



# CLASI SUMMER CAMP 2026

**REGISTRATION DEADLINE:  
JUNE 8<sup>TH</sup>, 2026**



# CLASI SUMMER CAMP

## 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:**

## SECTION 3: CAMP SELECTION & PAYMENT

### REGISTERING FOR MULTIPLE WEEKS

If you want to register for more than one week, please mark your **first choice** and **second choice**. We will place participants in their preferred week first. If space remains after registration closes, second choice weeks will be filled in the order applications were received.

### KIDS (AGES 6-12)

Choice Choice  
#1 #2

July 6 to 9 • 10:00 am to 4:00 pm

July 27 to 30 • 10:00 am to 4:00 pm

August 17 to 20 • 10:00 am to 4:00 pm

### TEENS (AGES 13 - 18)

Choice Choice  
#1 #2

July 13 to 16 • 10:00 am to 4:00 pm

August 4 to 7 • 10:00 am to 4:00 pm

August 24 to 27 • 10:00 am to 4:00 pm

### ADULTS (AGES 19 +)

Choice Choice  
#1 #2

July 20 to 23 • 10:00 am to 4:00 pm

August 10 to 13 • 10:00 am to 4:00 pm

### CAMP FEES

\$275/week (CLASI Members)

\$350/week (Non-Members)

### ANNUAL FAMILY MEMBERSHIP

\$25 CLASI Membership

### 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 Person...**

### **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.)*