



## PARTICIPANT INFORMATION FORM

### 2017 Membership

*This form must be completed and returned to the main office with full payment of membership. Please note that all information on these forms is for your participants' safety and wellbeing, as such, **incomplete** forms **will not** be accepted*

**PARTICIPANT'S NAME:** \_\_\_\_\_

**PARENT/GUARDIAN 1** (Main contact – responsible adult living with participant)

Last name:	_____	First name:	_____
Relationship to participant:	_____		
Street:	_____	City:	_____
Province:	_____	Postal Code:	_____
Home number:	_____	Work number:	_____
Cell phone:	_____	E-mail:	_____
Fax number:	_____	Other number:	_____
Primary Language:	_____	Secondary Language:	_____

**PARENT/GUARDIAN 2** (If applicable)

Last name:	_____	First name:	_____
Relationship to participant:	_____		
Street:	_____	City:	_____
Province:	_____	Postal Code:	_____
Home number:	_____	Work number:	_____
Cell phone:	_____	E-mail:	_____

Does your child have FSCD funding?

Yes

No

Contract Renewal Date \_\_\_\_\_



**Do you have a family member or friend who can interpret for you if needed?**

Last name:	_____	First name:	_____
Street:	_____	City:	_____
Phone number 1:	_____	Phone number 2:	_____
Email Address:	_____		

**How did you hear about Between Friends?**

<input type="checkbox"/> Internet	<input type="checkbox"/> Resource Fair	<input type="checkbox"/> FSCD
<input type="checkbox"/> Advertisement	<input type="checkbox"/> School	<input type="checkbox"/> Other: _____

**EMERGENCY CONTACT 1 (Must not be in the same household)**

Last name:	_____	First name:	_____
Home number:	_____	Work number:	_____
Cell phone:	_____	Relationship to participant:	_____

**EMERGENCY CONTACT 2 (If applicable)**

Last name:	_____	First name:	_____
Home number:	_____	Work number:	_____
Cell phone:	_____	Relationship to participant:	_____

**MAIL OUTS**

Between Friends is kind to the environment. We send newsletters, program guides and information electronically.

**Please complete this section only if you do not have a computer and wish to receive hard copy information**

Last name:	_____	First name:	_____
Street:	_____	City:	_____
Home number:	_____	Postal Code:	_____
Cell phone:	_____	Relationship to participant:	_____



**PARENT/GUARDIAN WORKPLACE**

Parent/Guardian 1 - Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Parent/Guardian 2 - Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Does your employer have a workplace volunteer/charitable giving/donation matching program?  Yes  No

If yes, please provide:

Type of program: \_\_\_\_\_ Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

E-mail : \_\_\_\_\_

Website: \_\_\_\_\_

**SERVICE CLUB OR FOUNDATION**

Are you involved with a service club or foundation that we could approach for support?  Yes  No

If yes, please provide:

Type of program: \_\_\_\_\_ Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

E-mail : \_\_\_\_\_

Website: \_\_\_\_\_

**SOURCES OF FUNDING**

Are you familiar with any other sources of funding which might be available to us?  Yes  No

If yes, please describe: \_\_\_\_\_

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### **VOLUNTEERING**

Between Friends requires parent/guardian and community volunteers to provide ongoing support to our operations and fundraising activities. In what areas might you be available to volunteer?

Please check mark all those that apply.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Board of Directors                 | <input type="checkbox"/> Office Support              | <input type="checkbox"/> Fundraising activities/events |
| <input type="checkbox"/> Casino Volunteer                   | <input type="checkbox"/> Calgary Marathon            | <input type="checkbox"/> Program Planning Committee    |
| <input type="checkbox"/> Special Events                     | <input type="checkbox"/> Friends in Motion Bowlarama |  |
| <input type="checkbox"/> Afternoon Tea with Between Friends | <input type="checkbox"/> Emergency Program Volunteer |  |

### **SPECIAL SKILLS**

You may have special skills or resources that you could offer to Between Friends, e.g. website design, computer technology, carpentry, sewing, decorating, baking, marketing, etc. Are there ways in which you could support our activities? Please describe them below:

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### **PARTICIPANT INFORMATION**

Participant Profile:  New Member  Previous Member Year

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Gender:  Male  Female

E-mail Address: \_\_\_\_\_

Name of participant's school (currently attending):  Renfrew  Quest  PREP

Emily Follensbee  Christine Meikle  Providence  G.R.I.T

Elementary School  Junior High School  High School

Post-Secondary School  Access Class  Behaviour Class

Graduated  Day Program  Not Currently Attending



**DISABILITY & MEDICAL INFORMATION**

Primary Disability: \_\_\_\_\_ Secondary Disability: \_\_\_\_\_

ie: Angelman Syndrome, Aspergers Syndrome, AD/HD, Autism, Brain Injury, Cerebral Palsy, Developmental Disability, Down Syndrome, FAES, Fragile X, Learning Disability, None, Other, PDD, Spina Bifida, Turner Syndrome, Undiagnosed, etc...

Please describe the participant's disability and special needs. ie: 5 point harness, catheter, g-tube feeding, etc.:

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Ratio (*see below for descriptions of ratios*): \_\_\_\_\_ Alberta Health Care #: \_\_\_\_\_  
 Doctor's Name: \_\_\_\_\_ Doctor's Phone Number: \_\_\_\_\_  
 Date of last tetanus shot: \_\_\_\_\_ Medical Conditions: \_\_\_\_\_  
 Allergies: \_\_\_\_\_ Allergy Kit Carried?  Yes  No

Ratio	Participant Profile
<b>1:6</b>	... Independent participant. ... Requires minimal supervision, occasional reminders.
<b>1:4</b>	... Requires & responds to verbal prompts & reminders. ... May require assistance with activities of daily living (toileting, eating, etc.) but this is short-term support. ... Will join short-term activities.
<b>1:2</b>	... Close supervision required. ... Responds to verbal prompts; will do activities when settled. ... Needs support during transitions, and may require 1:1 support on a short-term basis.
<b>1:1</b>	... Will not remain with the group, either leaving intentionally, or has no desire to stay with the group. ... Without constant supervision could be a safety risk to themselves or others. ... Exhibits consistent aggressive behaviour to self or others. ... Consistently Wanders or runs away. ... Requires specialized ongoing personal and/or medical care (e.g. insulin shots, internal catheters etc.)



*Aides are required for participants with a 1:1 ratio*

If the participant is currently taking any medication, WHETHER AT HOME or during the Between Friends program time, please complete the following information (if you require more space please attach an additional sheet):

**Medication 1:**

Times to administer: \_\_\_\_\_ Dosage: \_\_\_\_\_  
Storage: \_\_\_\_\_ Special Instructions: \_\_\_\_\_

**Medication 2:**

Times to administer: \_\_\_\_\_ Dosage: \_\_\_\_\_  
Storage: \_\_\_\_\_ Special Instructions: \_\_\_\_\_

**Medication 3:**

Times to administer: \_\_\_\_\_ Dosage: \_\_\_\_\_  
Storage: \_\_\_\_\_ Special Instructions: \_\_\_\_\_

Please note any technical aides the participant makes use of:

<input type="checkbox"/> Braces/Crutches/Walker	<input type="checkbox"/> Life jacket	<input type="checkbox"/> Braille	<input type="checkbox"/> Power Wheelchair	<input type="checkbox"/> Manual Wheelchair
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Sign Language	<input type="checkbox"/> Hearing aide

Does the participant have a history of seizures?  Yes  No  
If yes, please describe the following: pattern, duration, specific considerations, triggers, aftercare, etc...  
\_\_\_\_\_  
\_\_\_\_\_

**Please note that the below fields must be filled in:**

Please provide us with any information you feel would prove helpful to our staff in providing the best possible experience and care for your participant (e.g. likes/dislikes, favourite sporting team, favourite activity/foods etc.)  
\_\_\_\_\_  
\_\_\_\_\_

Is there any specialized behavior management program that is being used at home, school or otherwise? Please describe the specialized behavior management program: (please attach any additional information that may be helpful)  
\_\_\_\_\_  
\_\_\_\_\_



<i>Please indicate (circle) the level of personal assistance the participant requires for the following:</i>				
Eating/Drinking	1	2	3	4
Toileting	1	2	3	4
Dressing	1	2	3	4
Personal Hygiene	1	2	3	4
Mobility	1	2	3	4

1 = Totally Independent, 2 = Needs Prompting, 3 = Needs Some Help, 4 = Requires Total Assistance.

