



# HeartWood Centre for Community Youth Development

Suite 202, 5516 Spring Garden Road-----Halifax Nova Scotia B3J 1G6

Tel: 444-5885 fax: 444-3140

Program Name: March Break Leadership Camp

Program Date: March 13-16, 2012

Application Deadline: February 21, 2012

## Participant Registration Form

Participant Name: _____ Gender _____ Date of Birth _____ (dd/mm/yy)	
Mailing Address _____ Town/City _____ Postal Code _____	
Home Phone: _____ Cell: _____ Participant Email: _____	
Guardian Name: _____ Email: _____	
Relationship to participant: <input type="checkbox"/> Mother <input type="checkbox"/> Father	
<input type="checkbox"/> Foster Mother <input type="checkbox"/> Foster Father	
<input type="checkbox"/> Social Worker <input type="checkbox"/> Other: _____	
Doctors Name: _____ Doctors Phone: _____	
Health Card #: _____ Expiry Date: _____	
Has the participant attended a HeartWood program before? (If yes, which one?) _____	
How did you hear about HeartWood? <input type="checkbox"/> Previous Program <input type="checkbox"/> Website <input type="checkbox"/> Friend <input type="checkbox"/> School <input type="checkbox"/> Other: _____	
<b>IN CASE OF AN EMERGENCY Please name a person who will be available to contact during the program:</b>	
Primary Contact (name) _____ Phone #: _____ Relationship: _____	
Second Contact (name) _____ Phone #: _____ Relationship: _____	
Please note: If filling application out online, highlight the applicable box and change its colour.	
Financial Assistance options are available for those in need. Upon acceptance to the program I would like to receive information on	
<input type="radio"/> HeartWood Bursaries	
<input type="radio"/> Personal efforts to take to fundraise program fees	
Other Comments:	
1. Please list all allergies such as medications, food, insect stings, grass, animal, 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.  <b>*NOTE:</b> Please provide 2 Epi-pens if your child has a known severe allergy.	
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. <b>*NOTE:</b> Please provide 2 inhalers or 2 courses of insulin.	Medication: Reason: Dosage: Side effects:
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.	<input type="checkbox"/> ASA <input type="checkbox"/> Tylenol <input type="checkbox"/> Benadryl <input type="checkbox"/> Immodium <input type="checkbox"/> Pepto-Bismol Other:

<p>4. Please indicate &amp; 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"/>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 and 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?  If applicable, has menstruation been established?  If not, has the menstrual process been explained?</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 the participant been receiving professional treatment from a psychiatrist or psychologist during the past year? Please provide details.</p>	<p>Comments:</p>
<p>10. Does the participant 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 or concerns? Please provide details.</p>	<p>Comments:</p>
<p>We attempt 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 and the participant's hopes and concerns about their participation in this programs?</p> <hr/> <hr/>	
<p>Will this be the participants first time away from home?    YES            NO  What is the participants swimming level or experience if applicable?  Comments on this or anything else you want to share:</p>	

### Liability Waiver

I understand that HeartWood staff and volunteers will exercise due diligence to ensure the safety of those attending this program. I recognize that my child is expected to respect staff, volunteers, and the other children. My child is required to follow instructions given by the staff and volunteers. I acknowledge that my child will follow safety standards as stated below.

I give permission for the leader in charge, or designate, to make arrangements for qualified medical attention for my child/ward in the event of an emergency without necessity of my prior approval. I understand that I will be notified by the quickest means possible if this authority is exercised. I also give my permission for my child to be transported by the staff by buses, vans, cars, and by supervised walking.

I accept that from time to time staff or volunteers may take photographs, video or film of individuals, or groups of participants, and/or staff. These photographs, film, or video, may be used for possible newsletters, scrapbooks, displays, gifts to children, or applications to sponsors. They may also be used for the promotional purposes by journalists, the media or financial supporters. I give HeartWood permission to use any photos, video, or film of my child for these purposes.

I, \_\_\_\_\_ (parent or guardian's name), give permission for my child, \_\_\_\_\_, (child's name) to take part in this HeartWood Program.

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

\_\_\_\_\_  
Date

### Program Screening Policy

We attempt to offer all youth a safe and enjoyable experience. Some programs are better able than others to accommodate young people with special needs or who require extra support. We accept participants for all programs based upon 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.

### HeartWood Safety Standards

#### Safety Standards:

- HeartWood programs are free from violence, abuse, harassment or bullying of any kind (physical, sexual, emotional, psychological)
- All programs are drug & alcohol-free
- We ask that participants not form friendships which exclude others, and sexual activity is not allowed
- Males and females have separate sleeping areas
- Participants are required to stay within the physical boundaries of the program area

#### On Wilderness Programs:

- Everyone wears closed-toed shoes (especially when swimming)
- PFDs are worn at all times in canoes