



Leaders in Training Summer Camp 2021

Application Form:

About Us:

- Leaders In Training is a nonprofit program welcoming all youth age 15-25.
- LIT Summer Camp is supported by the Government of Canada’s Emergency Community Support Fund and Community Foundations of Canada

Cost - 2021

Per day	\$30
Per week (3 afternoons)	\$75

Please note that payment must be made in advance. Payment can be made in the form of cheques, master card, visa and or cash.

Camp Days:

- Camp will run Tuesday, Wednesday and Thursday each week
 - 1pm to 4pm (3 hours per day)

Start Day:

- July 5th

End Day:

- August 20th

Cancellation Policy: If you need to cancel, please give us as much advance notice as possible. Leaders In Training has a “No show, no refund” policy.

Completed LIT registration forms and LIT fees will be accepted at CAFCL’s office at 4604-57 St.

Contact us!

- If you have any questions or concerns please do not hesitate to text, email, or phone me!

Allie Hironaka

Phone: 780-781-9383

Email: ahironaka@cafcl.org

This Program adheres to the Alberta Health Services Day Camp Guidelines relating to COVID-19.

- <https://www.alberta.ca/assets/documents/covid-19-relaunch-guidance-day-camps.pdf>
- Children must not attend the program if they are sick, even if symptoms are mild.
- Parent/guardian are must to check their child's temperature daily before accessing the program.
- Staff will conduct symptom screening of each child every day with the parent/guardian.
- If a child develops symptoms during the program, they will be isolated from the other children and the parent / guardian will be notified to pick them up immediately.
- Symptoms include: fever, cough, shortness of breath, sore throat, runny nose, nasal congestion, headache, and general feeling of being unwell.
- Physical distancing practices will be maintained where possible.
- For tracing purposes – we will keep daily records of anyone entering the camp staying 15 min or longer.
- Proper and frequent hand washing will be enforced.
- Frequently touched objects will be cleaned and disinfected regularly.
- Personal protective equipment will be used by staff as appropriate / necessary.
- Activities considered to pose a high risk of transmission will be avoided. (i.e. singing, group transportation, etc.).

2020 Registration Form

Name:		
Registration Fee:		
Method of payment:		
	Cheque	<input type="checkbox"/> Cheque #'s -
	MasterCard	<input type="checkbox"/>
	Visa	<input type="checkbox"/>
	Cash	<input type="checkbox"/>
<p>*The weeks LIT that your youth will attend are. (Please check the appropriate boxes) If filling this out on the computer double click the box, click CHECKED and OK. This will check your box.</p>		
Week 1 (July 5) <input type="checkbox"/> ,		Week 5 <input type="checkbox"/> ,
Week 2 <input type="checkbox"/> ,		Week 6 <input type="checkbox"/> ,
Week 3 <input type="checkbox"/> ,		Week 7 <input type="checkbox"/> ,
Week 4 <input type="checkbox"/> ,		Week 8 <input type="checkbox"/>
Date of registration:		Age of youth:
*Birth date (day/month/year):		Male <input type="checkbox"/> Female <input type="checkbox"/> Other gender <input type="checkbox"/>
*Alberta Health Care #:		
*Parents/Guardian:		
*Address:		City:
*Postal Code:		
*E-mail Address:		
*Home Phone:		*Work Phone:
*Cell Phone #:		Whose cell phone?
*Camper's Cell Phone:		
*Emergency Contacts:		Name: Relationship: Phone #:
		Name: Relationship: Phone #:
Allergies/Medic Alert/Medications (when sending medications to an event, please ensure that the medications are placed in a sealed container that is clearly marked with the: Individual's name and phone number, Current date, Name of medication, Time to be given, Dosage of medication , Route for administration (oral, topical etc.) If the medications are not received with the		

