



Camrose Association for Community Living KANDU Summer Outreach Camp 2020

Kandu Outreach is a nonprofit camp welcoming families, children and youth age 7-17.

Camp Cost 2020

Fees waived - Kandu Summer Camp is supported by the Government of Canada's Emergency Community Support Fund and Community Foundations of Canada

Schedules will be made in partnership with the family and sent out to families after registrations are complete

Camp will be available to families residing within the City and County of Camrose, Beaver County and County of Flagstaff

*** Registration is on a first come first serve basis – We will hold a waiting list**

Completed camp registration forms will be accepted at CAFCL's office at 4604-57 St.
Phone – 780-672-0257, E-mail familysupport@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 encouraged 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
Registration Deadline: As soon as possible

Parents/Caregiver Names:		
Phone Numbers:	Home:	
	Home:	
	Cell:	
	Cell:	
Work Phone:	Work Phone:	
	Work Phone:	
E-mail address:		
Location (County):		
Physical Address of where campers will attend camp: How do we get to your house		
School attending:		
Family School Liaison Worker:		
Campers Names and Age: How many kids are in the family that will participate in outreach camp activities?	Child name	Age
	AHC #	

	Child name	Age
	AHC #	
	Child name	Age
	AHC #	
	Child name	Age
	AHC#	

***The weeks or days of camp that your camper is available. INDICATING AVAILABILITY DOES NOT GUARANTEE YOUR CHILD WILL HAVE A SPOT THAT DAY – we are doing our best to accommodate! (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.**

Week 1 (July 2 - 3) <input type="checkbox"/> or, July 2 <input type="checkbox"/> , July 3 <input type="checkbox"/>	Week 5 (July 27 - 31) <input type="checkbox"/> , or July 27 <input type="checkbox"/> , July 28 <input type="checkbox"/> , July 29 <input type="checkbox"/> , July 30 <input type="checkbox"/> , July 31 <input type="checkbox"/>
Week 2 (July 6 - 10) <input type="checkbox"/> , or July 6 <input type="checkbox"/> , July 7 <input type="checkbox"/> , July 8 <input type="checkbox"/> , July 9 <input type="checkbox"/> , July 10 <input type="checkbox"/>	Week 6 (Aug 3 - 7) <input type="checkbox"/> , or Aug 3 <input type="checkbox"/> , Aug 4 <input type="checkbox"/> , Aug 5 <input type="checkbox"/> , Aug 6 <input type="checkbox"/> , Aug 7 <input type="checkbox"/>
Week 3 (July 13 - 17) <input type="checkbox"/> , or July 13 <input type="checkbox"/> , July 14 <input type="checkbox"/> , July 15 <input type="checkbox"/> , July 16 <input type="checkbox"/> , July 17 <input type="checkbox"/>	Week 7 (Aug 10 - 14) <input type="checkbox"/> , or Aug 10 <input type="checkbox"/> , Aug 11 <input type="checkbox"/> , Aug 12 <input type="checkbox"/> , Aug 13 <input type="checkbox"/> , Aug 14 <input type="checkbox"/>
Week 4 (July 20 - 24) <input type="checkbox"/> , or July 20 <input type="checkbox"/> , July 21 <input type="checkbox"/> , July 22 <input type="checkbox"/> , July 23 <input type="checkbox"/> , July 24 <input type="checkbox"/>	Week 8 (Aug 17 - 21) <input type="checkbox"/> , or Aug 17 <input type="checkbox"/> , Aug 18 <input type="checkbox"/> , Aug 19 <input type="checkbox"/> , Aug 20 <input type="checkbox"/> , Aug 21 <input type="checkbox"/>

Please indicate availability/preference:

Morning:

Afternoon:

Date of registration:	
*Emergency Contacts:	Name: Relationship:

	Phone #:
	Name:
	Relationship:
	Phone #:
Allergies/Medic Alert/Medications	
Special Concerns: (behaviour, social skills, self-help)	
Does your child have an aide or support worker?	
Will his/her aide accompany them to summer camp?	
Name of your child's aide or support worker? (Aide may be required to provide transportation)	
Contact # for aide or support worker:	

<p>Other: Please provide us with any information about your child that you feel would be helpful for us to know. (Sensory concerns, mobility, likes, dislike, fears, favorite activities, etc.)</p>	
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The Full Camp Experience

<p>What are some of the things that your child would really love to do at camp? Maybe we can make it happen!</p>	<ol style="list-style-type: none"> 1. 2. 3. 4.
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****All children must be signed in and out of camp each day****

Please let Summer Staff know if someone other than you will be picking your child up. It is important we are aware of who will be in charge of your child 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 camper (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 camp 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 child for the promotion of CAFCL and/or the Summer Program.

YES I agree: **No I do not agree:**

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.

<p>Parent/ Guardian Name:</p>	
<p>Parent/Guardian Signature:</p>	
<p>Date:</p>	

Kandu Camp 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 Kandu

Camp 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 2019, as outlined in the Summer Day Camp 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

Swimming / Spray Park

Arts & Crafts

Orienteering

Facility tours Canoeing

Arts and crafts

Horseback riding

Petting, holding, viewing, and riding animals at farms and at petting zoos.

Ice skating

Movie theatre tour and show

Lacombe Corn Maze

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

Horseback riding

Archery

Campouts

Outdoor based activities

Hockey Games

Cooking/baking

Bowling

Nature walks

Touring

Hay Rides and Wiener Roasts

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.

Initial _____

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

Initial_____

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.

Initial_____

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.

Initial_____

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.

Initial_____

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.

Initial_____

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:
