



Manitoba Aphasia Day Camps 2018 Application Form for Person with Aphasia

Thank you for your interest in Manitoba Aphasia Camp 2018!

Date: Day Camps September 8 and 9, 2018
\$65/Day (inclusive of transportation/central pick-up and drop off points)

Contact: March of Dimes
Anupam Sharma
asharma@marchofdimes.ca
204-430-6453

Application: Please **fill in** the application **form**.
Submit by Friday, August 24, 2018

PARTICIPANT INFORMATION

Have **you attended** an Aphasia Camp **before**?

yes ✓ no ✗ year: _____

If no, you must provide **written confirmation** of a **diagnosis of Aphasia** from a speech language pathologist or neuropsychologist.

Written confirmation included?

yes ✓ no ✗

I intend to attend September 8, 2018

yes ✓ no ✗

I intend to attend September 9, 2018

yes ✓ no ✗

I intend to attend both days, September 8, 2018 and September 9, 2018

yes ✓ no ✗

Please note: This **camp** and its programs have been specifically **designed for People with Aphasia** and their **family/friends**.



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Applications from clients with **cognitive communication and/or motor speech disorders** as their **primary diagnosis cannot be approved.**

Personal Needs:

If you require assistance with personal care, including toileting and bathing assistance, taking medications and/or behavioural management, you must bring someone to manage your care needs.





Note: this person must complete a registration form for campers who are friends/family of a camper with Aphasia, and pay the registration fee.








CONTACT INFORMATION		
Last Name:	First Name:	
Address:	City:	Postal Code:
Telephone No.:	Email Address:	
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Emergency Contact Name:	Contact Person's Phone No.:	
Date of Stroke:	Profession (Pre-stroke):	
Family/Important Relationships:		
Hobbies & Interests:		



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COMMUNICATION			
	No difficulty	Some difficulty	A lot of difficulty
Talking 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNICATION			
Reading 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WHAT HELPS YOU TO COMMUNICATE? (Please check all that apply)			
Keywords <i>Boat</i>	Writing/Drawing 	Communication Book 	Communication Device 
iPad or device 	Camera 	Speak slowly/Quiet 	Extra Time 



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<p>Pictures/Maps</p> 	<p>Pointing/Gesture</p> 	<p>Choices</p> 	<p>Family/Friends</p> 
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HEALTH INFORMATION (Please check all that apply)

<p>Stroke <input type="checkbox"/></p>	<p>Brain Injury <input type="checkbox"/></p>	<p>Seizures <input type="checkbox"/></p>
<p>Difficulty swallowing <input type="checkbox"/></p>	<p>Difficulty Hearing <input type="checkbox"/> Wear Hearing Aid</p>	<p>Difficulty Seeing <input type="checkbox"/> Wear glasses</p>
<p>Headaches <input type="checkbox"/></p>	<p>Diabetes <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2</p>	<p>Pregnant <input type="checkbox"/></p>

Other medical information (Please list):

Medications (or attach list):
 Do you need help taking your medications? Yes No

If yes, you will need to have a family member/friend/carer to help you manage.



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Further Information:

EATING			
	No difficulty	Some difficulty	A lot of difficulty
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special Diet <input type="checkbox"/> Yes <input type="checkbox"/> No			
Diabetic <input type="checkbox"/>	Vegetarian <input type="checkbox"/>	Vegan <input type="checkbox"/>	Gluten Free <input type="checkbox"/>
Dairy Free <input type="checkbox"/>	Thickened liquids <input type="checkbox"/>	Other:	
Allergies <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please list:			






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<p>EpiPen</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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MOBILITY			
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<p>I use a (please list all that apply)</p>	<p>Cane <input type="checkbox"/></p> <div style="text-align: center;">  </div>	<p>Walker <input type="checkbox"/></p> <div style="text-align: center;">  </div>	<p>Wheelchair <input type="checkbox"/></p> <div style="text-align: center;">  </div>
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	No help	Some help	A lot of help
Showering/Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifting/Transferring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE NOTE:

If you have indicated that you need **some help** or **a lot of help**, you must **bring a family member/friend/carer to manage your care needs.**

This person **must complete** a family/friends **registration form** which can be found online at www.marchofdimes.ca

TRANSPORTATION

NOTE: Manitoba Aphasia Camp does not provide private transportation. There is an option – people can either come to camp on their own or, available transportation from central pick-up and drop off points. The price of registration of \$65 remains the same – it does not change.



