



SEA TO SKY APHASIA CAMP 2022
APPLICATION FORM FOR PERSON WITH APHASIA

Thank you for your interest in Aphasia Camp 2022!

Date: August 12-14, 2022

Please join us this year for the **Sea to Sky Aphasia Camp at UBC, Vancouver Campus!**

Camp options:

- **Full camp** (2 nights accommodation, 3 days activities, 2 dinners, 2 lunches, Saturday night dance)
- **Full day camp** (NO accommodation, but includes 3 days activities, 2 dinners, 2 lunches, Saturday night dance)
- **Saturday only**

Please take time to **read over** the following **notes** to orient you to **camp** this year:

1. UBC provides **private bedrooms** with a **single bed** in a **6-bed shared apartment**. You will **share a washroom**, lounge with flat-panel TV, breakfast bar and equipped kitchen – **you will have your own private bedroom**. **Bedding is provided** and **2 towels**. **Includes Wi-Fi**.
2. **Physically accessible rooms** are **available** with a queen size bed and private washroom.
3. UBC is **physically accessible**, and it is a **big** and beautiful site.
4. There is an **accessible leisure swimming pool**. We **encourage** all **campers** to **bring bathing suits, pool shoes** and **towels**.

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5. **Smoking and vaping is prohibited** except in **designated** outdoor areas.
6. **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 **Family/Friend Registration Form** and pay the registration fee.
7. You are welcome to **join camp together with your spouse, family member, or friend**. We have a **few studios available for couples** (queen size bed).
Note: this person must complete a **Family/Friend Registration Form** and pay the registration fee.
8. Due to the **ongoing COVID-19 pandemic**, the following **protocols** are in place:
 - a. All **campers** need to **complete** (once) a **Covid waiver protocol** prior to **attending camp**.
 - b. All **campers** need to **complete** a **Covid screener** prior to **attending each day**.
 - c. All campers need to adhere to MODC's position statement, which notes when participating in in-person activities or services offered by MODC, **clients, caregivers, and stakeholders** will be **required to wear a mask** (unless exempted by a medical professional), adhere to **physical distancing** requirements, and **practice hand hygiene**.
9. All **Committee Members, Clinical Leads, and students** associated with the camp are **vaccinated**.
10. Due to the **ongoing COVID-19 pandemic**, **restrictions and protocol** may be subject to **change**.

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For **questions** about **camp**, please **contact**:

School of Audiology and Speech Sciences

Elaina McCarron

aphasiacamp@audiospeech.ubc.ca

For **questions** about the **registration process**, please **contact**:

March of Dimes Canada

Janneke Vissers

jvissers@marchofdimes.ca

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Ready to apply?
Fill in the following information.

NOTE: If you are a family member/friend wishing to attend camp, please complete the Family/Friend Registration Form

Submit before July 10, 2022 to ensure accommodation.
Late applications may result in NO accommodation availability.
Registration is on a first come first serve basis.

PARTICIPANT INFORMATION		
Have you attended Aphasia Camp before ?		
<input type="checkbox"/> yes ✓	<input type="checkbox"/> no ✗	Year:
If no, you must provide written confirmation of a diagnosis of Aphasia from a speech language pathologist or neuropsychologist.		
Written confirmation included?		
<input type="checkbox"/> yes ✓	<input type="checkbox"/> no ✗	





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












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

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CONTACT INFORMATION & CURRENT MAILING ADDRESS		
Last Name:	First Name:	
Address:	City:	Postal Code:
Telephone No.:	Email Address:	
Cell No.:		
Date of Birth:	Preferred Gender Pronouns:	
	<input type="checkbox"/> He/him/his <input type="checkbox"/> She/her/hers <input type="checkbox"/> They/them/theirs <input type="checkbox"/> Other: _____	
Emergency Contact Name:	Contact Person's Phone No.:	
Date of Stroke:	Profession (Pre and/or post 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"/>
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 circle all that apply)			
Keywords <i>Boat</i>	Writing/Drawing 	Communication Book 	Communication Device 
iPad or device 	Camera 	Speak slowly/Quiet 	Extra Time 
Pictures/Maps 	Pointing/Gesture 	Choices 	Family/Friends 

