clasi fall clubs

KIDS (6–12YRS) : 1–3PM

YOUTH (13–19YRS): 3:30–5:30PM

ADULTS (20+): 6–8PM

OCTOBER 10TH & 24TH

NOVEMBER 7TH & 21ST

DECEMBER 5TH & 19TH

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

Name:

Primary phone:

Secondary phone:

Email:

PARENT/GUARDIAN - 2

Name: *(Optional)*

Primary phone:

Secondary phone:

Email:

ANNUAL FAMILY MEMBERSHIP

- [ ] $25 CLASI Membership

CLUB FEES

- [ ] $180 (CLASI Members)
- [ ] $230 (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 2A: Returning Participant Update Page

Complete this page only if the participant has attended a CLASI camp or club program **within the past 12 months.**

If **new to CLASI or past the cutoff**, skip this page and **continue to Section 3.**

Programs Regularly Attended:

Date of last program attended:
(MM/DD/YYYY)

RETURNING STATUS

☐ No changes since our last application *(Skip to Section 10).)*

☐ There are changes — I have updated the following sections: *(Check all that apply)*

- ☐ Section 3 — Medical Information
- ☐ Section 4 — Communication
- ☐ Section 5 — Dietary Information
- ☐ Section 6 — Mobility
- ☐ Section 7 — Washroom Use/ Hygiene
- ☐ Section 8 — Preferences & Support
- ☐ Section 9 — Crisis Behavior & Support

SECTION 3: 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 4: Communication

How does the person express their needs?

Check all that apply

- ☐ Verbal
- ☐ Partially Verbal
- ☐ Non-speaking
- ☐ Gestures
- ☐ Eye gaze
- ☐ Other: (please explain)
- ☐ Deaf
- ☐ Hard of hearing
- ☐ Cochlear implant
- ☐ ASL
- ☐ Assisted communication device

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

SECTION 5: Dietary Information

Does the participant have any dietary needs?

Check all that apply

- ☐ **Diabetic**
- ☐ **Food allergies**
- ☐ **G-Tube**
- ☐ **No dietary needs**
- ☐ **Eats independently**
- ☐ **Requires supervision**
- ☐ **Requires full assistance**

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 6: Mobility

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

Check all that apply

- ☐ **Ambulatory**
- ☐ **Uses a walker**
- ☐ **Uses a wheelchair**
- ☐ **Independent**
- ☐ **Requires supervision**
- ☐ **Requires physical assistance**

Please describe mobility needs, equipment, or support required:

SECTION 7: 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 8: Preferences & Support Needs

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.)

SECTION 8: 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.

SECTION 9: Crisis Behavior & Support

'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.)

SECTION 9: Continued...

'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.)

Applications are processed in the order they are received.

Your registration will be confirmed once payment and all required / consent forms have been received.

SECTION 10: Consent & Acknowledgment

I, the undersigned parent/guardian of, _____ confirm that all information provided in this application — including any updates indicated in Section 2A — is accurate and complete. I understand that CLASI (Community Living Association of Saskatoon Inc.) relies on this information to ensure safe and appropriate support for my child. I also waive CLASI from all liability arising from my child's participation in CLASI Camp and/or Club programs.

Signature: (Typed or Handwritten) _____ Date: _____

PHOTO/VIDEO CONSENT

CLASI (Community Living Association of Saskatoon Inc.) may use photographs and / or videos of this participant for any public relations purposes, including print materials, social media, and promotional content.

☐ **I give consent** for CLASI to use photographs and/or videos of this participant for public relations purposes.

☐ **I do NOT give consent** for CLASI to use photographs and/or videos of this participant for public relations purposes.

Signature: (Typed or Handwritten) _____ Date: _____

☐ **I confirm that the information provided is accurate and that my typed name serves as my signature for this consent.**

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Saskatoon, SK S7K 1Y3
Ph: 306-652-9111 | Fax: 306-652-9112
Email: clubsandcamp@clasaskatoon.org
Stay connected with us - search CLASaskatoon

CLASI Community Living Association Saskatoon Inc.

SECTION 10: Continued...

MEDICAL EMERGENCY CONSENT FORM

This form must be completed by a parent or guardian before a child participates in any CLASI Club or Camp Program. A separate form is required for each individual participant. This page will accompany staff if a youth needs to attend a medical facility in an emergency.

Participant's Name: _____

Date of Birth: _____

Hospitalization # _____

EMERGENCY CONTACT INFORMATION

Contact name: _____

Phone number: _____

Doctor's name: _____

Phone number: _____

Clinic Name: _____

List any allergies or n/a if none:

List any medications the person is 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.

Signature: (Typed or handwritten) _____ Date: _____

☐ **I confirm that the information provided is accurate and that my typed name or signature serves as consent.**