

The Cerebral Palsy Association of British Columbia

"Life Without Limits"

61 Years of Access & Inclusion

Special Needs Summer Camp Subsidy Application 2016

Please type. Hand written applications will not be considered.

Camper's Name: _____

Birth date: _____ (YYYY-MM-DD)

Mailing Address with Postal Code: _____

Email: _____ Phone: _____

Parent/Guardian/Foster Parent Name: _____

Mailing Address & Postal Code: _____
(if different from above)

Email: _____ Phone: _____

Do you have Cerebral Palsy? Yes No

Are you a member of CP Association of BC? Yes No

Name of camp you wish to attend: _____

Location of camp: _____

Date of camping session: _____ (YYYY-MM-DD)

Have you been to above or any other camp before? _____

How much funding are you requesting? \$ _____

Cost of camping session: \$ _____

Cost of transportation: \$ _____

Is the camp fully 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? _____

Please answer the following questions (Attach a typed letter if you wish)

Tell us a bit about yourself.

Why do you want to go to camp?

What kinds of experiences would you like to get while attending camp?

Have you been to any camp before?

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Submission Checklist

Documentation that applicant has Cerebral Palsy (Acceptable documentation included private physiotherapist, occupational therapist or school file. Physician's note is NOT required)

Current member of the Cerebral Palsy Association of British Columbia

Copy of Letter of Acceptance and Brochure from Camp of your choice

Signed Waiver (Form Attached)

Photo release form, if applicable

Eligibility & Reporting Guidelines

- Campership subsidy fund may be used towards the camp fee, hiring a support attendant, 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 or any other Special Needs Camp
- Successful applicants are required to provide us with a short letter and optional photo/s (print or electronic version) describing your camping experience. These 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.

Please mail or email your application and details to:

Attention: Camp Subsidy Committee
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, July 1, 2016

Recipients will be notified by: Friday July 29, 2016

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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Waiver:

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 (YYYY-MM-DD)

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

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

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 (YYYY-MM-DD)

Witness

Date (YYYY-MM-DD)

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. The original signed copy must be returned to:

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