Registration Form: Youth In Action 2018 with Simcoe Community Services

Please send/bring in completed forms and payment to:
39 Fraser Court Barrie, L4N 5J5 (Fax: 705-726-6875) OR
35 West St. North Orillia, L3V 5B8 (Fax: 705-327-9700)

This form must be completed in full detail before participating in Youth In Action

PARTICIPANT INFOMRATION

Name:_____ Age:_____ Birth date:_____

Address:_____ City: _____

Postal Code:_____ Home Phone #: ( )_____

Health Card Number: _____ Expiry Date: _____

Parent/Guardian/Foster Parent: _____

What is your relationship to the youth? _____

Work #: ( ) _____ Cell #: ( )_____

Parent/Guardian's E-mail _____

How did you hear about Youth In Action? _____

EMERGENCY CONTACT (Separate household- to be contacted in emergency if parents cannot be reached)

Name: _____ Relation to Youth: _____

Work #: _____ Home #: _____ Cell #:_____

MEDICATION

Does the youth require medication to be given during the day? **(If yes, please note there is additional paperwork to be completed with a Youth Worker. As well, we request all medication be blister packaged).*

☐ No ☐ Yes

IMPORTANT: Please let us know about any physical, emotional, behavioural, dietary concerns, allergies or medical concerns that we should know about in order to best support the youth participating. *Please note we do not guarantee an allergen free environment.

_____

_____

_____

Does the youth carry an epi-pen for any of these allergies? ☐ **No** ☐ **Yes**

TRANSPORTATION

Please note that accessible transportation will not be provided by the Youth in Action program. Transportation is provided by Team Leaders in their personal vehicles, with the exception of session 4: "Creativity in Teamwork." During Session 4 we will only be using city transit. Do you require accessible transportation?

☐ No ☐ Yes

PROGRAM SUPPORTS

Simcoe Community Services attempts to ensure that all participants in the Youth Program are provided with supports appropriate to meet their needs. At Youth In Action we provided a 1:4 staffing ration. We recognize that some youth may require 1:1 support; all 1:1 Support Workers must be arranged by the family.

Please note that Youth In Action staff will not be able to provide transportation for 1:1 workers.

Will the youth be attending Youth In Action with a 1:1 Support Worker? ☐ **No** ☐ **Yes**

This following section only applies to youth who will be supported at Youth in Action by a family-employed 1:1 Support Worker.

In order for a family-employed Support Worker to accompany your youth to an event, that Support Worker must either:

1. Submit a Criminal Reference Check with Vulnerable Sector Screening that has been completed within the last 90 days from the time of submission, or
2. Must be a screened CHAP worker (Community Helper for Active Participation) through supportyourway.ca/respiteservices.com.

- If you are hiring a CHAP Worker (through supportyourway.ca/respiteservices.com), please notify a Youth Worker of the Support Worker's name and phone number *as soon as possible*.
- If you would like to hire a CHAP Worker, please contact Carolyn Harris, Respite Coordinator with Simcoe Community Services at 705-726-9082 extension 2259, or at charris@simcoecommunityservices.ca
- If you are hiring a Support Worker who is not a CHAP Worker, please have the Support Worker submit a Criminal Reference Check with Vulnerable Sector Screening to a Youth Worker (via email, fax, mail or hardcopy delivered to the office).

PHYSICAL INTENSITY LEVEL

Beside each summer session on the brochure, there is a physical intensity level indicated. The intensity level refers to how active the session is. For instance, a high-intensity session will include an action packed day where there is a lot of physical activity. Low and moderate- intensity sessions will include just as much programming but it will be less physically intense. Please *check off* the *one* activity intensity that best matches the youth's daily activity level on average.

☐ Low Physical Intensity Level

- Prefers passive activities such as reading, board games, puzzles, video games, watching movies, crafts, rather than physically active activities. Youth prefers a quieter environment.

☐ Moderate Physical Intensity Level

- Enjoys a mix of both physically active and passive activities.

☐ High Physical Intensity Level

- Prefers a high level of physical activity enjoys a day with very little 'down time' and prefers to participate in a schedule that is busy all day.

BEHAVIOURAL CONSIDERATIONS

How does the youth interact with other youth? Please circle.

Shy Talkative Nervous Anxious Withdrawn Other:_____

Does the youth need encouragement to participate in activities? ☐ No ☐ Yes

If yes, what would be helpful to the youth to encourage participation?

_____

_____

Will the youth leave an activity and not tell anyone, causing concern? ☐ No ☐ Yes

Are there any behaviour(s) the youth may exhibit that may need intervention? ☐ No ☐ Yes

If yes, please describe the behaviour(s):

_____

_____

What is the best way a staff can support the youth when they are engaging in this behaviour?

_____

_____

How does the youth respond when faced with a transition?

_____

_____

HEALTH CONSIDERATIONS

Does your youth currently experience any of the following health concerns? Please check all that apply.

○ Anaphylactic Allergies	○ Sleep Apnea	○ Home Sickness
○ Seizures	○ Nightmares	○ Insomnia
○ Asthma	○ Headaches	○ Depression/Anxiety
○ Persistent Cough	○ Enuresis/Bed-wetting	

How are these health issues normally managed?

_____

_____

Does the youth require or use a wheelchair or other mobility aid?