following information summer staff will not accept them, nor administer them.	
Special Concerns: (behavior, social skills, self help)	
Does your Youth have an aide or support worker?	
Will his/her/their aide accompany them to LIT?	
Name of your child's aide or support worker? (Aide may be required to provide transportation)	
Contact # for aide or support worker:	
Other: Please provide us with any information about your youth that you feel would be helpful for us to know. (Sensory concerns, likes, dislike, fears, favorite activities, etc.)	
The Full LIT Experience	
What are some of the things that your youth would really love to do at LIT? Also what skills would you both like to see being taught at LIT. Maybe we can make it happen!	<ol style="list-style-type: none"> 1. 2. 3. 4. 5. 6.
All youth must sign in and out of LIT each day	
Please let Summer staff know how your youth plans to travel to and from LIT. It is important we are aware of who will be in charge of your youth when they leave our supervision, as safety is important to us. Also make summer staff aware of any one that is NOT permitted to pick up the youth (court order, etc.)	
Please initial that you have read this, _____.	
Due to FOIP legislation, permission must be granted before pictures are published. We will be taking pictures during LIT for future advertising. Please indicate that you agree or do not agree to give authorization to the Camrose Association for Community Living Summer Program and general media (TV, newspaper, etc.) personnel to photograph and/or videotape recordings of your youth for the promotion of CAFCL and/or the Summer Program.	
YES I agree: <input type="checkbox"/> No I do not agree: <input type="checkbox"/>	
The information contained on this form is collected under the authority of the Freedom of Information and Protection of Privacy Act and shall ONLY be used for the purpose for which it was collected.	
Parent/ Guardian Name:	
Parent/Guardian Signature:	
Date:	

Leaders In Training Summer Programs (Camrose Association for Community Living)

Informed Consent Agreement

*NOTE: This **MUST BE SIGNED** before participation will be allowed.

I [redacted] (parent or guardian) am authorized and request to

have [redacted] (participants' name) participate in the Leaders In

Training summer program. I am aware that in addition to being at the Camrose Association for Community Living the program **may** take place at various removed locations, **pending easing of Covid-19 restrictions by the Alberta Chief Medical Officer**. Which I understand may/will involve, but not be limited to the following activities.

It is understood that [redacted] (participant name) has my permission to attend and participate in all planned activities during July and August 2020, as outlined in the Leaders In Training Schedule. **(If, due to concerns about Covid-19, you wish to revoke your consent for certain activities as per summer camp calendar, please give as much advance notice as possible.)**

Various indoor and outdoor sport activities	Horseback riding
Swimming / Spray Park	Archery
Arts & Crafts	Campouts
Orienteering	Outdoor based activities
Facility tours Canoeing	Hockey Games
Arts and crafts	Cooking/baking
Horseback riding	Bowling
Petting, holding, viewing, and riding animals at farms and at petting zoos.	Nature walks
Ice skating	Touring
Movie theatre tour and show	Hay Rides and Wiener Roasts
Lacombe Corn Maze	Community Garden
Family Stage at Big Valley	
Old MacDonald's Campground and Miquelon Lake – swimming, canoeing/paddle boating, mini golf	
Participating in an or viewing the Big Valley Jamboree Parade	
Visit to Edmonton International Raceway and opportunity to sit in moving or parked car	
Use of the Family Resource Centre and Field House facility	
Millennium Place – swimming, wave pool, indoor play and leisure facility	
And other possible activities associated with this program	

I am Aware and Acknowledge that participation in recreational leisure and sport activities in general involves inherent risks which expose participants to the possibility of injury that include, but are not limited to, skin abrasions, Skin, nerve, bone, muscle, eye, spinal cord, skull and neck damage, pain, paralysis, brain injuries or even death.

I am Aware and Acknowledge that this program involves transportation by way of foot, bus, personal staff vehicles and CAFCL owned vans to and from the areas that the program takes place and that my child will be exposed to all risks associated with foot travel and road and highway transportation. In addition, some elements of this program may take place in remote locations. As a result, immediate medical attention may be compromised.

I understand that in choosing to permit my child to participate brings with it the assumption of the risks outlined and I assume full responsibility to instruct my child about the risks and choices available to him/her relative to those risks.

I understand, agree and acknowledge that by choosing to have my child participate in this program brings with it the assumption by me and my child, of all risks associated with this activity including the specific risks as above. In addition I understand that I am free to withdraw my child from this program at any time.

I understand, agree and acknowledge that the Camrose Association for Community Living and its staff cannot give consent for emergency medical treatment. I give my permission for emergency medical treatment to be given to the participant. I understand that I will be informed of the treatment as soon as possible and my permission will be sought for any follow up or additional treatment.

I further understand that this program may be conducted by personnel whose skills and competencies vary according to training and experience. And that it is my responsibility to determine whether or not I am satisfied with the qualifications of the program personnel, including the persons involved with the transportation of my child.

I declare that I have read, understood, and agree to the contents of the above form in its entirety. I relieve the Camrose Association for Community Living, its employees and its volunteers of any and all responsibility for injury or accident to the named participant.

(Parent / Guardian)

(Witness)

Date:
