

MANITOBA FASD

FamilyNetwork



FASD Explore Summer 2018 Summer Application Package July 11–13, 2018

Applications are due Friday, May 18, 2018

****Please submit your application as soon as possible to ensure a spot ****

Families will be contacted by phone regarding application status between
May 28 to June 1, 2018

NOTE: If the child is in care, forms must be signed by the CFS worker before the application will be accepted.

FASD - Explore Summer Camp 2018

An overnight summer camp experience for children and youth with FASD facilitated by Momenta *experience discover grow* **Application forms and consents due on May 18, 2018.**

Who:

Camp applicants must:

- Have an FASD diagnosis
- Meet the identified age criteria:
 - Junior camp: 10-12 year olds (15 spots)
** priority to be given to children currently involved with SOS program
 - Senior camp: 13-15 year olds (15 spots)
 - Leadership camp—By invitation
- Be able to safely manage a supervision ratio of one adult to three participants
- Be ready to be away from home and attend an overnight camp
- Be interested in and has expressed a desire to attend an overnight camp
- Not currently involved with the youth justice system

When and Where: July 11-13, 2018

The overnight camp this year will be held at **Camp Brereton**, activities include; canoeing, swimming, hiking, games, campfires and crafts. The camps will be facilitated by the staff of Momenta *experience discover grow*



Important Dates:

May 18, 2018 (Friday) - Last day for applications. All applications will be reviewed.

May 28– June 1 2018 - Families will be contacted by phone re: application status. A letter will be sent to families with detailed pick up and drop off information, and a what-to-bring-to-camp list.

Week of July 2, 2018 - You will receive a reminder phone call regarding the upcoming camps the following week.

Costs: This year all participant costs will be covered by the FASD Family Network and the Stepping Out on Saturdays Program - Winnipeg. Transportation between Winnipeg and Brereton Lake is included.

Mail or fax applications to the Rehabilitation Centre for Children 1155 Notre Dame Ave., Winnipeg, MB, R3E 3G1 Fax: (204) 258-6797 Attn: Rita Drohomereski. **Questions?** Please call Laura Bennett at (204) 258-6741

Please take the time to properly fill in, date, and sign the following documents:

- Explore Summer 2018 FASD Summer Camp Application form (Form A)
- Photo consent (Form B)
- Exchange of information (Form C)
- Medical information form (3 pages) - Momenta *experience discover grow*
- Waiver and Release of Liability form—Momenta *experience discover grow*

*** Total pages to return = 7 pages**

Mail or fax applications to:

MB FASD Family Network Attn: Rita Drohomereski
Rehabilitation Centre for Children
Specialized Services for Children and Youth Centre
1155 Notre Dame Avenue
Winnipeg, MB R3E 3G1
Fax: (204) 258-6797

Questions? Please contact Laura Bennett at:
Phone (204) 258-6741
Email lbennett@rccinc.ca

Applications are due Friday, May 18, 2018
Families will be contacted by phone regarding application status
between May 28 to June 1, 2018

NOTE: If the child is in care, forms must be signed by the CFS worker before the application will be accepted.

(Form A)

Explore – FASD Summer Camp 2018 Program Application

Rehabilitation Centre for Children

Telephone: (204) 258-6600 Fax (204) 258-6797

Application Date: _____

Camp: Junior (age 10 – 12 years old) Senior (age 13-15 years old) Leadership (by invitation)**Child's Name:** _____

Birth date: _____

Month: _____

Day: _____

Year: _____

 Male Female

MHCS # (6 digits) _____

PHIN# (9 digits): _____

Child has an FASD diagnosis.

 yes no

Child is able to manage a 1 adult to 3 child support ratio

 yes no - my child may require extra support

Child has current involvement with the youth justice system

 yes no

Child will be attending other recreation camps during summer

 yes no If yes, when? _____

Child has expressed desire to attend overnight camp

 yes no Child is unsure

Child is aware of his/her FASD diagnosis

 yes no - my child is not aware of diagnosis

Child has ride to Winnipeg drop off and pick up location

 yes no - need assistance with transportation

Caregiver #1: _____

Caregiver #2: _____

Home phone: _____

Other: Work/cell _____

Other: Work/cell: _____

Email: _____

Home/Mailing Address: _____

City: _____

Postal Code: _____

If child is in foster care, please fill out this section:

Legal Guardian: _____

Phone: _____

Fax: _____

Agency Name and email: _____

Consent:

I am in agreement with this application to the Explore! Summer 2018 program

I understand that information about my child will be:

- Recorded at program location/ provider for service coordination.
- Used in collecting non-identifiable data for provincial program evaluation.
- I have read the program information flyer.

Name and Signature of Legal Guardian_____
Date

For more information, please contact Laura Bennett at (204) 258-6741 or email lbennett@rccinc.ca
Applications can be faxed to (204) 258-6797 Attention: Rita Drohomereski or mailed to MBFASD Family Network -
Rehabilitation Centre for Children at SSCY Centre 1155 Notre Dame Avenue, WPG R3E 3G1

NOTE: If the child is in care, forms must be signed by the CFS worker before the application will be accepted.



Specialized Services
for Children & Youth

Rehabilitation Centre for Children
1155 Notre Dame Avenue
Winnipeg, MB, Canada R3E 3G1
Tel: (204) 452-4311 Fax: (204) 477-5547
Web: www.rccinc.ca email: info@rccinc.ca



CONSENT FOR PHOTOGRAPHS - FASD Summer camps July 11-13, 2018 (Form B)

Date: _____

In connection with (Client's name): _____

I consent to having photographs taken for the purpose of:

YES ___ NO ___	Providing participants with a printed memory album of their summertime camp and friendship experiences.
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For Your Consideration: All participants in our FASD adolescent recreation programs agreed to a memory album, and this proved to be a very positive strategy. The pictures solidified friendships and provided participants with a visual way to share the summer experience with caregivers.

YES ___ NO ___	Using photos in educational presentations of the Manitoba FASD Centre or the Rehabilitation Centre for Children to promote recreational programs for youth with FASD.
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Comments/Restrictions: _____

This consent shall act to expressly release from liability the Rehabilitation Centre for Children Inc., its agents and the photographer.

Name and Signature of Client (as appropriate)

Name and Signature of Witness

Name and Signature of Legal Guardian

Unless notified by legal guardian in writing, this form will remain valid for 2 years from the date signed.

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Consent for Exchange of Information (Form C)

I give permission for the Rehabilitation Centre for Children (RCC), including the programs of the Manitoba Fetal Alcohol Spectrum Disorder Centre (MB FASD Centre) to send and receive information to the services listed below. I understand that the information collected and distributed below will be for the purposes of assessment, planning and developing programs for my child and used in collecting non-identifiable data for planning, and program evaluation related to the provision of services.

Program: Summer Explore camp Summer 2018 FASD Family Network and Stepping Out on Saturday Manitoba (SOS MB) Camps running July 11-13, 2018

Service/Agency (Add Name and address if known)

- ✓ Manitoba FASD Centre: SSCY Centre 1155 Notre Dame Ave.
- ✓ School & School Division: _____
- ✓ Foster Parents: _____
- ✓ Service Coordinator (CDS, SMD, CFS) _____
- ✓ Program provider: Momenta: experience discover grow. PH. (204) 250-8749, Address: 984 Portage Ave, Winnipeg MB.
- ✓ Other: _____

Is there anyone else that you **do not** want us to exchange information with? _____

Name of Legal Guardian

Name of Witness

Signature of Legal guardian

Signature of Witness

Date: _____

Unless notified by legal guardian in writing, this form will remain valid for 2 years from the date signed.

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Program: _____

Date: _____

Participant Name _____

Birthdate of Participant _____ Age _____ Gender/Pronoun: _____

Languages spoken _____

Mailing Address _____

Name of Parent(s) or Guardian(s) _____

Home Phone (____) _____ Work or Cell Phone (____) _____

Doctor's Name _____ Doctor's Phone (____) _____

Manitoba Health Number _____

Emergency Contact Name _____ Relationship _____

Home Phone (____) _____ Work or Cell Phone (____) _____

Emergency Contact Name _____ Relationship _____

Home Phone (____) _____ Work or Cell Phone (____) _____

General Medical History

Does participant have a history of	Yes	No
1. Respiratory problems		
2. Asthma		
3. Gastrointestinal disturbances		
4. Diabetes		
5. Blood disorders		
6. Neurological problems		
7. Seizures		
8. Dizziness, fainting		
9. Migranes		
10. Disorders of urinary tract		
11. Hypertention		
12. Cardiac problems		
13. Fractures		
14. Sprains		
15. Other joint or muscle injury		

Does participant have a history of	Yes	No
16. Allergies to foods		
17. Dietary restrictions		
18. Environmental allergies		
19. Allergies to Medications		
20. Treatment for menstrual cramps		
21. Pregnant		

If YES to 1-21, please complete the next table. Attach a separate sheet if necessary.

Number	Specifics

	Yes	No
22. Is the participant bringing medication to the program?		

If YES to 22, please complete the next table. Attach a separate sheet if necessary.

Medication	Dosage amount	Time of day	For what condition

Momenta's health officer will provide OTC medications for minor illnesses/complaints. Please initial the medications below that your child may be given if deemed necessary:

___ Pain/Fever Relief (Tylenol, Ibuprofen)

___ Antihistamines (Benadryl)

___ Cold/Cough (cough syrup, cough drops)

___ Topical (antibacterial ointment, Calamine)

___ Stomach Upset (Pepto, TUMS)

Personal History

Is the participant currently experiencing:	Yes	No
23. Addiction to tobacco cigarettes		
24. Substance abuse		
25. Eating disorder		
26. Anxiety disorder		
27. Depression		

Is the participant currently experiencing:	Yes	No
28. Behaviour disorder		
29. Trouble sleeping or sleep disorders		
30. Impacts from a history of trauma or a traumatic event		
<p>If YES to 23-29 include triggers, reactions and treatment *Please note that if your child is addicted to smoking tobacco cigarettes, cigarettes and lighters must be handed in on the first day of camp. Please note how you would like camp staff to manage this addiction for the duration of camp.</p>		

31. What is the participants' fitness level? Above Average Average Below Average

32. What is the participants' swimming level? Above Average Average Non-swimmer

33. Date of last tetanus shot _____

34. What is the participant's t-shirt size (please circle) YouthMedium YouthLarge S M L XL XXL XXXL

By my signature, I attest all information on this form is complete, thorough and truthful.

Parent / Guardian Signature _____

Date _____



Program _____
Date _____

WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in Momenta experience discover grow's athletic/sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown physical and legal, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation. I knowingly waive my right to bring any legal action for any injuries I may suffer as a result of my participation in the above activity; and,

I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Momenta experience discover grow their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

PARTICIPANT NAME PARTICIPANT'S SIGNATURE DATE SIGNED

WITNESS NAME WITNESS'S SIGNATURE DATE SIGNED

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above.

PARENT/GUARDIAN NAME PARENT/GUARDIAN SIGNATURE DATE SIGNED

WITNESS NAME WITNESS'S SIGNATURE DATE SIGNED