☐ No ☐ Occasionally ☐ Always

Does the youth have any hearing issues? ☐ Yes ☐ No

Does the youth have any vision issues? ☐ Yes ☐ No

Does the youth typically have rest periods throughout the day? ☐ Yes ☐ No

How does the youth communicate with others? (Please check all that apply)

☐ Speech ☐ Sign Language ☐ Pictures ☐ iPad ☐ iPod

☐ Augmentative Communication Device ☐ Other:_____

DIET

Please check the box that corresponds to the level of support the youth most often needs at meal time:

☐ Independent ☐ Needs food cut up ☐ Uses adaptable utensils (please provide)

Does the youth have any allergies, food sensitivities, or dietary restrictions?

☐ Yes ☐ No

Please list any food restrictions, food sensitivities, or dietary restrictions:

_____

_____

ACTIVITIES OF DAILY LIVING

Please check the box that corresponds with the level of support the youth most often needs for daily living activities. These are routine activities performed every day, such as dressing, eating socializing, and bathroom hygiene.

- ☐ Minimal- performs all activities of daily living with minimal assistance and without reminders
- ☐ Moderate support- requires some occasional support, and/or prompting for daily living activities
- ☐ Complete support- requires support for most or all activities of daily living

If there is any information that would be valuable to know that has not been shared yet, please state here:

_____

_____

_____

_____

CAMPING TRIP ONLY

1. Should a staff check the youth's bed in the morning to see if a change of linen is required? Additional bedding must be provided by the family. ☐ Yes ☐ No
2. Does the youth use or wear any night-time continence protection? ☐ Yes ☐ No
3. Does the youth have any sleep issues? ☐ Yes ☐ No
4. What is the youth's shower routine? Please specify the time of day and supports required.

_____

_____

_____

PLEASE NOTE:

Any Medical, Emotional Or Behavioural Conditions Not Fully Disclosed On This Form Could Result In The Youth Being Excused From The Youth Retreat. In That Event, No Refund Will Be Issued. All Medications Must Come Blister Package- please arrange for the youth's medication to be blister packaged with your pharmacist and only bring what is required for the duration of the retreat.

Blister Packaging: arranged at the pharmacy where each dose of medication is separated by morning/afternoon/night and sealed. Please be advised that we ask this to ensure the safety of all youth and support staff involved at the retreat, this policy helps reduce the risk of any medication error.

REGISTRATION & PAYMENT

Please register for Youth In Action by using the table and checking the session(s) you would like to sign up for. Please note the Youth In Action Program runs from 9:00am-4:00pm, if you require extended support from 8:30am-9:00am and 4:00pm-4:30pm please check the appropriate boxes.

Session	Register (please check)	Registration Fee	Extended Supports (please check)	Extended Support Fee
Art in Fusion July 3rd-6th - Holiday- July 2nd		$180.00		$40.00
Sports in Cooperation July 9th-13th		$225.00		$50.00
Nature in Harmony July 16th-20th & 23rd-27th		$450.00		$80.00
Creativity in Teamwork July 30th-August 3rd		$225.00		$50.00
Explore in Unity August 7th-10th & 13th-17th- Holiday- August 6th		$405.00		$70.00
Learning in Friendship August 20th-24th		$225.00		$50.00

Total Registration Fee Due: _____

Please check Method of Payment:

☐ **Cash**

☐ **Cheque**
(Please make all cheques payable to Simcoe Community Services. Post-dated cheques are not accepted)

☐ **VISA**

☐ **Mastercard**

Total amount enclosed? ☐ Yes ☐ No

Credit Card Information ☐ VISA ☐ Mastercard

Card #_____-_____-_____-_____ Expiry Date: _____/_____

Amount to charge to credit card: _____

Name on card (printed):_____ Signature: _____

CONFIRMATION PACKAGE

I would like to receive confirmation of registration by: ☐ Email ☐ Letter

Office Use Only:

Youth's Name: _____ ***Grand total due:*** _____

If cash, payment received by: _____

WAIVER AND CONDITIONS OF ENROLMENT

1. The parent/guardian(s) of the above-named participant, release Youth in Action (YIA), its Youth Workers and Team Leaders from any loss, personal injury, accident, misfortune or damage to the above-named or his/her property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the above-named participant.

2. The parent/guardian(s) of the above-named participant give permission for their son/daughter to receive transportation from Youth in Action staff.

3. If the above-named participant requires medication to be administered during Youth in Action hours, the parent/guardian agrees to provide Youth in Action with clearly labeled medication in blister packaging with instructions for administration as stated on Simcoe Community Services' medication direction form. You will be contacted by a Youth Worker to complete this paperwork.

4. In case of medical emergency, the parent/guardian(s) of the above-named participant understands that every effort will be made to contact them. In the event that the parent/guardian cannot be reached, I/we give permission to the Youth In Action leaders and the attending doctor to secure medical treatment for and/or hospitalize the above-named participant.

5. Simcoe Community Services reserves the right to dismiss a participant who, in our opinion presents a hazard to the safety and rights of others, or who appears to have rejected the reasonable controls of the program. Failure to disclose concerns at time of registration could result in dismissal.

6. If it is determined that a participant requires a 1:1 support worker, the parent/guardian is responsible for arranging this support.

7. **REFUND POLICY**: Cancellation more than two weeks prior to the start of a session – full refund less $50.00 administration fee. Cancellation two weeks prior to the start of each session – no refund (includes camp fees, daytrip fees) except for medical reasons with a note from a doctor – full refund less $50.00. Withdrawal during camp on physician's order – one half of fee for unexpired term will be refunded. No refund will be made for dismissals due to disciplinary action, late arrivals or early departures.

I have read and hereby agree with the waivers and conditions of enrolment.

Name of Youth: _____

Parent's/Guardian's Signature: _____ **Date:** _____

Simcoe Community Services