

SEA TO SKY APHASIA CAMP 2011

Dear Campers:

We are excited that you will be joining us for the 2nd Annual Sea-to-Sky Aphasia Camp 2011! We are looking forward to having a fun and relaxing weekend together with you.

Sea-to-Sky Aphasia Camp 2011 will take place at the Easter Seal Camp in Squamish from September 16th to 18th.

During your stay, you will have the opportunity to experience lots of recreational and social activities such as golf, hiking, canoeing, fishing, swimming and much more.

We look forward to seeing you at registration starting 2:00 pm on Friday, September 16th. We will do our best to make your camp experience the best ever!

Please complete this Camper's Registration Package ("Forms to Mail Back") and return via:

1. Email to kerry@howesound.net
- or
2. Mail the forms to
Attn: Kerry Horgan
203-218 Blue Mountain Street
Coquitlam, BC, V3K 4H2

Each participant planning to attend must complete their own registration form (person with aphasia **as well as** any accompanying family member or friend).

FORMS TO KEEP:

- **Directions/map to camp**
- **Accommodation information**
- **Things to bring**

FORMS TO MAIL BACK BY AUGUST 8TH 2011:

- **Activity Interests Form**
- **Health History Form(s)**
- **Communication Survey**
- **Physical Needs Survey**
- **Consent/Waiver Form(s)**
- **Conversation Questions**

Directions to the camp

Camp Squamish is located 45 kms north of Vancouver in a peaceful setting at the foot of Mount Garibaldi and the mouth of the Squamish River. This 33-acre site features endless grass fields and forested nature trails.

Directions and Locations:

Camp Squamish is located just outside of Squamish at 41015 Government Rd.

Approaching from Vancouver

1. Follow Highway 99 towards Whistler (North),
2. Follow the Highway past Squamish city proper
3. Turn LEFT on Garibaldi Way
4. Turn RIGHT on Government Road
5. Camp Squamish is located on the right hand side of Government Road

Approaching from Whistler

1. Follow Highway 99 towards Vancouver (South)
2. Follow the Highway past Alice Lake Provincial Park
3. Turn RIGHT on Garibaldi Way
4. Turn RIGHT on Government Road
5. Camp Squamish is located on the right hand side of Government Road

Camp Accommodations and Meals

Accommodations:

The camp has two lodges (Nootka and Haida) with two floors. Both lodges can sleep 65 people each. They contain bathrooms and showers on both floors, a lounge area with fireplace and TV/DVD. The rooms and bathrooms on the main floor are all wheelchair accessible. In addition, there are four end suites available at an additional cost of \$75 for couples who prefer their own bedroom and shower facilities.

Meals:

The camp will cater to a variety of special diets and with enough advanced notice they can specialize your meals to suit your needs.

Breakfast - 9:00 am

Lunch - 12:00 noon

Dinner - 5:30 pm

Camper Packing List

Toiletries

- Toothbrush & toothpaste
- Shampoo & Conditioner
- Soap
- Hairbrush/Comb
- Deodorant
- Sunscreen
- Washcloth
- Towel(s)
- Denture supplies (if applicable)
- Hygiene products (if applicable)
- Bug Spray
- Eye glasses/contact lenses and supplies

Clothing

- T-shirts
- Swimsuit
- Long sleeved shirts
- Shorts
- Long pants
- Underwear
- Socks
- Warm sweater/heavy jacket
- Pajamas, robe & slippers
- Rain suit
- Sun hat
- Sunglasses
- Shoes: at least one pair suitable for walking/hiking (not sandals or flip flops)

Identification

- Health Card

Equipment

- Sleeping Bag or single bed sheets and blankets
- Pillow
- Towels
- Towels for pool
- Adaptive equipment (cane, wheelchair, feeding aides etc)
- Communication book or devices
- Adapted sport equipment such as golf clubs
- Water bottle











Optional

- Reading material (books, magazines)
- Journal; writing materials, Puzzles
- Guitar
- Flashlight
- Hiking boots
- Umbrella

Form to send back

Activity Interests: Person with Aphasia / Partner (please circle)

The following is a list of the activity possibilities for the Sea to Sky Aphasia Camp. Please place a (√) beside the activities that you might be interested in. This is a preliminary list so that we can learn what campers may or may not be interested in. Campers' interests will help us to finalize our schedule of activities.

