

**The Cerebral Palsy Association of British Columbia**  
**Special Needs Summer Camp Subsidy Application 2011**

Camper's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Parent/Guardian/Foster Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Do you have Cerebral Palsy? \_\_\_\_\_

Are you a member of CP Association of BC? \_\_\_\_\_

Name of camp wishing to attend: \_\_\_\_\_

Location of camp: \_\_\_\_\_

Date of camping session: \_\_\_\_\_

Have you been to camp before? \_\_\_\_\_

How much funding are you requesting? \_\_\_\_\_

Cost of camping session: \_\_\_\_\_

Cost of transportation: \_\_\_\_\_

Is the camp totally accessible for you? \_\_\_\_\_

Do you require an attendant to accompany you? \_\_\_\_\_

Who will provide the attendant, the camp or you? \_\_\_\_\_

How much will the attendant's cost be? \_\_\_\_\_

Have you requested funds from other sources for your camping trip? \_\_\_\_\_

If so, how much? \_\_\_\_\_ What will the money cover? \_\_\_\_\_

Wavier:

I acknowledge and agree that:

- The above is true to the best of my knowledge
- The CPABC has not had any part in selecting the camp referred to above
- Any decision by CPABC to award a Campership to me will not constitute a representation or warranty by CPABC that the camp referred to above is appropriate or suitable for me in any particular respect
- CPABC shall not incur any liability in connection with my attendance at the camp
- All arrangements for my attendance at camp are my responsibility.

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Signature of applicant, and legal guardian if you are under 19

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Date

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Criteria and requirements for applicant:

- Applicant must have cerebral palsy. **Documentation needed.** This can be from a private physiotherapist, occupational therapist or a school file. It does not have to be from a physician.
- Applicant must be a **current member of the Cerebral Palsy Association of BC.**
- A **copy of your letter of acceptance for camp** and **camp's brochure needs** to be attached to your application. **Receipt of payment** is required for reimbursement.
- Attach a **letter describing yourself and addressing these points:**
  1. Tell us a bit about yourself
  2. Why do you want to go to camp?
  3. What kinds of experiences would you like to get while attending camp?
  4. Have you been to camp before?
- Campership subsidy fund may be used towards the camp fee and/or transportation cost
- You may attend the camp of your choice; such as Zajac Ranch ([www.zajacranch.com](http://www.zajacranch.com)) or an Easter Seal Camp [www.lionsbc.ca/programs/camps/](http://www.lionsbc.ca/programs/camps/)
- You are required to provide us with a short letter and optional photo/s (print or electronic version) describing your camping experience. They are used for our promotional materials and to thank donors for their support. Photo release form should be submitted if you provide us photo.

**Please mail, fax or email your application and details to:**

Attention: Camp Subsidy Committee  
Cerebral Palsy Association of BC  
801-409 Granville Street  
Vancouver, BC V6C 1T2  
Tel: (604) 408-9484  
Fax: (604) 408-9489  
Toll Free: 1-800-663-0004  
Website: [www.bccerebralpalsy.com](http://www.bccerebralpalsy.com)  
Email: [info@bccerebralpalsy.com](mailto:info@bccerebralpalsy.com)

**Deadline for application is Monday, June 13, 2011**  
**Recipients will be notified not later than July 18, 2011**

NOTE: Guidelines and criteria set out herein are for general reference only. Final decision and criteria are within the sole discretion of the CPABC and are not appealable.

# Photo Release

I, \_\_\_\_\_, hereby give The Cerebral Palsy Association of BC permission to use my photo/ video or the photo/video of \_\_\_\_\_ ( \_\_\_\_\_ )  
name relationship

for public relations purposes in the community.

This may include using the photo:

- in the Association's quarterly publication, or other publications
- in newspapers
- in the Association's brochures
- on the Association's portable display board, which may be used at resource fairs etc., in the community
- in the Association's videos
- on the Association's website
- for fund raising

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

This release form is to be signed by all people whose stories/images CPA-BC proposes to use on any printed materials/website for fundraising and advertising purposes. The original signed copy must be returned to: the Cerebral Palsy Association of BC at 801-409 Granville Street, Vancouver, BC V6C 1T2.