

Take PART Program Information 2010

Easter Seals Nova Scotia Summer Recreational Sports Camps

Age Group to be Served: Children and teens ages 8-21 years of age
Program Site Location: Windsor, Truro, Antigonish, Sydney
Time: 9am – 4pm
Dates: **Windsor:** July 5 – 7, 2010
Truro: July 12 – 13, 2010
Antigonish: July 15 – 16, 2010
Sydney: July 21 – 23, 2010

Participant Requirements:

- be between the ages of 8 and 21 (born after Jan 1, 1989, before Jan 1, 2001)
- have a physical disability (e.g. Spina Bifida, CP, MD, etc.), or an interest in physically adapted activities (ex: siblings, friends, etc)
- have an interest in participating in recreation and sport
- be able to follow directions and attend to task
- be able to understand and follow the rules of each activity
- be able to actively participate in a group

Program Description:

Through *Take PART* Adapted Recreational Sports Camps, children and teens with physical disabilities will be exposed to a variety of recreation and leisure opportunities that they can participate in as part of a healthy lifestyle.

The participants of this fun and exciting, fully accessible day camp will *Take PART* in recreation activities, learning new skills, in a fun, dynamic and safe atmosphere. Easter Seals Nova Scotia believes that every child and youth should have the opportunity to experience the exhilaration, self confidence, and joy of participating in physical activity, regardless of the equipment or assistance used.

Easter Seals Nova Scotia ensures that all volunteers undergo assessment, a Criminal Record check and a Child Abuse Registry check before working with our program. Registration is \$30.00 per individual per day for the Camp session. Please make cheque payable to Easter Seals Nova Scotia. VISA/Mastercard payments are also accepted by telephone (902-4533-6000, ext. 226.)

To be enrolled in the Summer Day Camp, forms must be received 7 days prior to the camp. Please mailed or fax the application to:

Easter Seals Nova Scotia
Take PART
3670 Kempt Rd.
Halifax NS B3K 4X8
Fax: 454-6121

Take PART Summer Camp Application Form

Location: _____

Participant Information

Name: _____ Date of Birth: _____

Address: _____ Phone Number: _____

_____ Health Card #: _____

Primary Diagnosis: _____ Secondary Diagnosis: _____

Emergency contacts during Program

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Medical Information

Does the participant have any allergies? YES NO

Please

specify: _____

Is the reaction Localized Anaphylactic

Please describe the symptoms of the reaction:

Please describe all treatment for the reaction:

Epi Pen? YES NO

Has the participant ever experienced a seizure? YES NO

Date of last

seizure: _____

Type of

Seizure: _____

Triggers: _____

Warning Signs: _____

Does the participant have a shunt? YES NO

Type? _____

If the shunt has ever been blocked, please describe the symptoms:

Is there any other medical information Take PART Staff should be aware of?

Activities of Daily Living

Please provide as much detail as possible on how you and your child manage these daily activities of living at home so that we may assist in providing the right amount of support your child needs while encouraging independence. Please include any special equipment, positioning, or verbal or physical cues that have proven successful. Don't forget to alert us to any potential safety issues.

Dressing (zippers, buttons, shoes, etc.):

Toileting (Please specify means of mobility to get there, if on a bathroom schedule, if they use safety bars or other and what assistance is needed once there).

Eating/Drinking (difficulty swallowing, pureed diet, assistance required, etc.):

Ambulation – please specify any aids used and when, and how much assistance is required

How does the participant currently participate in sporting activities?

Describe how you would like to see your child involved? Give any concrete suggestions you can to help us make this a very meaningful experience for your child (i.e. -any special positions, balls, or other adaptations that you have found useful?)

Any other comments that may assist us in ensuring your child has a positive experience at Take PART?



Take PART Consent Waiver, and Authorization Form

(Please initial each page to ensure that you have read all pertaining information)

Our Privacy Statement:

“Take PART” is a program of and is administered by Easter Seals Nova Scotia, and the we respect your privacy. We protect your personal information and adhere to all legislative requirements with respect to protecting privacy. We do not rent, sell or trade our mailing lists or client information. The information you provide will be used to deliver your program services only”.

Please read this document carefully. It affects your rights and those of your child.

The words “Easter Seals Nova Scotia” in this document means Easter Seals Nova Scotia directors, staff and volunteers.

The words “Take PART” in this document means Easter Seals Nova Scotia, Take PART sports directors, staff or volunteers.

The word “Participant” in this document means the applicant whose full name is:

(Print participants full name here)

The words “I” or “me” in this document means you, the Parent(s), or Legal Guardian(s), whose full name(s) are:

(Print Mother/Legal Guardian’s Full Name)

(Print Father/Legal Guardian’s Full Name)

Authorizations and Agreements

I hereby authorize and empower Easter Seals Nova Scotia:

- 1) To provide, or to authorize the provision of, such medical, medication, administration, hospital, dental, or emergency care or services for the participant, as it may deem necessary (in its sole discretion) for safety, health, care or protection of the participant while he/she is attending Take PART.
- 2) To use any and all information it has concerning the participant, or to release all such information to any other person, organization, or institutions it deem necessary (in its sole discretion) for safety, health, care, or protection of the participant while he/she is attending Take PART.

I understand that in the event of accident or illness, Easter Seals Nova Scotia will make reasonable efforts to contact me, but I also understand and agree that The Easter Seals Nova Scotia does not have to wait until after contacting me to provide or authorize the provision of such medical, hospital, dental, or emergency care services as it may deem necessary for the safety, health, care, or protection of the participant suffering such accident or illness.

I certify that all of the information contained in this application form is complete and correct, and I agree to notify Easter Seals Nova Scotia immediately in writing of any changes in the participant’s health status or in the emergency contact number.



In the event that only one Parent or Legal Guardian signs this form:

I certify that I have the authority to sign this form on behalf of the participant and that no other authority or signature is required. **Initial here** _____

I agree to supply or provide Take PART with all personal equipment, medications, or assistive devices which the participant requires to enable him/her to attend Take PART.

I also agree and understand that Take PART may offer more physical, mental and emotional challenge to the participant than he/she may be used to. I agree and understand that Easter Seals Nova Scotia reserves the right, in its sole discretion, to decide at any time (either before or after the participant arrives at Take PART, (or any time during the program) that the program is not suited to the participant’s physical, mental or emotional condition or health.

Waiver of Legal Liability

I certify that I am familiar with the Take PART program and that I have read any general information which may accompany this application.

I agree and understand that Take PART and its activities may offer additional and higher levels of physical challenge and risk of physical harm to the participant than he/she experiences in home, school or hospital settings. Although all safety precautions will be taken, I agree and understand that accidents, mistakes, and errors in judgment can occur. I accordingly hereby release and save harmless (on my behalf and on behalf of the Participant) Easter Seals Nova Scotia and Take PART from all suits, claims, actions and causes of action due to loss or injury to a person or property of myself or the participant.

Please Sign Below:

(Signature of Parent or Legal Guardian)

(Date)

(Signature of Parent or Legal Guardian)

(Date)

(Signature of Witness)

(Date)

OPTIONAL

Permission is hereby granted for group/individual photographs and/or videos to be taken of this participant and I/We are willing for them to be shown in the interest of Easter Seals Nova Scotia, Take PART or the participant. The Participant will not be included in the group photograph unless below is signed and dated appropriately:

(Signature of Parent/Legal Guardian)

(Date) s

(Signature of Parent/Legal Guardian)

(Date)