



**RE: ALS Society of BC's Camp Alohi Lani Camp Registration  
Form Application Deadline: July 8, 2024**

Dear Parents/Guardians:

Thank you for registering your child for ALS Society of BC's Camp Alohi Lani. Please read the following information carefully. If you have any questions about the registration process, you may contact Alexandra at **604-278-2257 ext.226**

To register for camp, you must send in a complete registration form – see the checklist below to make sure your registration is ready to email or mail.

All applications will be reviewed and we will contact you if there are any questions/concerns.

Your registration must include:

- Photo of the camper (for counsellors to quickly identify your child and their needs)
- General Information
- Medical Information
- Transportation Information

Please send completed applications by email to: [alexandra@alsbc.ca](mailto:alexandra@alsbc.ca)

Or Mail:

**ALS Society of BC  
Attn: Alexandra Guerrero  
Patient Services Manager  
1228 – 13351 Commerce Parkway  
Richmond, BC V6V 2X7**

Sincerely,

Alexandra Guerrero  
Patient Services Manager

ATTACH PHOTO HERE



ALS Society of BC's Camp Alohi Lani Camper Registration Form  
Deadline: **May 31, 2024**

CAMPER APPLICANT INFORMATION					
First Name		Last Name		Gender	
Preferred Name/ Nickname		Birthdate (DD/MM/YYYY)		Grade in School <small>(just completed)</small>	
Address		City		Province	
Postal Code		Phone		Has your child attended this camp before?	
Email		T-Shirt Size	<input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> Youth <input type="checkbox"/> Adult		
Name of Family Member with ALS/PLS		Date of Diagnosis			
		Relationship			
PARENT/GUARDIANS INFORMATION					
	Name	Relationship	Phone Number	Email	
1					
2					
3					
If the child does not live with all guardians listed above, which has legal custody?					
EMERGENCY CONTACT <i>(to be contacted if parents/guardians cannot be reached)</i>					
	Name	Relationship	Phone Number		
PICK-UP AUTHORIZATION <i>(if someone other than a parent/guardian will pick up camper from bus pick-up location)</i>					
	Name	Relationship	Phone Number		

Camper Name: \_\_\_\_\_

**TO BE SIGNED BY PARENT/GUARDIAN**

I, \_\_\_\_\_, hereby grant permission to the nurses, staff and consulting physicians at Camp Summit including the ALS Society of BC Volunteer Nurse to administer medication and provide medical and other care for \_\_\_\_\_, including transportation deemed necessary or appropriate in connection with the treatment of my child. I also assume full financial responsibility for any and all medical and other expenses incurred for or on behalf of my child while at the Camp Summit or offsite. I authorize the Camp Director or their appointee to authorize on my behalf all procedures, including admission to hospital and necessary treatment therein, as he/she may deem essential for the care and well-being of my child. Such action is only to be taken when immediate contact with parents/guardians cannot be made.

I permit my child to participate in the full range of camp activities and absolve the ALS Society of BC, Camp Summit, and all related organizations from responsibilities for any injuries resulting from these activities. I assume full responsibility for any damage or destruction of camp property as a result of the actions of my child, and I understand that I will be billed for any such damage and/or destruction.

I understand all information pertaining to my child will be treated confidentially by the ALS Society of BC, and by Camp Summit. However, I agree that said information may be shared with/released to appropriate personnel and/or third parties for the purpose of treating and/or supervising my child (including, but not limited to nursing, medical and other camp staff, The ALS Society of BC, Camp Summit).

**AUTHORIZATION FOR THE USE OF PHOTO, VIDEO AND NAME**

I, \_\_\_\_\_, authorize the ALS Society of BC and Camp Summit, to use any photos or video of \_\_\_\_\_ taken during their camp session. The ALS Society of BC may also use first name, age, and camp session my child attended in photo captions, newsletters, etc.

**I FULLY UNDERSTAND AND AGREE TO THE TERMS STATED ABOVE.**

\_\_\_\_\_ Date: (DD/MM/YYYY): \_\_\_\_\_  
Parent/Guardian Signature

Camper Name: \_\_\_\_\_

MEDICAL INFORMATION	
Family Doctor	Phone Number
BC Care Card #	
Does your child require one-on-one care throughout the day? <i>*If your child has an aide at school, please advise us</i>	Yes      No (if yes, attach sheet with details)
Does your child have any allergies/intolerances?	Yes <input type="checkbox"/> No
If yes, what are they allergic to?	
Does this allergy require an Epi-Pen?	Yes <input type="checkbox"/> No
Does your child take any medications?	Yes <input type="checkbox"/> No
<p>If yes, please list all medications that your child will be taking at camp, the dosage and frequency:</p>  <ul style="list-style-type: none"> <li>• ALL MEDICATION MUST BE IN ITS ORIGINAL CONTAINER WITH ALL INSTRUCTIONS ATTACHED.</li> </ul>	
Does your child have any drug allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, please list below)
Are there any activity restrictions while at camp?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, please list below)
Are there any special/behavioral considerations that the camp should be aware of in order to better facilitate your child's experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If yes, please list any conditions, disabilities, or behavioral issues such as ADD, ADHD, FAS, etc.</p>  	
How does your child interact in a group?	
Interests/Hobbies	
Dislikes	

Camper Name: \_\_\_\_\_

MEDICAL INFORMATION (CONTINUED)	
Does your child have any dietary restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list down any dietary needs or restrictions for your child:  <i>Please note: Camp Summit is strictly a nut managed camp, meaning all meals are served without nuts, and nuts brought to camp will be confiscated and removed.</i>	
Is your child?	Vegetarian <input type="checkbox"/> Vegan <input type="checkbox"/> Celiac <input type="checkbox"/> Crohn's <input type="checkbox"/> Diabetes – Type 1 <input type="checkbox"/> Diabetes – Type 2 <input type="checkbox"/> Other _____    None <input type="checkbox"/>
It is Camp Summit's policy to not allow food in the dorm rooms, does your child need to have space in the dining hall for special nutritional items: <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, please explain)	
TRANSPORTATION INFORMATION	
Will your child require flight transportation?  <b>*All campers traveling via air must email/fax copy of valid government ID with registration form</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No Nearest airport: _____ Has your child travelled unaccompanied previously on a flight? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>*Note:</b> Children under the age of 12 are considered unaccompanied minors and will be booked accordingly. This means they will have accompaniment from an airline representative inside both their departure airport and at their arrival airport. Does your child require a companion?    Yes <input type="checkbox"/> No (if yes, see <i>companion</i> question below)
For Lower Mainland campers: Which location would you prefer to drop-off/pick-up your child for/from camp bus?	<input type="checkbox"/> Templeton Station, Richmond <input type="checkbox"/> Camp Summit, Squamish
Does your Child require a Travel Companion?    Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, do you have a trusted family member or friend who could assist? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, ALS BC Volunteer is required) If yes, please provide their contact information: Name: _____ Phone Number: _____ Email: _____ <b>*Note: Travel Companions will not be accommodated at camp.</b>	