

CAMPER REGISTRATION FORM

Winter Camp 2016 is open to youth who are 6 to 18 years old, and are living with HIV or have a close family member who is HIV-positive. Campers must be aware of their HIV status and/or the HIV status of their family member. YouthCO and its partners are available to help support families with disclosure. Questions about these criteria can be directed to the Program Director at YouthCO, Sarah Chown at the contact information below.

This registration form must be received by January 6, 2016. Complete **one application per child**. Mark these forms confidential and return by email (moomba@youthco.org), mail (205-568 Seymour St., Vancouver, BC, V6B 3J5) or fax (604-684-1741).

CAMPER INFORMATION

First Name: _____ Last Name: _____

Gender: _____ Birth Date (dd/mm/yy): _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

If applicable:

Cell Phone: _____ E-mail: _____

PARENT or GUARDIAN

If applicable: who should not be contacting your child? _____

PRIMARY CONTACT

First Name: _____ Last Name: _____

Address Same as camper's Different than camper's (if yes, please provide details below):

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Cell/Home Phone: () _____ Work Phone: () _____

E-mail address: _____

SECONDARY CONTACT (if we cannot get ahold of the primary contact))

First Name: _____ Last Name: _____

Address Same as camper's Different than camper's (if yes, please provide details below):

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Cell/Home Phone: () _____ Work Phone: () _____

E-mail address: _____

GEAR

We will be playing outside (hopefully in the snow) and staying at an overnight camp, so please let us know if your child has the appropriate gear! **We will do our best to help accommodate these requests.**

Warm jacket: We have this item We need to borrow this item (Size: _____)

Snow pants or rain pants: We have this item We need to borrow this item (Size: _____)

Snow boots: We have this item We need to borrow this item (Size: _____)

Gloves or mittens: We have this item We need to borrow this item (Size: _____)

Sleeping bag: We have this item We need to borrow this item

I have reviewed the Camp Moomba Behaviour Agreement (updated in 2016) for myself and with my camper.

I understand that the primary contact listed above will be the first point of contact for all communication leading up to and during camp.

I confirm that my camper listed on this form is:
- between 6 and 18 years old, AND
- is living with HIV, or has a close family member who is HIV-positive, AND
- is aware of their own HIV status and/or the HIV status of their family member

Signature: _____ Date: _____

Transportation Form

Camper's Name: _____

We will be using a school bus a bus to bring the campers to each of the Winter Program activities. We have arranged for two drop-off and pick-up locations.

January 30, 2016

Please check one of the following options for drop-off:

I will drop off my camper(s) at the Surrey Central Skytrain Station at 9am on January 30, 2016. Please be at the Surrey Central Skytrain Station at 9am.

I will drop off my camper(s) at the Robert Lee YMCA in Downtown Vancouver (955 Burrard Street, Vancouver, BC V6Z 1Y2 – 10 minute walk from Burrard Skytrain Station) at 10am on January 31, 2016. Please be at the Robert Lee YMCA in Downtown Vancouver at 10am.

Name(s) of person dropping off the camper:	
Phone number:	

January 31, 2016

Please check one of the following options for pick-up:

I will pick up my camper(s) at the Robert Lee YMCA in Downtown Vancouver (955 Burrard Street, Vancouver, BC V6Z 1Y2) at 3:30pm on January 31, 2016. Please meet the bus at 3:30pm at the Robert Lee YMCA in Downtown Vancouver.

I will pick up my camper(s) at the Surrey Central Skytrain Station at 4:30pm on January 31, 2016. Please meet the bus at 4:30pm at the Surrey Central Skytrain Station.

Name(s) of person picking up the camper:	
Phone number:	

Please let us know if there is anything we need to know while your child is in transit. (For example, does your child require medication while in transit to or from camp?)

CONFIDENTIAL HEALTH HISTORY

This form is essential for your camper's safety. Children without a completed and signed Confidential Health History form may not be allowed to stay at camp.

- Please provide medical staff with sufficient medication/supplies to cover two (2) days.
- Please ensure that your child's medications are **correctly labeled** in their **original** containers with the correct dose and time written on the label.
- All medication and special instructions (including non-prescription) must be given to YouthCO staff at departure for safekeeping and administration throughout your child's stay at camp.

Camper's Name: _____

Health Card #: _____

Please know the information listed below will be kept in the strictest of confidence. It will only be divulged as required to protect the safety of your child

TREATMENTS / MEDICATIONS

My child is presently undergoing treatment for:

Please list all prescription and non-prescription, vitamins and occasional medications (Note: Use extra paper if needed for the following sections).

MEDICATION NAME	DOSE	TIME ADMINISTERED (e.g. bedtime)	NOTES

*If any medications change prior to camp , please provide an updated medication list before departure.

CAMPER NEEDS

Please let us know here if there are things we can be aware of to help your camper have so much fun at camp! For example, let us know here if your camper needs extra rest or uses specialized equipment.

ALLERGIES

My camper has allergic reactions to:

- Penicillin other medications bee/insect stings animals' nuts
 other(s): _____

Please describe allergic reaction and treatment:

HEALTH HISTORY

My child has had or is subject to:

- | | |
|--|---|
| <input type="checkbox"/> Frequent ear infections | <input type="checkbox"/> Hearing defect/disease |
| <input type="checkbox"/> Measles/ Mumps | <input type="checkbox"/> Operations |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Serious injuries |
| <input type="checkbox"/> Constipation/Diarrhea | <input type="checkbox"/> Bleeding/clotting disorders |
| <input type="checkbox"/> Convulsions/seizure disorders | <input type="checkbox"/> Other - <i>please specify</i> :
_____ |
| <input type="checkbox"/> Chickenpox | |
| <input type="checkbox"/> Asthma | |
| <input type="checkbox"/> Eating disorders | |

Child's HIV Status: Living with HIV and/or Is living with a family member who has HIV

DIETARY INFORMATION

Describe your child's eating habits: fussy average hearty

Please let us know if there is anything we should know about your child's eating habits or dietary needs (e.g. meal supplements, eats a vegetarian diet, etc.).

Please let us know if your child has any food allergies and reactions:

SLEEPING HABITS

Please let us know if your child: sleepwalks has nightmares wets the bed other

Please comment on any behavioral, physical, mental, social limitations or concerns that we should be aware of in order to ensure your child has the best possible camping experience (i.e. temper tantrums, difficulty dressing or feeding self, difficulty walking or talking, aggressive or shy behaviors).

Please specify behavior, triggers and management techniques of behavior(s).

Please share highlights and/or lowlights of your child’s past year. This information is confidential and will be used to help us get to know your child and understand them more. Include any issues surrounding grief and loss, suicide, changes in family structure, change in health of child or family members and difficult issues with family or friends.

HEALTH CARE PROFESSIONALS

Please provide the name and contact information of your camper’s primary doctor.

Primary Doctor’s Name: _____

Phone Number: _____

Please provide us with the contacts for any other health care professionals (physicians, counsellors, social workers) who are important in your child’s care and we may need to contact during camp.

CONSENT

I, _____ (Parent/Guardian) authorize YouthCO HIV & Hep C Society to contact the above Medical Care Giver as required, to discuss the medical condition of the above child, as it relates to attending Camp Moomba 2016 Winter Program.

Signature: _____ **Date:** Day_____/Mo_____/Yr _____