

# CLASI SUMMER CAMP

# 2025

REGISTRATION DEADLINE:

June 9th, 2025



# General Information

## Participant

Full Name:

Date of Birth:

Gender:

Address:

Postal Code:

## Parent(s)/ Guardian(s)

Primary Contact:

Primary Phone Number:

Secondary Phone Number:

Email:

Alternate Contact:

Primary Phone Number:

Secondary Phone Number:

Email:

## Payment Information

We accept Visa, MasterCard, Cash or Cheque (payable to CLASI).  
If paying by Credit Card, we will contact you to request the CVV code.

## Camp Fees

- |                                                    |              |
|----------------------------------------------------|--------------|
| <input type="checkbox"/> \$275/ week (non-members) | Card Number: |
| <input type="checkbox"/> \$225/ week (members)     | Expiry Date: |
| Annual family membership:                          | Signature:   |
| <input type="checkbox"/> \$25 CLASI Membership     | Amount:      |

# 2025 Camp Dates

## Kids (ages 6-12)

☐ Monday, July 7 - Thursday, July 10 | 10 am - 4 pm

☐ Monday, July 28 - Thursday, July 31 | 10am - 4pm

## Teens (ages 13-19)

☐ Monday, July 14 - Thursday, July 17 | 10 am - 4pm

☐ Tuesday, August 5 - Friday, August 8 | 10am - 4pm

## Adults (ages 20+)

☐ Monday, July 21 - Thursday, July 24 | 10am - 4pm

☐ Monday, August 11 - Thursday, August 14 | 10am - 4pm

NOTE: If you'd like to register for 2 weeks, please identify which week is your first choice. In an effort to accommodate as many individuals as possible, we will initially register individuals in their preferred week. If there is remaining capacity after registration closes, individuals will be registered in a second week in the order registration forms were received.

## Participant Details

### Section I: Medical Information

Diagnosis/Diagnoses:

☐ Epilepsy

Type of Seizures:

Trigger(s):

Date of Last Seizure:

Does the individual require any medication(s) that need to be administered during camp hours (10am-4pm)?

☐ Yes

If yes, please request a 'Medical Release Form' from the office

☐ No

## Section II: Dietary Information

☐ Diabetic ☐ Food Allergies ☐ G-Tube

Please Elaborate if Necessary:

During Meal Times, The Participant:

☐ Eats independently

☐ Requires supervision

☐ Requires full assistance

Please request a 'Tube Feeding Release Form' from the office if the individual has a G-Tube. This form will need to be signed and returned to the office prior to the start of camp.

## Section III: Communication

How does the person express their needs?

Check all that apply:

☐ Verbal

☐ Partially Verbal

☐ Non-Speaking

☐ Gestures

☐ Eye Gaze

☐ Other:

☐ Deaf

☐ Hard of Hearing

☐ Cochlear Implant

☐ ASL

☐ Assisted Comm Device

## **Section IV: Mobility**

☐ Ambulatory ☐ Uses a Walker ☐ Uses a Wheelchair

If mobility assistance is needed, please describe:

## **Section V: Washroom/Hygiene**

☐ Independent ☐ Requires Supervision

☐ Requires Assistance ☐ Uses Depends

Please include any necessary information/ instructions below:

## **Required Additional Information**

**What type of support does the individual require?**

☐ One staff to one camper

☐ Two staff to one camper

☐ Minimal/None

**Can they be paired up with another camper?**

☐ Yes

☐ One staff to two campers

☐ No (explain below)

### **How do they do in crowds?**

☐ Very well

☐ Well

☐ Not well (explain below)

### **Does the person exhibit challenging or aggressive behaviours?**

☐ Yes

If YES please complete colored Behavior and Response Plan document (next page) to the best of your abilities.

☐ No

### **Tell us a bit about the person's likes and dislikes....**

<b>LIKES</b> (Ex: cards, pop, swimming, art, rap music)	<b>DISLIKES</b> (Ex: Loud spaces, bowling, milk, musicals)

# \_\_\_\_\_’S CRISIS BEHAVIOR

**Baseline: How will we know they are in good space and enjoying themselves?**

(ie: smiling, relaxed, stimming, joking around, participates, quiet tone of voice, etc)

**Trigger/Escalation: How will we know something is bothering them?**

(ie: pacing, quiet, vocalizing, isolates, clenches hands, etc)

**Crisis: What might we see when the person is in crisis?**

(ie: throwing, yelling, self-harm, elopement, crying, aggression, etc)

**Post-Crisis: How will we know the person is de-escalating?**

(ie: tired, crying, apologizing, hungry, quiet, etc)

# \_\_\_\_\_’S RESPONSE PLAN

**Baseline: Is there anything we should do to maintain this?**

(ie: Reassurance, praise, give space, etc)

**Trigger/Escalation: Is there anything we can do to help them feel better?**

(ie: give space, remove demands, give headphones, put a video on, etc)

**Crisis: What can we do to keep everyone safe?**

(ie: stop talking, guide them away from others, use a firm voice, etc)

**Post-Crisis: Is there anything we can do to support them to rejoin the group?**

(ie: watch iPad, have a snack, take time away to reset, etc)



## **MEDICAL EMERGENCY CONSENT FORM**

This form should be completed by a parent/guardian before participation in CLASI's Summer Camp. A separate form should be completed for each child/youth.

This page will be sent with supports in the event the youth needs to attend a medical facility for emergency purposes.

Participant's name:

Date of Birth:

Health Card #:

Emergency Name & Contact:

Doctor's Name, Clinic & Phone:

Any allergies to be aware of? If yes, please list them:

What medications is the person currently taking?

By signing this form, I authorize CLASI to seek necessary medical intervention at their discretion in the event they are unable to contact me.

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Signature

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Date

# Signatures

I, the undersigned parent/guardian of \_\_\_\_\_ waive CLASI (Community Living Association of Saskatoon Inc.) from all and any liability resulting from the participant attending the Summer Camp program.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

I agree to let the Camp Counsellors employed by CLASI (Community Living Association of Saskatoon Inc.) transport this participant to/from camp activities.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

I agree to let CLASI (Community Living Association of Saskatoon Inc.) use any photographs/ videos of this participant for any public relations purpose.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature



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**Email: [clubsandcamp@clasaskatoon.org](mailto:clubsandcamp@clasaskatoon.org)**

**Keep up to date with us on Facebook! @CLASaskatoon**