

The Cerebral Palsy Association of British Columbia

"Life Without Limits"
60 Years of Access & Inclusion

Special Needs Summer Camp Subsidy Application 2014

Camper's Name: _____ Birth date: _____

Address: _____ City: _____

Postal Code: _____ Email: _____

Phone: _____

Parent/Guardian/Foster Parent Name: _____

Address: _____ City: _____

Postal Code: _____ Email: _____

Phone: _____

Do you have Cerebral Palsy? _____

Are you a member of CP Association of BC? _____

Name of camp wishing to attend: _____

Location of camp: _____

Date of camping session: _____

Have you been to camp before? _____

How much funding are you requesting? _____

Cost of camping session: _____

Cost of transportation: _____

Is the camp totally accessible for you? _____

Do you require an attendant to accompany you? _____

Who will provide the attendant, the camp or you? _____

How much will the attendant's cost be? _____

Have you requested funds from other sources for your camping trip? _____

If so, how much? _____

What will the money cover? _____

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Criteria and requirements for applicant:

- Applicant must have cerebral palsy. **Documentation needed.** This can be from a private physiotherapist, occupational therapist, or a school file. It does not have to be from a physician.
- Applicant must be a **current member of the Cerebral Palsy Association of BC.**
- A **copy of your letter of acceptance for camp** and **camp's brochure needs** to be attached to your application. **Receipt of payment** is required for reimbursement.
- Attach a **letter describing yourself and addressing these points:**
 1. Tell us a bit about yourself
 2. Why do you want to go to camp?
 3. What kinds of experiences would you like to get while attending camp?
 4. Have you been to camp before?
- Campership subsidy fund may be used towards the camp fee, hiring a care giver, and/or transportation cost
- You may attend the camp of your choice; such as Zajac Ranch (www.zajacranch.com) or an Easter Seal Camp www.eastersealscamps.ca/
- You are required to provide us with a short letter and optional photo/s (print or electronic version) describing your camping experience. They are used for our promotional materials and to thank donors for their support. Photo release form should be signed and submitted via mail if you provide us photo.
- You are required to sign the wavier on page 3 and mail it back to us.

Please mail or email your application and details to:

Attention: Camp Subsidy Committee
The Cerebral Palsy Association of BC
330-409 Granville Street
Vancouver, BC V6C 1T2

Tel: (604) 408-9484
Fax: (604) 408-9489
Toll Free: 1-800-663-0004

Website: www.bccerebralpalsy.com
Email: supportworker@bccerebralpalsy.com

Deadline for application is Friday, June 13, 2014

Recipients will be notified no later than July 18, 2014

NOTE: Guidelines and criteria set out herein are for general reference only. Final decision and criteria are within the sole discretion of the CPABC and are not appealable.

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Wavier:

I acknowledge and agree that:

- The above is true to the best of my knowledge
- The CPABC has not had any part in selecting the camp referred to above
- Any decision by CPABC to award a Campership to me will not constitute a representation or warranty by CPABC that the camp referred to above is appropriate or suitable for me in any particular respect
- CPABC shall not incur any liability in connection with my attendance at the camp
- All arrangements for my attendance at camp are my responsibility.

Signature of applicant, and legal guardian if you are under 19

Date

Please note: you must sign the waiver and mail it to:

The Cerebral Palsy Association of BC

330 - 409 Granville Street

Vancouver, BC V6C 1T2

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Photo Release

I, _____ hereby give
The Cerebral Palsy Association of BC permission to use my photo/ video, or the photo/video
of _____ (_____)
name relationship

for public relations purposes in the community.

This may include using the photo:

- in the Association's quarterly publication, or other publications
- in newspapers
- in the Association's brochures
- on the Association's portable display board, which may be used at resource fairs etc., in the community
- in the Association's videos
- on the Association's website
- for fund raising

Signature

Date

Witness

Date

This release form is to be signed by all people whose stories/images CPA-BC proposes to use on any printed materials/website for fundraising and advertising purposes.

Please note: the original signed copy must be returned to:

The Cerebral Palsy Association of BC
330 - 409 Granville Street
Vancouver, BC V6C 1T2