Does the participant display any of the following behaviours?

Physical Aggression?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Verbal Aggression? Communication	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Running/Wandering?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Difficulties?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If the answer to any of the above is yes, please describe:

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Will a personal care attendant (aide) be accompanying the participant to all programs? If yes, please supply the following information:  Yes  No

Aide's Name: \_\_\_\_\_ Aide's Phone Number: \_\_\_\_\_  
Agency Name (if applicable): \_\_\_\_\_ Agency Phone Number: \_\_\_\_\_

What method(s) of transportation will the participant use to get to and from programs?

Parent/Guardian     Transit     Access Calgary     Other

ID #: \_\_\_\_\_

Is there anything else we should know?

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\* Please ensure that a copy of the participant's birth certificate (or another piece of government ID providing proof of age) is included with this form.



To the best of my knowledge, the above information is accurate and complete. Should anything change, I understand that the Between Friends must be notified.

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Signature:

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Date:

## **PERSONAL INFORMATION**

### **Collection**

We collect personal information to assist us in planning and implementing safe and quality programs. By providing your email address to Between Friends, you are consenting to receiving information from Between Friends.

### **Disclosure**

This information will only be disclosed to Between Friends personnel or necessary personnel of programming partners. Names may be used in promotional documents of the Between Friends, only when express permission has been granted. Information will be disclosed to other parties only when express written permission is provided.

### **Disposal**

At the end of each program session, all data provided to authorized personnel is shredded. The information gathered by the agency will be kept no less than 2 years, and may be kept longer, after which time it will be disposed of by shredding to ensure confidentiality is maintained.





## APPLICATION RELEASE FORM

*No person shall participate in any activity provided by Between Friends (BF) unless this agreement is properly executed, such execution forming part of the consideration of participation.*

### **Release**

In consideration of participation in any program, event, or activity sanctioned by Between Friends ("BF"), the undersigned participant, parent or guardian understands and agrees that the participant does so at his/her own risk and that The BF, its employees, officers, directors, agents, volunteers, and other participants will not be liable to anyone in contract, negligence, or otherwise, for any losses, damage or injury to person or property resulting from, or occurring in connection with BF activities. Without limiting the generality of the foregoing, BF activities include horseback riding, canoeing, sailing, and transportation, when part of the program, to and from BF activities.

### **Indemnification**

The undersigned further agrees to completely indemnify Between Friends for any expenses or liabilities incurred as a result of any injury or other loss to the participant including, without restricting the generality of the foregoing, the costs of ambulance or emergency services and related costs.

### **Representations as to Medical History of Participant**

The undersigned knows of no physical or emotional reason why the participant should not participate in any BF activity. The undersigned also represents that full disclosure of the participant's medical history has been made to BF.

### **Representations as to Authority of Signatory**

If the participant is less than 18 years of age, the undersigned parent or guardian hereby grants this release on his or her own behalf and on behalf of the participant. The undersigned further represents that he or she has read and understood this Release and, in the case of a parent or guardian, has full authority to execute this release on behalf of the participant.

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Signature of Participant  
(if over 18 years of age and own Guardian)  
**OR** Parent/Guardian

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Printed Name of Signatory

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Signature of Witness

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Printed Name of Witness

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Date

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Date



## PRESCRIPTION & NON PRESCRIPTION MEDICATION RELEASE

*Note: Positively no non-prescription (ex. Tylenol) or Prescription drugs will be administered to any participant if the medication release is not signed.*

**When the Release is signed, non-prescription drugs will ONLY be administered following verbal permission by the parent/guardian.**

I hereby request and grant permission for Between Friends to administer medication to \_\_\_\_\_ as indicated in the Medication Information section of this form or as otherwise requested by me.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed Name of Signatory

\_\_\_\_\_  
*Signature of Witness*

\_\_\_\_\_  
*Printed Name of Witness*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*

## EMERGENCY MEDICAL AND/OR TREATMENT

I hereby grant permission for Between Friends to provide emergency medical treatment and/or first aid to \_\_\_\_\_ as deemed necessary.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed Name of Signatory

\_\_\_\_\_  
*Signature of Witness*

\_\_\_\_\_  
*Printed Name of Witness*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*



## **(Optional) PERMISSION TO USE STORIES, PHOTOGRAPHS AND/OR VIDEOS**

I understand that interviews and/or visuals, with or without my name, may be used in any lawful Between Friends presentations, (including for example newsletters, television and print media, publicity and web content) for community education, awareness and fundraising purposes.

