



# Queen Elizabeth District Office/Access

**Services** 30 East 30<sup>th</sup> Avenue, Vancouver, B.C. V5V 2T9  
Phone: (604)257-8500 Fax: (604)718-5881 [www.vancouverparks.ca](http://www.vancouverparks.ca)

---

Our Goal is to provide High Quality, Accessible Recreation and Leisure Opportunities for all Vancouver Residents.

## Summer Unlimited 2010

Hello Parents, Guardians and Participants!

Summer has arrived! We are excited to offer the Summer Unlimited Program again this year. We have loads of exciting activities planned, like swimming, sporting events, water sports, and camping.

Summer Unlimited is run in a partnership between Britannia Community Services Center and the Queen Elizabeth District. This unique program is designed to provide inclusive, integrated and fun-filled recreational opportunities for youth with special needs. The program provides volunteer peers, knowledgeable staff, and in-program transportation. We aim to provide recreational services to youth with disabilities. Participants who require one to one support may attend, however, may be required to provide their own assistants based on assessment by program staff.

### **Registration Information:**

- Registration starts **June 8<sup>th</sup>** and the program begins on **July 5<sup>th</sup>**. We are offering 7 weeks this summer.
- Please fill out the registration package as thoroughly as possible -- be sure to sign all the forms where indicated.
- You may **sign up for 2 weeks** of your choosing. If you wish to be registered for more than over 2 weeks, please indicate the weeks and you will be put on a wait list. Spaces will be filled on a first come, first serve basis, after which you will be placed on a wait list.
- **Please Note: Payments must be received one week prior to the program start date to ensure a spot in the program.**
- You will be registered after an assessment is completed (if the participant is new) and after submitting the following:
  1. Registration form (Form A)
  2. Medical form (Form B-if medication is required)
  3. Consent form (Form C)
  4. Photo release form (Form D)
  5. Full payment for the program. Please note that spaces are limited.
  6. Registration Approval Form (**Please note, this form does not guarantee entrance into the program. Participants will be admitted only if space is available.**)

**For new participants, an appointment with the staff is required before your child can be registered into the program. So, please contact us as soon as possible if you are interested.**

**Fees:**

- The cost for each week is \$100. Fees can be paid at the pool cashier or Information Desk at Britannia Community Centre. Cheques should be made out to Britannia Community Services Centre.
- There will be no refunds for missed days unless a letter is provided.

**Medications:**

The medication forms (Form B) should be read over carefully and filled out according to the instructions on the forms. If your child requires any medication (prescription or non-prescription) during program hours we need to have written instructions from your doctor as to how he/she wants it to be administered and at what time. If more than one medication is to be administered please use a separate form for each. These forms are carried by the staff during the program to ensure that each child receives his proper medication, please be thorough.

**Parent and/ or Guardian Responsibilities:**

- Please ensure that participants are dropped-off and picked-up on time. ***Staff cannot assume responsibility for youth outside of the designated program times.***
- Provide a packed lunch with water and ensure that all necessary clothing and personal/medical aids (i.e. attends, wet wipes, sun screen, etc.) are provided.
- Ensure that staff are aware of any concerns, medical problems, behavioral triggers as well as participant interests.
- Please make sure your contact information is up to date as you will be called in the case of an emergency.

**Staff Responsibilities:**

We will strive to provide meaningful and growth-promoting recreational opportunities for the youth in our care and ensure that individual needs are met. Saturday Unlimited is designed to facilitate life-skills and encourage positive social relationships while providing a rich and rewarding recreational experience. It's going to be another fun-filled fall! We look forward to seeing you. If you have any questions please contact the Saturday Unlimited staff by phone at **(604) 816-1502**.

Sincerely,

Jeff Arguelles  
Program Coordinator  
Saturday Unlimited

Bonnie Friesen  
Recreation Programmer  
Queen Elizabeth District

Cindy Crapper  
Recreation Services Coordinator  
Queen Elizabeth District

## Summer/ Saturday Unlimited Registration Information (FORM A)

Summer/ Saturday Unlimited  
1661 Napier Street,  
Vancouver, BC V5L 4X4

**TEL: (604) 718-5873**  
**FAX: (604) 718-5858**

Please feel free to attach any other recent information describing your child's support needs.

