Campers are responsible for their own transportation to and from camp. As mentioned above, a caregiver must be available to pick up a camper in the case that they need to be sent home for any 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

Our Winnipeg office is open between 9 am and 4 pm Monday through Friday.

Phone: 204-895-CAMP (2267)

Fax: 204-832-7804

Email: camps@mennochurch.mb.ca

Website: www.campswithmeaning.org

Address: 600 Shaftesbury Blvd., Winnipeg, MB, R3P 0M4

REGISTRATION INFORMATION

APPLICATION FOR CAMP

Registering by Mail in application: If you are registering by mail in application please call in to reserve your Camper's spot. Then complete the attached application and medical form and mail in with payment as soon as possible.

Registering Online: New for this year! If you are registering online you do not need to call to reserve a spot. Simply go online and create your account, your Camper's spot will be reserved after you complete the Camp Confirmation page. You do not need to finish the whole application at once. If you are paying by cheque or cash on line, just click on the Manual Cheque button. If you are registering from an agency you can add multiple Campers under the same account.

Online registration will go live on February 10, 2020 at 10am. Click on the link on our ADV information page.

Please Note: For Mail In and Online Registrations that incomplete applications cannot be processed – look it over carefully and fill in all answers as completely as possible! This ensures that each camper receives the best care possible during their week at camp. The completed application and payment must be submitted prior to the **Early Bird deadline of March 31st** to receive the discount – your reservation does not count for that.

SCREENING

All new applicants will be contacted by our Integration Coordinators in order to clarify needs and abilities and ensure that our goals and services are well understood.

ACCEPTANCE LETTER

A detailed acceptance and information letter will be sent out to help each camper prepare well for their week at camp.

CANCELLATION POLICY

A 75% refund is available up to 14 days prior to your week at camp. After that point, no refunds will be given except for verified medical or family emergencies.

2020 SESSIONS AND FEES

We strive to keep our fees as low as possible. Should you require assistance, please contact the office.

An **Early Bird Discount of \$20** will apply to registrations **received or postmarked on or before March 31.**

Please make cheques payable to **MCM-Camps.**

Camp	Session 1 (Spring)	Session 2 (Spring)	Session 3 (Summer)
Koinonia	May 25-29 (Mon-Fri) \$455/\$435 early bird	June 1-5 (Mon-Fri) \$455/\$435 early bird	July 12-17 (Sun-Fri) \$455/\$435 early bird
Assiniboia	June 8-12 (Mon-Fri) \$455/\$435 early bird	June 15-19 (Mon-Fri) \$455/\$435 early bird	August 3-8 (Mon-Sat) \$455/\$435 early bird

ON-SITE REGISTRATION

Registration for the **spring (May/June)** sessions begins at **3:00 pm** on the first day of camp (Monday).

Registration for the **summer (July/August)** sessions begins at **7:00 pm** on the first day of camp (Sunday or Monday). Please do not arrive early!

Each camper must be accompanied by a person who is fully able to answer any questions about their medical and social needs. Campers who arrive without such a person may be returned home at the caregiver's expense.

Please mark all bags and sleeping items with the camper's name. Medication should be clearly labelled and in bubble packs. Money, wallets and other valuables should also be in labelled Ziploc bags (or something comparable).



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 a recent photo!

AD-Venture Camp Application and Medical Form

Please answer all questions as completely as possible. Incomplete forms will be returned.

Camp Attending: Koinonia Assiniboia Session Dates: _____

Personal Data:

Name: _____ (Last) _____ (First) M F

Birthdate: _____ Age _____ Phone Number _____

Mailing Address: _____
Box/Street No Town/City Province Postal Code

Registering with group home/organization? Y N Organization Name: _____

Attended Camps with Meaning before? Y N Will camper be accompanied by one-on-one worker? Y N

Campers who are prone to wandering, who need high levels of care and assistance, or who need constant supervision MUST BE accompanied by a one-on-one worker. Workers must forward a valid CAR and police check to the Camps office prior to camp session.

Name _____ Email _____

Food/Health Concerns _____

Person completing form/Main Contact _____ Phone _____

Relationship to Camper _____ Email _____

Community Service Worker _____ Phone _____

Email _____

Please provide name and phone number of person(s) transporting the camper (MUST BE ABLE TO CLARIFY MEDICAL QUESTIONS IF NEEDED)

Drop-off _____ Phone _____

Pick-up _____ Phone _____

Emergency Notification: Persons named here must be available during the camp session to provide information about the camper and to arrange transportation should the camper need to return home before the end of the week for medical or behavioral reasons.