Activity	√	Activity	√
 Yoga		 Fishing Bring your own fishing rod, tackle & license ***see below	
 Hiking / Nature Walks		 Swimming	
 Canoeing ***see below		 Driving Range Bring your own golf club or rent ***see below	
 Woodworking		 Archery	
 Painting		 Photography Bring your own camera and cords	
 Lawn Games		 Crafts (Cards and/or Candle-making)	
 Kite-Making		 Biking Bring your own bike and helmet. Or try a recumbent bike.	

*** Canoeing, driving range and fishing require driving your own vehicle or carpooling



I can offer a ride to other campers

Yes

No



I need a ride to activities off site

Yes

No

If no campers express an interest in an activity it will not be offered.

Please let us know if you have other suggestions:

Form to send back

Please place (√) in the box that applies to you. Please fill out the entire package with information that applies to you.

- Information for camper with aphasia**
- Information for Partner/ Friend/ Caregiver**

Name: _____ Gender: Male ___ Female ___

Address: _____ City: _____ Postal Code: _____

Email Address: _____

Phone (day): _____ Phone (night): _____

Date of birth: _____ Health Card number: _____

BC ID/Drivers License _____

Family Doctor's Name _____ Address _____

Family Doctor's Phone Number: _____

Please provide a list of your current medications



Emergency Contact Information

Primary Contact

Name: _____

Relationship: _____

Full Address (including city and postal code): _____

Phone (day): _____

Phone (night): _____

Form to send back

Medical Information

1. Please provide medical diagnosis leading to your aphasia as well as any other medical conditions/health information we should be aware of.
2. Please tell us if you have any allergies.
3. Please tell us if you have any dietary requirements i.e. vegetarian, pureed diet, diabetic etc.
4. Please state if you have ever experienced a seizure, how frequently they happen and what treatment you receive.
5. Please place (✓) if you require assistance any of the following.
 - Personal care/ self care
 - Lifting and transferring
 - Taking medication
 - Assistance to the bathroom
 - Making choices and decisions
 - Controlling anger
6. If you checked any of the above you must have a care attendant present at the camp:
7. Please state below if you have any mobility issues or use a wheelchair:

Communication Survey

If you have aphasia please complete this communication survey so that we can better support you during your stay at the camp.

What helps you to communicate?

Writing



Choices



Pictures



Drawing



Other

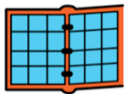
?

Add below

Do you use a communication device? YES NO

- If 'YES', what type of device?

Notebook



Electronic device



Computer



Life history



Other


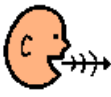

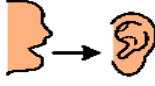












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Add type below

What else should we know about how you communicate?

Communication Survey

How well do you do with each of these?

















reading 	talking 	writing 	understanding 
easy 	easy 	easy 	easy 
okay 	okay 	okay 	okay 
hard 	hard 	hard 	hard 

Comments:

Form to send back

Physical Needs Survey

Do you use an assistive device to move around?

<p>cane</p> 	<p>walker</p> 	<p>wheelchair</p> 	<p>helper</p> 
<p>easy</p> 	<p>easy</p> 	<p>easy</p> 	<p>easy</p> 
<p>okay</p> 	<p>okay</p> 	<p>okay</p> 	<p>okay</p> 
<p>hard</p> 	<p>hard</p> 	<p>hard</p> 	<p>hard</p> 

Tell us about your needs regarding the bathroom.



I will have someone helping me in the bathroom.




I will have someone helping me in the shower.