<b>Participant's Name:</b>	<b>Sex: M_ F_</b>	<b>Date of Birth:</b>
<b>Home Address:</b>	<b>Postal Code:</b>	<b>Phone Number:</b>
<b>Parent/ Contact Name:</b>		
<b>Work Address:</b>	<b>Postal Code:</b>	<b>Phone Number:</b>
<b>Emergency Contact:</b>	<b>Relationship:</b>	<b>Phone Number:</b>
<b>Doctor's Name:</b>	<b>Phone Number:</b>	<b>Care Card Number:</b>

<b>Names of Social Worker(s) and other professionals involved (if applicable):</b>			
<b>Name:</b>	<b>Agency:</b>	<b>Address:</b>	<b>Phone Number:</b>
<b>Child's School: (if applicable)</b>		<b>Phone:</b>	
<b>Teacher:</b>		<b>School Contact:</b>	

<b>Is the child in an integrated classroom in school?</b>	<b>YES</b> _____	<b>NO</b> _____
<b>Does the child require a Special Education Assistant in the classroom?</b>	<b>YES</b> _____	<b>NO</b> _____
<b>If YES, please name and describe the activities.</b>		
<b>Has the child previously been in Special Needs Program?</b>	<b>YES</b> _____	<b>NO</b> _____
<b>If YES, please name and describe the activities</b>		

**Summer/ Saturday Unlimited Registration Information (FORM A cont.)**

<b>Disability Diagnosis:</b>
<b>Please list any behavioral concerns, if any (i.e. Self-abusive, aggressive behavior, tendencies to wander etc.)</b>
<b>Do you know anything that triggers these behaviors? What strategies work well to manage these behaviors?</b>

**If the child requires any medication during program, please fill out form B, Administer medication form.**

<b>Is the child on any medications?</b> YES___ NO___ (If yes please fill out the medications form)	<b>Does the youth use a wheelchair?</b> YES___ NO___
<b>Allergies:</b>  <b>Reactions:</b>	<b>Does the youth need assistance with toileting?</b> YES___ NO___
<b>Does the child have seizures?</b> YES___ NO___	<b>If YES, please describe seizure, frequency, duration and protocol.</b>
<b>Does the youth need assistance with feeding?</b> YES___ NO___	<b>Does the youth have experience with public transit? YES___ NO___</b>

<b>Please give a brief description of the youth detailing his or her physical capabilities, social skills, and other strength and weaknesses:</b>
<b>What are the parent/ guardian/ child's needs expectations and goals for this program?</b>

## Summer/ Saturday Unlimited Registration Information (FORM A cont.)

**What activities does the youth enjoy?**

**I give permission to release this form and supporting documentation to the community centre support staff.**

\_\_\_\_\_  
**Parent/ Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**

## **Request to Administer Medication (Form B)**

**To be completed by parent or guardian:**

Child's name: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_

Parents/Guardians: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Business: \_\_\_\_\_ Cell/Pgr: \_\_\_\_\_

I request that the staff of West End Community Centre administer the following medication (one form for each medication required) to my child, \_\_\_\_\_ .

1. \_\_\_\_\_ prescription medication: Description: \_\_\_\_\_ prescription #: \_\_\_\_\_  
according to the instructions listed on the vial or bottle  
or
2. \_\_\_\_\_ non-prescription medication/procedure: Description: \_\_\_\_\_  
according to the Doctor's orders and instructions below (includes ABA, acetaminophen, etc).

**Medication Guidelines: please note**

1. This form is required for anyone under 19 years of age where program staff are, or may be involved in administering any medication. Form is not necessary for self-administration.
2. Program organizers will be responsible for administering the medication according to the instructions on this sheet only. Please advise staff when new instructions may be required.
3. Where special medical training is required for administering medications or performing interventions such as feeding, catheters, allergy kits, etc, a community nurse or equivalent must do the training. The Health Department advises that parent/guardian training is not sufficient, as knowledge and standards amongst parents varies.
4. Program organizers will review this medication request. If a specific request needs a higher level of care than is available, parent/guardians will be advised that this level of care is not available during the program, and that other arrangements must be made.

