

clasi spring clubs

KIDS (6-12YRS) 1 - 3PM
YOUTH (13-19YRS) 3:30 - 5:30PM
ADULTS (20+) 6 - 8PM

APRIL 18TH

MAY 2ND, 16TH & 30TH

JUNE 13TH & 27TH



CLASI CLUB PROGRAM
PARTICIPANT REGISTRATION FORM

Please note that applications are processed on a first-come, first served basis. All sections must be completed.

SECTION 1: PARTICIPANT INFORMATION

Full Name: _____ **Date of Birth (MM/DD/YYYY):** _____

Gender Identity _____ **Age:** _____

Address: _____ **Postal Code:** _____

SECTION 2: PARENT / GUARDIAN INFORMATION

PARENT/GUARDIAN - 1	PARENT/GUARDIAN - 2
Name: _____	Name: _____
Primary phone: _____	Primary phone: _____
Secondary phone: _____	Secondary phone: _____
Email: _____	Email: _____

ANNUAL FAMILY MEMBERSHIP

\$25 CLASI Membership

CLUB FEES

\$160 (CLASI Members)
\$185 (Non-members)

PAYMENT METHODS

Visa / MasterCard (Call 306-652-9111)
Cash / Debit (In Person at 1-816 1st Ave N, Saskatoon)
Cheque payable to CLASI

The main line is not staffed on Fridays. Messages are returned on Mondays.

SECTION 4: MEDICAL INFORMATION

Diagnosis:

History of Seizures Yes None

Date of Last Seizure:

Type of Seizures:

Known Triggers:

Medication during camp hours: Yes No

If yes: a completed and signed Medication Administration and Consent Form is required before camp participation can begin.

SECTION 5: COMMUNICATION

How does the person express their needs?

Check all that apply

Verbal

Deaf

Partially Verbal

Hard of hearing

Non-speaking

Cochlear implant

Gestures

ASL

Eye gaze

Assisted communication device

Other: (please explain)

Please share any additional details that would help us understand and support communication needs:

SECTION 6: DIETARY INFORMATION

Does the participant have any dietary needs?

Check all that apply

Diabetic

Eats independently

Food allergies

Requires supervision

G-Tube

Requires full assistance

No dietary needs

Please describe dietary needs, allergies, restrictions, or feeding instructions:

*If the participant uses a **G-Tube**, a Tube Feeding Release Form must be completed and returned before camp begins.*

SECTION 7: MOBILITY

How does the participant move and what support do they need?

Check all that apply

Ambulatory

Independent

Uses a walker

Requires supervision

Uses a wheelchair

Requires physical assistance

Please describe mobility needs, equipment, or support required:

SECTION 8: WASHROOM USE / HYGIENE

How does the participant manage washroom use and hygiene?

Check all that apply

Independent

Requires supervision

Requires assistance

Uses Incontinent products

Please describe any routines, reminders, hygiene support, or additional assistance needed:

SECTION 9: ADDITIONAL INFORMATION

Tell us a bit more about the Individual...

LIKES

(Places, activities, people, games, foods, sensory items, etc.)

DISLIKES

(Foods, loud noises, bright lights, animals, waiting, textures, scents, etc.)

ADDITIONAL INFORMATION CONTINUED...

How does the participant respond in crowds?

Select one

Very Well

Well

Not Well (please explain)

Is there anything else we should know to help your child feel comfortable in busy or crowded areas:

What level of staff support is needed?

Select one

None / minimal

One-to-one-support

Two-to-one-support

Can the participant be paired with another participant?

Select one

Yes

One staff to two participants

No (please explain)

Please describe any factors we should be aware of that would prevent the individual from being paired with another participant:

Aggressive behaviors

Select one

Yes

No

If **yes**, please complete the Crisis Behavior and Response Plan sections.

'S CRISIS BEHAVIOR

BASELINE

How do we know they are comfortable and enjoying themselves?

(Examples: smiling, relaxed, joking, participating, calm voice, stimming, etc.)

TRIGGER / ESCALATION SIGNS

How do we know something is bothering them?

(Examples: pacing, quiet, isolating, clenched hands, vocalizing, etc.)

CRISIS BEHAVIORS

What might we see if they are in crisis?

(Examples: yelling, crying, elopement, throwing items, aggression, self-harm, etc.)

POST CRISIS SIGNS

How do we know they are beginning to calm down?

(Examples: tired, quiet, apologizing, hungry, crying, etc.)

'S CRISIS RESPONSE PLAN

BASELINE SUPPORT

What helps maintain comfort and regulation?

(Examples: reassurance, praise, space, predictable routines etc.)

TRIGGER / ESCALATION SUPPORT

What helps when they begin to feel overwhelmed?

(Examples: headphones, space, reduced demands, preferred video, etc.)

CRISIS SUPPORT

What helps keep everyone safe?

(Examples: stop talking, guide away from others, firm/clear voice, remove items etc.,)

POST CRISIS SUPPORT

What helps them rejoin the group?

(Examples: snack, quiet time, iPad, sensory break, etc.)