Form to send back


Physical Needs Survey

How much do your limitations interfere with your daily activities?


walking




a lot



some




none




↑

↓


hearing




a lot



some



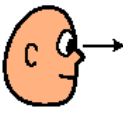
none




↑

↓


vision




a lot



some



none



↑

↓

Comments:

Form to send back

Questions for conversation at camp:

Circle choices



Write and/or draw your comments (Feel free to add paper)

1. What matters to you? (Circle one or more)


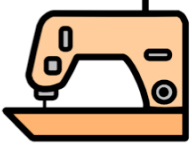


















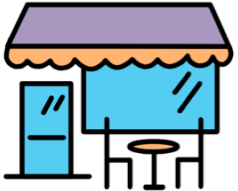




Family	Spouse	Health	Religion	Other

2. What are you proud of? (Circle one or more)

Work	Marriage	Children	Service	Other







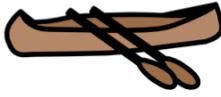



Form to send back

3. What do you enjoy doing? (Circle one or more)



Cards 	Sewing 	Visiting 	TV 	Dancing 
Travel 	Hunting 	Fishing 	Knitting 	Quilting 
Camping 	Shopping 	Computer 	Reading 	Choir 
Exercise 	Walking 	Running 	Biking 	TV Sports 
Restaurants 	Cooking 	News 	Bingo 	Other 

Form to send back

4. Activity you'd like to try sometime? (Circle one or more)

Golf 	Biking 	Fishing 	Woodwork 	Dancing 
Yoga 	Canoeing 	Kayaking 	Swimming 	Other 

5. Tell us a memorable event. (Circle one or more)

Vacation 	Wedding 	Reunion 	Party 	Other 
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6. What kinds of music do you enjoy? (Circle one or more)

Classical 	Country 	Rock 	Jazz 	Other 
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Form to send back

Release of Liability

Inherent Risks

I, the undersigned, do hereby acknowledge that the Sea to Sky Aphasia Camp is a completely voluntary overnight weekend program designed to provide outreach, support, and social interaction for anyone interested in or affected by aphasia. I understand that Sea to Sky Aphasia Camp will not be monitoring, evaluating, or providing medical attention or healthcare needs support. Sea to Sky Aphasia Camp is in no position to provide on-site care, nor is camp participation a substitute for participants' regular medical and health care needs. My well-being and safety is my responsibility throughout the course of the camp weekend experience.

Each camp activity carries inherent risks for campers. These risks may include, but are not limited to, contact during sports (with another person, equipment or property), group separation, slips, falls, burns, transportation accidents (provided or carpooling), and other incidents. Inherent risks may lead to injury or illness including, but not limited to, injuries, illnesses, bodily injury, burns, insect bites, head and back injury or death.

Assumption of Risks

I have read the inherent risks and will participate in the activities of the camp. I accept that there are inherent risks involved in camp activities and agree to accept those risks. I will seek and receive explanations from the camp of any activities I have concerns with or need clarification.

Waiver/ Release of Liability

In consideration of the camp activities, I agree that the camp or its employees, volunteers, or directors shall not be held liable for any injuries or damages which may arise out of the course of normal camp activities, including accident and inadvertence.

Consent to Release Photograph

During your stay at Sea to Sky Aphasia Camp, your photograph, video or audiovisual may be taken by employees/agents or authorized media (newspaper/radio/television) to make, use, edit, and publish photographs, videotapes, or other audiovisual records of you for the intended purpose of education, publicity, or public relations. If you do NOT wish any photos of you to be used in this way, please inform camp organizer Kerry Horgan.

Agreement to Conditions

- This form must be completed in full.
- The camp fee must be submitted with this form.(if not already sent)
- Camp fees include accommodation, 3 meals a day and snacks and all activities while at camp.
- Campers requiring any form of assistance (i.e. for purposes of self care, safety, mobility, behavior, etc.) must be accompanied by an attendant. All campers participating without an attendant must be independent in all aspects of their care.
- Campers are responsible for bringing all necessary items required for their stay at the camp.

Acknowledgement

I have reviewed the SEA TO SKY APHASIA CAMP camper information/registration package. I understand and agree to the camp release of liability, consent to release photograph and Agreement to Conditions.

Signature of attendee: _____

Please print name of person signing _____

Date: _____