I have read and understand the medication guidelines above.

\_\_\_\_\_

Signature of Parent, Guardian (or responsible adult)

**Non-Prescription Medication Information**

**To be completed by physician:**

Condition which makes medication necessary: (attach more information if needed)

Name of Medication: \_\_\_\_\_

Dosage: Pills \_\_\_\_\_ Drops \_\_\_\_\_ Tsp. \_\_\_\_\_ Ounces \_\_\_\_\_ Mls. \_\_\_\_\_

Time: am \_\_\_\_\_ pm \_\_\_\_\_ To be given with (i.e water, milk, juice): \_\_\_\_\_

Date to start: \_\_\_/\_\_\_/\_\_\_ Date to give last dose: \_\_\_/\_\_\_/\_\_\_

Additional comments: (possible reactions, consequences of missing medication, etc.) \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_ Physician's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Signature: \_\_\_\_\_



**BRITANNIA COMMUNITY SERVICES CENTRE**

1661 Napier Street, Vancouver, B.C. V5L 4X4 Phone: 604-718-5800

**Parental Consent Form (FORM C):**  
Saturday Unlimited Daycamp Summer 2010

NAME: \_\_\_\_\_ BIRTH DATE (D/M/Y) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

PARENT/GUARDIAN'S NAME: \_\_\_\_\_

PHONE #: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_

EMERGENCY CONTACT: NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

PERSON RESPONSIBLE FOR PICKING UP PARTICIPANT: \_\_\_\_\_

I hereby authorize my son/daughter \_\_\_\_\_ to participate in the activities sponsored by the  
Britannia Community Services Centre.

**BASIC MEDICAL INFORMATION (information kept in confidence)**

MEDICAL #: \_\_\_\_\_ DOCTOR: \_\_\_\_\_

PHONE: \_\_\_\_\_

- Have you had a *Tetanus Inoculation* or *Booster* in the last 10 years? **Yes / No**

- Have you been under a Doctor's care, or admitted to hospital, in the last 12 months? **Yes / No**

If yes, please specify: \_\_\_\_\_

- Do you have known *Allergies*: **Yes/ No**

If yes, common reaction: \_\_\_\_\_

- Do you have a *chronic disability or illness*: **Yes / No**

If yes, please specify: \_\_\_\_\_

- Do you have *any other conditions* of which you feel the instructor should be aware of? **Yes / No**

If yes, please specify: \_\_\_\_\_

**INDEMNITY AND RELEASE OF LIABILITY**

I HEREBY REMISE, RELEASE AND FOREVER DISCHARGE The City of Vancouver, The Vancouver Board of Parks & Recreation, Britannia Community Services Centre, its employees or agents, of and from all manner of actions, causes of actions, claims and demands of whatsoever nature which my child may have in respect of any injury, loss or expense he/she may sustain arising out of or in any way connect with his/her participation in this program.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**PLEASE COMPLETE ALL APPLICABLE PAGES OF THIS CONSENT FORM FOR IT TO BE  
VALID**



## Photo Release Form (FORM D)

Photos of participants are often taken in order to document and promote our programs and services. These photos may be used in program brochures, photo displays, and on our Park Board website. We will not release any names or give any other information out regarding the identification of individuals in the photos without their prior consent. This consent form is to obtain permission to use your son/daughters image ONLY.

Child's Name:

Community Centre/ Other Location \_\_\_\_\_

Photo description

I **give permission** for the image/photo of my son/daughter \_\_\_\_\_ to be used to promote Vancouver Park Board programs.

I **do not give permission** for the image/photo of my son/daughter \_\_\_\_\_ to be used to promote Vancouver Park Board programs.

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Parent's name (please print)

Date \_\_\_\_\_