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HEALTH INFORMATION (Please circle all that apply)		
Stroke <input type="checkbox"/>	Brain Injury <input type="checkbox"/>	Seizures <input type="checkbox"/>
Difficulty swallowing <input type="checkbox"/>	Difficulty Seeing <input type="checkbox"/> Glasses?	Difficulty Hearing <input type="checkbox"/> Hearing Aid?
Headaches <input type="checkbox"/>	Pregnant <input type="checkbox"/>	Diabetes <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2

Other health/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:			
EpiPen <input type="checkbox"/> Yes <input type="checkbox"/> No			

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MOBILITY			
<p style="text-align: center;">I use a (please list all that apply)</p>	<p>Cane <input type="checkbox"/></p> 	<p>Walker <input type="checkbox"/></p> 	<p>Wheelchair <input type="checkbox"/></p> 

Please indicate **how much help** you need with the following:

	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.seatoskyaphasiacamp.com

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Sea to Sky Aphasia Camp t-shirt						
T-shirt size:	S	M	L	XL	XXL	XXXL
<i>Your t-shirt will be part of your camper kit and will be free of charge for you.</i>						

LOOKING AHEAD TO CAMP 2022

I am attending this camp:	
1. To meet new people , who are also living with aphasia	<input type="checkbox"/>
2. To find support for living with aphasia from peers	<input type="checkbox"/>
3. To learn more about aphasia	<input type="checkbox"/>
4. To participate in recreational activities	<input type="checkbox"/>
5. To practice communication	<input type="checkbox"/>
6. To educate healthcare students about living with aphasia	<input type="checkbox"/>
7. To spend time with my spouse/partner/family member/friend	<input type="checkbox"/>
Other? Please describe: 	

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ACKNOWLEDGEMENT
<p>I have reviewed the SEA TO SKY APHASIA CAMP 2022 camper information/ registration package.</p> <p>I have read and agree to:</p> <p><input type="checkbox"/> Release of Liability/Waiver</p> <p><input type="checkbox"/> Authorization for Publicity Release</p> <p><input type="checkbox"/> Agreement to Conditions</p>

Signature of Attendee	Date:
Print Name of Attendee	
Signature of Committee or Guardian (if applicable)	Date:
Print name of Committee or Guardian (if applicable)	

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PAYMENT INFORMATION

Camp fee options:

1. **\$250.00 per person includes full camp** (2 nights' accommodation, 3 days activities, 2 dinners, 2 lunches, Saturday night dance)
2. **\$265.00 per person (for couples wanting to stay together in a private studio)** includes full camp
3. **\$125.00 per person for full day camp** (NO accommodation, but includes 3 days activities, 2 dinners, 2 lunches, Saturday night dance)
4. **\$78.00 per person for Saturday only**

Application deadline is Sunday, July 10, 2022. Late applications may result in NO accommodation availability.

Payment options:

By cheque



Please **enclose** cheques with this application, and make **cheques payable to "UBC"**

By credit card



If paying by credit card a staff from March of Dimes Canada will **call you** to discuss payment **prior to July 10, 2022**. Do **not include credit card information** on the registration form.

The application will only be **processed** when **payment is received**.

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SUBSIDY

Please **check here** if you wish to **apply** for a **camp subsidy**.

If applying, please **attach** the most recently available:

- **2 years' Notices of Assessment** ("NOA") issued by Canada Revenue Agency for the two (2) highest earners in the camper's household,
OR
- **2 years' Proof of Income (Option "C" Print)** ("POI") issued by Canada Revenue Agency for the two (2) highest earners in the camper's household.

Subsidies are limited and there is **no** guarantee of acceptance.

DONATIONS – CAMPBELL-PURVES APHASIA EDUCATION FUND

Camp fees can be a **burden** for some of our campers.

Please **check here** if you would like to make a **donation** to the which helps **subsidize camperships**

Make cheques payable to: "**Campbell-Purves Aphasia Education Fund**" and include with application

CANCELLATION

The Camp Fee is **refundable** until **July 10th**.
After July 10th, 2022, the camp fee is **only refundable** if **we are able to fill your spot**. If you need to **cancel** contact: **Janneke Vissers** at
jvissers@marchofdimes.ca

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Send your application and payment to:
March of Dimes Canada
301-1212 West Broadway
Vancouver, BC V6H 3V1

Please note that submitting an application **does not** guarantee acceptance.
The 2022 camp offers 30 – 35 spaces. Register early to avoid disappointment.

Submitting registration does not guarantee acceptance