Person #1 _____ Phone _____

Relationship to Camper _____

Person #2 _____ Phone _____

Relationship to Camper _____

INSTRUCTIONS FOR COMPLETING THE FOLLOWING PAGES: This form is most helpful when completed by the primary caregiver. Please help us provide a safe, healthy and enjoyable time for our campers by providing the most **complete information** you can to all of the questions. This way we can provide the most appropriate staff and accommodations to meet their needs. **This completed form must be on file in the camps office prior to attendance** to ensure your spot and to provide us with current medical information.

Each camper is **required** to provide a **Medication Administration Record (MAR)** which can be obtained from the pharmacy. The MAR may be forwarded to the office or presented to the Health Officer on the first day of camp. Completed MARs will be returned to you with the medications. Please ensure all directives are as clear and specific as possible.

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

MEDICAL CONDITION/DIAGNOSIS: _____

Physician's Name _____ Phone _____

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

- | | | | | |
|--------------------------------------|--------------------------------------------|--------------------------------------------|--------------------------------------------|---------------------------------------|
| <input type="radio"/> chicken pox | <input type="radio"/> arthritis | <input type="radio"/> heart defect/disease | <input type="radio"/> stomach trouble | <input type="radio"/> sleepwalking |
| <input type="radio"/> mumps | <input type="radio"/> asthma | <input type="radio"/> circulation problems | <input type="radio"/> GI tract issues | <input type="radio"/> nightmares |
| <input type="radio"/> measles | <input type="radio"/> hay fever | <input type="radio"/> high blood pressure | <input type="radio"/> urinary tract issues | <input type="radio"/> depression |
| <input type="radio"/> polio | <input type="radio"/> hernia | <input type="radio"/> fainting | <input type="radio"/> herpes | <input type="radio"/> ADD |
| <input type="radio"/> tuberculosis | <input type="radio"/> hepatitis B | <input type="radio"/> frequent headaches | <input type="radio"/> penicillin allergy | <input type="radio"/> hyperactivity |
| <input type="radio"/> appendectomy | <input type="radio"/> tubes in ears | <input type="radio"/> strokes | <input type="radio"/> convulsions/seizures | <input type="radio"/> sunburns easily |
| <input type="radio"/> thyroid issues | <input type="radio"/> ear infections/aches | <input type="radio"/> sinus trouble | <input type="radio"/> psychotic behaviors | <input type="radio"/> diabetes |

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

Will camper be bringing medication to camp? Y N

Self-medication is NOT an option at camp. All campers will be required to leave medication with the Health Officer. It is mandatory that each camper's medication (including non-prescription drugs) be prepared in a **BLISTER/BUBBLE PACK** with camper name, doctor name and clear instruction. Failure to provide MAR or bubble pack may result in a \$25 surcharge.

BEHAVIORAL INFORMATION:

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

- Please circle: **O** (often) **S** (sometimes) **N** (never)
- | | | | | | |
|--------------------------|-------------------------------------------------|--------------------------|-------------------------------------------------|-----------------------|-------------------------------------------------|
| pushes/shoves others | <input type="radio"/> S <input type="radio"/> N | pinches/bites self | <input type="radio"/> S <input type="radio"/> N | pinches/bites others | <input type="radio"/> S <input type="radio"/> N |
| kicks/hits/abuses others | <input type="radio"/> S <input type="radio"/> N | throws objects at others | <input type="radio"/> S <input type="radio"/> N | exposes self publicly | <input type="radio"/> S <input type="radio"/> N |
| needs to be restrained | <input type="radio"/> S <input type="radio"/> N | | | | |

describe procedure: _____

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

Compulsive behaviors: _____

Response: _____

Self-abusive behaviors and causes: _____

Response: _____

Emotional needs: _____

Response: _____

Social needs: _____

Response: _____

Other needs: _____

MEDICAL INFORMATION, ABILITIES AND REQUIREMENTS: Please answer ALL questions.

Height _____ Weight _____

Please mark YES or NO for each question in this section. Give details where YES is indicated. Use additional sheets if necessary.

