



North Vancouver  
Recreation & Culture

## 2015 Summer Support Application

(Please Print)

Camper's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth (D/M/Y) \_\_\_\_\_ Returning Participant: Yes No

Address: \_\_\_\_\_

Parent / Caregiver / Guardian's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_

In the event your child experiences a difficult day, we may request early pick up by parent/guardian.

If your child is sick or unable to attend during your reserved week, please contact Jody Shaw as soon as possible by calling 604-990-3665 or email [shawj@nvrc.ca](mailto:shawj@nvrc.ca).

### Support Information

Camper's Disability/Diagnosis: \_\_\_\_\_

Communication Style: (circle relevant choices)

Verbal                      Non-Verbal                      Pictures                      Sign Language                      Other

If "other", please explain: \_\_\_\_\_

Medication required during the day? Yes No

Medication Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

Allergy Information: \_\_\_\_\_

Seizure Disorder? Yes No

Camper is a:    Non-swimmer (needs PFD)                      Beginner Swimmer (can float)                      Experienced Swimmer

## Social Skills

**Camper:** (Please check all applicable answers)

- **Interaction:** \_\_\_ Does not interact \_\_\_ Needs prompting \_\_\_ Interacts well
- **At the pool:** \_\_\_ Can dress themselves \_\_\_ Needs verbal cues \_\_\_ Needs physical assistance
- When eating does the camper need assistance? \_\_\_ Yes \_\_\_ No
- When toileting, is able to provide personal care for themselves: \_\_\_ Yes \_\_\_ No\*

\*Regulations issued by Worksafe BC, prevent Support Leaders from providing toileting/personal care assistance. Leaders *can* assist with buttons, zippers and hand washing.

**Comments:** (Please print)

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**Camper responds to:**

- Unexpected activity/schedule changes: \_\_\_ With ease \_\_\_ Some anxiety \_\_\_ Anxiety
- Group setting: \_\_\_ With ease \_\_\_ Some anxiety \_\_\_ Anxiety
- Loud noise, bright lights, odd smells: \_\_\_ With ease \_\_\_ Some anxiety \_\_\_ Anxiety

**Strategies used at home:** (Please print)

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**Strategies used at school:** (Please print)

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**Camper's triggers and typical behaviors:** (Please print)

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**Additional information for a successful week:**

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I authorize NVRC to release this information to North Shore ConneXions to determine child's eligibility for a North Shore ConneXions Inclusion Summer Support Worker \_\_\_\_\_

Signature

Please return application as soon as possible as children are assigned on a first come first serve basis. Applications may be emailed or dropped off at Harry Jerome Rec Centre or any NVRC facility addressed to Jody

If you have any questions, please email: [campsupport@nvrc.ca](mailto:campsupport@nvrc.ca)