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Will you have a car at the camp?

yes ✓ no ✗

LOOKING AHEAD TO CAMP 2018

I am attending this camp:

1. To meet new people , who are also living with aphasia	<input type="checkbox"/>
2. To catch up with friends	<input type="checkbox"/>
3. To have a vacation	<input type="checkbox"/>
4. To try something new	<input type="checkbox"/>
5. To find support for living with aphasia from peers	<input type="checkbox"/>
6. To participate in the recreational activities	<input type="checkbox"/>
7. To find support for living with aphasia from health professionals	<input type="checkbox"/>
8. To practice communication	<input type="checkbox"/>
9. To educate students about living with aphasia	<input type="checkbox"/>
10. To spend time with my spouse/partner/friend	<input type="checkbox"/>
Other? Please describe:	



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Are there any **activities** that you would like to do over **the weekend**? Please list:

RELEASE OF LIABILITY Inherent Risks

I, the undersigned, do hereby acknowledge that the Manitoba Aphasia Camp is a completely voluntary day program designed to provide outreach, support, and social interaction for anyone interested in or affected by Aphasia. I understand that Manitoba Aphasia Camp and its partners (March of Dimes Canada, SpeechWorksInc. and Camp Massad) will not be monitoring, evaluating, or providing medical attention of health care needs support. Manitoba Aphasia Camp (its partners March of Dimes Canada, SpeechWorksInc. and Camp Massad) are 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 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 explanation from the camp of any activities I have concerns with or need clarification.



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In consideration of the camp activities, I agree that the Manitoba Aphasia Camp (its partners, March of Dimes Canada, SpeechWorksInc. and Camp Massad), their employees, volunteers, students 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.

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, meals and snacks, and all activities while at camp (transportation to/from camp is not included)
- Campers requiring any form of assistance (i.e., for purposes of self-care, safety, mobility, behaviour, 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 for their stay at the camp
- Smoking is prohibited except in designated outdoor areas. Alcohol use is not permitted in any area of the camp
- During your stay at Manitoba Aphasia Camp, your photograph, video or audiovisual may be taken by employees/agents or authorized media (newspapers/radio/television) to make, use, edit, and publish photographs, videotapes, or other audiovisual records of you for the intended purpose or publicity or public relations or educational purposes
- Manitoba Aphasia Camp does not provide private transportation options to and from the aphasia camp.

ACKNOWLEDGEMENT

I have reviewed the MANITOBA APHASIA CAMP camper information/registration



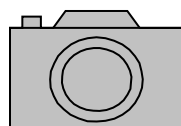
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package. I understand and agree to the camp Release of Liability, and Agreement to Conditions	
Signature of Attendee	Date:
Print Name of Attendee	
Signature of Witness:	Date:
Print Name of Witness	
Signature of Committee or Guardian (if applicable)	
Print name of Committee or Guardian (if applicable)	

AUTHORIZATION FOR PUBLICITY RELEASE FORM

During your stay at Manitoba Aphasia Camp, your **photograph, video or audiovisual may be taken** by employees/agents or authorized media (newspapers/radio/tv) to make, use, edit, and publish photographs, videotapes, or other audiovisual records of you for the intended purpose or publicity or public relations or educational purposes

I, _____, give permission to the Manitoba Aphasia Camp, SpeechWorksInc. and the March of Dimes Canada (legally known as Rehabilitation Foundation for the Disabled) to include me in:





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PHOTOGRAPHS:

yes ✓ no ✗

VIDEOTAPING:



yes ✓ no ✗

I understand that my **picture** and/or my **name** may be used to:

- Improve **public awareness** about Aphasia, Manitoba Aphasia Camp, SpeechWorksInc., and March of Dimes Canada via radio, TV, newspaper, brochures, social media, etc.
- Help with **fundraising** campaigns or marketing for the Manitoba Aphasia Camp;
- **Teaching** staff, volunteers, students and other interested persons about aphasia.

I understand that my consent is **voluntary** and will not affect my ability to attend camp. I allow use of my:

FIRST NAME _____ yes ✓ no ✗
(print first name)

LAST NAME _____ yes ✓ no ✗
(print last name)

Signature: _____ Date: _____

Witness: _____ Date: _____



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PAYMENT

Please **enclose cheques** with this application.

Please make **cheques payable** to “**March of Dimes Canada**”

Application will only be **processed** when **payment is received**

Cost: **\$65.00 per person/Day**

If paying by credit card, please call Anupam Sharma at 204-430-6453 to give details over the phone. Please do not put credit card information on this form.

CANCELLATION

Camp fee is refundable, less a \$30 administration fee until August 24, 2018. After this date, the camp fee is only refundable if we are able to fill your spot.

Send your application and payment to:

March of Dimes Canada
213 Notre Dame, Suite 903
Winnipeg, Manitoba, R3B 1N3.

Please note that submitting an application **does not** guarantee acceptance. The 2018 camp offers 24 spaces. Register early to avoid disappointment. Submitting registration does not guarantee acceptance.