

HeartWood Centre for Community Youth Development

5516 Spring Garden Road, Suite 202,
Halifax NS, B3J 1G6
Phone: (902) 444-5885 Fax: (902) 444-3140



Hello!

Thank you for your interest in our programs. We at HeartWood are super excited for this year's Atlantic Youth Leadership Camp, and can't wait to start the fun and adventure. The first step for you to take is to fill out the enclosed application form for AYLC 2010 and get it back to us as soon as you can.

Once we have received your application form, Amber or Phoebe will contact you to follow up. We will have specific questions regarding the applicant's health, past experiences, program expectations, etc. It is helpful for us to speak to both the applicant and their parent or guardian, to ensure that the program is suitable for the needs and expectations of the applicant.

We strive to create a safe and enjoyable experience for all of our participants. Some programs are better than others at accommodating young people with special needs or who require extra support. We accept applicants for our programs based on the suitability (physically, socially, and emotionally) of the applicant with the available staff resources and the structure of the program.

Our staff will review and respond to your application as quickly as possible. Please note that spaces are limited in our programs, and early applications help us to respond effectively.

Once the application has been reviewed and your registration is confirmed, you will receive a package at least two weeks prior to the program. The package will include a with a packing list, directions to sites, and further program information.

We welcome your questions at any time, so please feel free to contact us.

Sincerely,

Amber, Michael and Phoebe

Email: amber@heartwood.ns.ca or phoebe@heartwood.ns.ca



AYLC Application Form Health Information & Consent Confidential

Atlantic Youth Leadership Program, August 15th -21st, 2010

Application Deadline: July 13th 2010

Cost: \$350 (Due with application) Financial assistance is available for those in need. Please contact our office.

Has participant attended a HeartWood program before? _____

Participant's Name _____ Male / Female Date of Birth _____ (dd/mm/yy)

Mailing Address _____

Town/City _____ Postal Code _____

Home Phone _____ Work Phone _____ Other Phone _____

Guardian's Email _____ Participant's Email _____

Guardian(s) Name(s): _____

Relationship with Participant: Mother Father
 Foster Mother Foster Father
 Social Worker Other (specify) _____

Doctor's Name _____ Doctor's Phone _____

Health Card # _____ Expiry Date _____

* IN CASE OF EMERGENCY, please name a person who will be available for contact during the program.

Primary Contact _____ Alternate _____

Home Phone _____

Business Phone _____ Other (specify) _____

We strive to make our programs safe and enjoyable, inclusive and beneficial to all participants. The information you provide here will help us in achieving these goals. Please be as specific as possible.

What are your own and your child's hopes and/or concerns about his/her participation in this program?

What is his/her swimming ability? _____

Will this be his/her first time away from home? Yes No

Comments on this: _____

How did you hear about HeartWood? Previous Program Website Friend School Other _____

Cancellation Policy: In the event a program is cancelled or if you cancel prior to deadline date, you will be reimbursed your full payment. However, if you cancel after deadline date, you will be reimbursed the cost of the program, minus \$100 for admin fees.

Health Information: (Please provide as much detail as possible; this helps our staff to be prepared fully for the participants needs. It is crucial that you provide as much detail as possible about medications or behaviors that can impact the experience for all the participants)