ALLERGIES

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

Describe reaction & severity:

DIET RESTRICTIONS

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

SWIMMING

- Check one:**
- DOES NOT
 - weak swimmer
 - average swimmer
 - strong swimmer
 - certified
 - don't know

SEIZURES

- Y N**
- epileptic
 - subject to seizures
 - under medication
 - presently controlled
- date of last seizure: _____
- type/description:**
- frequency: _____
- duration: _____
- type: _____

Please mark all boxes that are appropriate in each section.

COMMUNICATION

- good speech
- speech-impaired
- non-verbal
- signs/gestures
- writes
- communication aid: _____

HEARING

- hears well
- completely deaf
- legally impaired
- impaired left
- impaired right
- impaired both
- hearing aid

SIGHT

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

EATING/DENTAL

- serves self appropriately
- needs assistance eating
- eating disorder
- missing teeth/trouble chewing
- eats slowly
- needs assistance brushing
- wears dentures

FEARS

- water
- dark
- animals
- crowds
- heights
- other: _____

MOBILITY

- walks well
- difficulty walking
- poor balance
- uses walker/cane
- uses wheelchair
- wanders

SHOWERING

- showers self
- needs reminders
- needs assistance
- may resist showering

TOILETING

- toilets self
- needs reminders
- needs assistance _____
- incontinent/briefs _____

DRESSING

- dresses independently
- some help needed
- total assistance needed

NOTE: Campers with night time Incontinence are required to provide washable bedding and/or sleeping pad.

Further notes on any of the above: _____

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

Treatment for cramps/discomfort during cycle: _____

Describe assistance needed (toileting/dressing) during cycle: _____

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

- campers with **seizure disorders or limited mobility** please indicate **bottom bunk necessary**

Special Request: DO NOT put together in the same cabin as _____

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 for each camper, please let us know more about them by answering the following questions.

Camper's Occupation _____ Place of Work _____

Has camper been away from home before? Y N

Indoor Interests _____

Outdoor Interests _____

Hobbies _____

During camp, this camper may like to experience:

- archery singing outdoor cooking
- volleyball arts/crafts sleeping outside in a tent
- canoeing puzzles nature study
- basketball coloring outdoor games
- swimming drama/costumes longer walks
- zipline storytelling/listening campfires
- barge/hay rides Bible study gardening

Does this camper...

- | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Y N</p> <p><input type="radio"/> like to try new things?</p> <p><input type="radio"/> participate in group activities?</p> <p><input type="radio"/> keep track of their own things?</p> <p><input type="radio"/> follow complex instructions?</p> <p><input type="radio"/> initiate their own activity choices?</p> <p><input type="radio"/> like to be alone often</p> <p><input type="radio"/> enjoy being in large groups?</p> | <p>Y N</p> <p><input type="radio"/> take mid-day naps?</p> <p><input type="radio"/> need extra supervision?</p> <p><input type="radio"/> understand game rules?</p> <p><input type="radio"/> tell untruths or exaggerate?</p> <p><input type="radio"/> have emotional outbursts?</p> <p><input type="radio"/> need help relating to opposite gender?</p> <p><input type="radio"/> smoke?</p> | <p>Y N</p> <p><input type="radio"/> sleep through the night?</p> <p>usual bedtime _____</p> <p>usual wake-up _____</p> <p><input type="radio"/> have unusual sleep habits?</p> <p>_____</p> <p>_____</p> <p>_____</p> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

AUTHORIZATION CERTIFICATE

I verify the information provided is correct. I will notify the camp regarding the person herein described (a): if medication needs change or (b): if exposed to an infectious disease during the three weeks prior to camp. In the case of a medical emergency, I understand that every effort will be made to contact parents or caregivers. 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 Koinonia: Boissevain, MB and Brandon, MB; for Camp Assiniboia: Grace Hospital, Wpg, MB. In the event that medication, medical advice, treatment and/or equipment are required, I agree to accept any financial responsibility. In case of sickness or minor accidents, the camp health officer may administer medication and/or treatment as necessary.

I agree to resolve any matter involving any personal injury or property damage, however caused, including through negligence, through negotiation, mediation or arbitration; and that in any such case, the total liability of Mennonite Church Manitoba, its staff and volunteers, shall be limited to that amount for which MCM is insured; and I acknowledge that this limitation is being taken by camp administrators as agents for all the persons benefitting therefrom.

I give permission for any photographs and/or videos to be used in camp promotional and training material and brochures without any financial compensation.

Print Name of Caregiver: _____

***Signature of Caregiver:** _____ **Date:** _____

****PLEASE ENSURE FROM IS SIGNED PRIOR TO SUBMITTING TO OFFICE****