I also understand that Between Friends management may use these interviews, photographs and/or videos on social networking websites, including, but not limited to, Facebook, Twitter, and YouTube, representing Between Friends.

*Note: Between Friends management are the only individuals granted permission to carry out the above paragraph.*

As the Parent/Guardian of \_\_\_\_\_, I understand and agree to the above conditions.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed Name of Signatory

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



## HEALTHY WATERS RELEASE INFORMATION

Due to an increase in government regulations of swimming pool health and safety, Between Friends is required to actively prevent contaminations in recreational waters. This form is to help ensure Between Friends and Camp Bonaventure uphold the highest standards of safety to protect the participants attending our programs and the general public at the locations that host us during our off site activities. Fecal contaminations are a very serious health risk to anyone in the pool and can lead to infection caused by organisms that contaminate water in pools, lakes and hot tubs, resulting in diarrhea, skin rashes, swimmer's ear, and other conditions. Between Friends is committed to eliminating our contribution to this problem by collecting more in depth information about our campers and more specifically about our campers who experience incontinence.

**Incontinence is the inability to restrain natural discharges or evacuations of urine or feces.**

Please check the box if your child:

- Requires supportive undergarments (ex. diapers)
- Has toileting accidents not related to illness
- Has Irritable Bowel Syndrome or other conditions that may cause diarrhea
- None of the above

This information will be added to the child's profile, and it may require them to utilize a swimming undergarment in order for them to safely enter the pool. Please sign and return this form with the rest of the waivers in the Camp Bonaventure package. **Your camper will not be able to participate in swimming until this form has been completed and returned to the Between Friends Office.**

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Signature of Participant  
(if over 18 years of age and own Guardian)  
**OR** Parent/Guardian

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Printed Name of Signatory

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Signature of Witness

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Printed Name of Witness

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Date

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Date

**Thank you very much for your help in making sure swimming is fun and safe for everyone!**





## DISCLAIMER

Access Calgary continues to be one of the primary sources of transportation our participants use to get to and from our programs. Access Calgary is the umbrella agency that contracts with Calgary Handi-Bus, Associated Taxis and Checker Taxis to provide specialized transportation for people with disabilities. The Between Friends is aware of some serious incidents that have occurred to users of this system. We have discussed these issues with Access Calgary and asked them to provide us with their policies on driver screening and training. The following is an excerpt from a letter from Access Calgary, dated July 6, 2004.

*Drivers wishing to do Access Calgary work are screened for suitability by their respective companies. Selected drivers are trained on how to transport people with disabilities. Emphasis is placed on the importance of safety. The materials used for training are similar between all service providers. From time to time we invite speakers from various agencies to make presentations about services and support they offer to their clients. Our service providers are invited to these sessions as a way of increasing their knowledge and educating their drivers. This year Access Calgary will be developing materials and planning orientation sessions for drivers who provide service on our behalf. This will be in addition to training already being provided by the Contractor. The aim is to provide an overview of our expectations in the delivery of service to our customers.*

*All Access Calgary Contractors (Calgary Handi-Bus, Checker Cabs and Associated Cabs) are required to conduct criminal background checks of their drivers with the Calgary City Police or RCMP at least once a year. When a customer or their caregiver makes serious allegations against a driver, we ask that Calgary City Police be notified. The police conduct an investigation and take the appropriate action necessary. The driver is removed from Access Calgary Service while the police complete their investigation.*

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The Between Friends is not responsible for transportation to and from our programs, and we urge you to carefully consider the transportation you use when getting to and from our programs. If you experience any concerns with Access Calgary service we encourage you to report it immediately to the Access Calgary complaint line at **537-7997**.

If you believe there needs to be changes made to Access Calgary to ensure a safe and effective transportation system for people with disabilities, we encourage you to become an advocate. The Independent Living Resource Centre is collecting information on transportation concerns you are having and how they are affecting your life. You can report your concerns to them by calling **262-7151**. The Disability Action Hall is a self-advocacy group that meets regularly to discuss issues affecting people with disabilities. To learn more about this group contact Ryan at **717-5616**.