<p>1. Please list all allergies such as medications, food, insect stings, grass, animals, etc. to which the participant is subject. Please give details of treatment should condition indicated occur and specify what medication staff may give the participant.</p> <p>*NOTE: Please provide 2 Epi-pens if your child has a known severe allergy.</p>	<p><input type="checkbox"/> Medications/Penicillin: Reaction: Treatment:</p> <p><input type="checkbox"/> Insect stings: Reaction: Treatment:</p> <p><input type="checkbox"/> Food: Reaction: Treatment:</p> <p><input type="checkbox"/> Other: Reaction: Treatment:</p>
<p>2. Please list any medications the participant is bringing to camp. These must be clearly labeled and handed to staff on arrival. Use additional sheet if necessary.</p> <p>*NOTE: Please provide 2 inhalers or 2 courses of insulin (if applicable).</p>	<p>Medication: Reason: Dosage: Side effects:</p>
<p>3. Should the participant develop a headache, fever, or upset stomach or bowel, please indicate what medication staff may give by placing a check in the appropriate box.</p>	<p><input type="checkbox"/> ASA <input type="checkbox"/> Tylenol <input type="checkbox"/> Homeopathic: <input type="checkbox"/> Immodium <input type="checkbox"/> Pepto-Bismol <input type="checkbox"/> Arnica <input type="checkbox"/> Benadryl <input type="checkbox"/> Other: <input type="checkbox"/> Histaminum</p>
<p>4. Please indicate & describe any chronic health care conditions such as asthma, heart trouble, prone to ear-aches, tonsillitis, nosebleeds, of which we should be aware.</p> <p><input type="checkbox"/> Diabetes <input type="checkbox"/> Headaches <input type="checkbox"/> Ear infections <input type="checkbox"/> Seizures <input type="checkbox"/> Depression <input type="checkbox"/> Bladder infections <input type="checkbox"/> Asthma <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> any restricted activities</p>	<p>Comments:</p>
<p>5. Please list any additional problems we should be aware of, such as sleepwalking, nightmares, bed wetting, serious fears, etc.</p>	<p>Comments:</p>
<p>6. Note illnesses, recent operations, injuries not included above that we should be aware of.</p>	<p>Comments:</p>
<p>7. Date of last Tetanus shot Are immunizations up to date?</p>	<p>Date: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>8. In the past year have there been any significant changes in life at home or school? (Ex. divorce, death, marriage, move, grade failure, peer issues, etc.) Please elaborate.</p>	<p>Comments:</p>
<p>9. Has your child been receiving professional treatment from a psychiatrist or psychologist during the past year? Please provide details.</p>	<p>Comments:</p>
<p>10. Does your child have any behavioral, learning or developmental concerns? Please describe and give tools for dealing with these concerns.</p>	<p>Comments:</p>
<p>11. Are there any special dietary considerations? Please provide details.</p>	<p>Comments:</p>

Video/Photograph Consent

We occasionally take photos to document a group learning experience, which may be used in our promotional and/or educational materials. Permission is granted for HeartWood to use still photographs or video footage of this participant for these purposes.

YES NO

Participant Name

Parent/Guardian Signature

Date

Release of Liability

I understand that although safety will be a priority, parts of the HeartWood program may be physically or emotionally challenging. I recognize the inherent risk of injury in HeartWood outdoor adventure based activities. I understand that each participant must assume the risk of injury that could result from any of these activities. I release HeartWood, its staff members, and Board of Directors, from all liability for any injury to my child from participating in HeartWood activities.

To the best of my knowledge _____ is in good physical condition (except as noted previously) and capable of participating in an active outdoor program. Authority is granted for him/her to receive emergency medical treatment as deemed appropriate. (In the event of an emergency, you will be contacted immediately!)

Signature of Parent/Guardian (or participant 19 years or older)

Date

HeartWood Youth Programs Screening Policy

We strive to offer all youth a safe and enjoyable experience. Some programs are better than others at accommodating young people with special needs or who require extra support. We accept participants for our programs if there is an appropriate fit (physically, socially, emotionally) for the young person with available staff resources and the structure of the program. When you submit an application to participate in a public program, our staff will review and respond to your application as quickly as possible. Please note that spaces are limited in our programs, and early applications help us to respond effectively.

Share the HeartWood Experience

If you would like to financially help a young person receive a HeartWood experience, a gift to our Scholarship Fund would be greatly appreciated. Please make cheques payable to HeartWood Institute. A tax receipt will be issued for all donations.

\$25 \$50 \$75 \$100 Other _____

Atlantic Youth Leadership Camp Application Questions

Please take a few minutes to complete the following questions. Your responses will not be used to evaluate your eligibility for the program. These questions will help us to understand who you are, why you are interested in attending AYLC and what you hope to learn from the experience. Make sure you return this form with your medical information to the HeartWood office as soon as possible! (5516 Spring Garden Road, Suite 202, Halifax, NS B3J 1G6)

1. Tell us a bit about yourself (i.e. your interests, hobbies, your connection to your home or school community etc.)
2. How did you find out about the Atlantic Youth Leadership Camp?
3. Why are you interested in attending a leadership camp?
4. What do you hope to learn?
5. Have you had experience with 'leadership' in your life? What has your experience been?
6. Is there anything else you would like to share with us?

Thank you for sharing your thoughts!!!!!! We will be in touch after we have received and reviewed all of your information. We look forward to meeting you soon!!!

-- Michael, Isabelle, Amber and Phoebe (AYLC staff)