

CAMPAURORA

CAMPER REGISTRATION FORM

August 26th to 29th, 2018

Camp Brereton
Whiteshell, Manitoba

REGISTRATION DEADLINE: July 15th, 2018

Welcome to Camp Aurora, a four-day summer camp for LGBT2SQ+ youth that takes place at Camp Brereton in Whiteshell Provincial Park. Participants can identify as gay, lesbian, bisexual, transgender, two-spirit, queer, allied, or any other label they use to self-identify. Camp Aurora is open to campers **aged 14 to 19, at the time of camp.**

Our Vision

To create a world in which all youth, regardless of sex, gender identity, or sexual orientation, make significant contributions to their schools, communities, and home environments.

Our Mission

Camp Aurora seeks to build capacity, resiliency, and self-esteem of LGBT2SQ+ and allied youth through experiential learning within a camp environment.

Our Objectives

1. To address discrimination against sex, gender identity, and sexual orientation;
2. To engage with and learn from positive role models;
3. To provide opportunities for campers to acquire new skills through experiential learning;
4. To encourage civic engagement, participation, and volunteerism;
5. To facilitate social inclusion for campers from both rural and urban settings;
6. To mentor youth in leadership / directorship;
7. To ensure the youth-focused content, spirit, and longevity of the camp;
8. To ensure camp is accessible to all youth, regardless of socio-economic status;
9. To celebrate all aspects of diversity; and
10. To foster existing, and establish new, mutually beneficial partnerships.

Camp Learning Experiences

- Opportunities to learn canoeing, kayaking, hiking, swimming, and participate in park excursions
- Living in a gender-inclusive and supportive environment
- Team building
- Creative artwork
- Talent show and the opportunity to explore new abilities

- The opportunity to learn how to live and share responsibilities with others
- Personal reflection time
- Time to get to know yourself and others

Our People

- Camp Aurora is organized by a volunteer steering committee of community leaders. Our Cabin Leaders are trained youth facilitators between the ages of 20 and 34. Additionally, Camp Aurora also has trained professionals on staff, including a registered nurse/medical professional, social workers, a certified life guard, counsellors, and a team of kitchen staff.

At the end of Camp Aurora, our goal is that campers will leave with new friendships and connections that can provide continuing support over the coming years.

Please review the attached information carefully. **Camp registration works on a first come first serve basis and space is limited. Therefore, we encourage all youth to apply early and fill out this application package carefully.** If you have any questions or concerns, please feel free to contact us at any time at campaurora@rainbowresourcecentre.org.

Please send your completed Camp Aurora registration forms and cheque to:

**Camp Aurora
c/o Rainbow Resource Centre
170 Scott Street
Winnipeg, MB R3L 0L3**

CAMPAURORA

Please read through this package carefully as it provides you with essential information to consider before attending Camp Aurora!

Please keep pages 3 and 4 in a safe place for future reference.

Camper Roles and Responsibilities

Participants are asked to reflect upon the purpose of Camp Aurora and obtain a full understanding of their roles and responsibilities before registering. Please ensure you have read and understand the following important information before agreeing to participate.

As a camper at Camp Aurora, I agree and acknowledge that I am required to:

- Identify as a lesbian, gay, bisexual, transgender, two-spirit, queer, and/or allied youth.
- Be present at all activities required.
- Be willing to participate in activities.
- Respect myself.
- Respect others.
- Respect the camp facilities.
- Have fun.
- Be responsible for my own health and wellness, which includes adequate sleep and nourishment.
- Will not leave the camp for outside social or recreational purposes.
- Agree to an 11:00 PM curfew.
- Inform camp staff of any prescription medication I am taking and provide these to the medical professional upon my arrival (or to the staff member on the bus on the way to Camp).

Please note: Campers will not be allowed to leave the grounds unsupervised for any reason.

Camp Brereton

Camp Brereton is located 1½ hours east of Winnipeg in beautiful Whiteshell Provincial Park. Camp Brereton has been accredited by the Manitoba Camping Association and is owned and operated through Variety the Children's Charity of Manitoba. The camp offers many different activities on site, including hiking, canoeing, kayaking, fire pits, swimming, and more.

Meals

All meals, beverages, and snacks are included in your registration fee. Camp Aurora is willing to accommodate all reasonable dietary restrictions if notice is given ahead of time. **Please provide these details in your registration forms. If your dietary needs change after submitting this form, you must inform us of this change. Food is ordered two weeks prior to camp; dietary changes after food is ordered will be accommodated on a case-by-case basis.**

Stuff to Bring

Please bring the following items to camp:

- Sleeping bag / blanket and pillow (Camp Aurora is unable to provide these items)**
- Towel and toiletries (soap, toothbrush, deodorant, etc.)
- Indoor and outdoor footwear (two separate pairs and water sandals, if available)
- Clothes for 4 days and for rain and shine
- Sunscreen and insect repellent
- Swimwear*
- Any necessary medications
- Outdoor jacket and rain gear

*A top must be worn at all times, including swimming, while at camp (some options include, swimsuit top, sports bra, binder, t-shirt, tank top, etc.). While we recognize that this rule is based on laws (nipple coverage in public) that are both sexist and transphobic, not adhering to them would jeopardize Camp Aurora's existence. We have chosen to apply this to all participants, in order to avoid discrimination.

Please consider if you need to bring these additional items as they will not be provided:

- Earplugs
- Flashlight
- Book
- Camera
- Personal alarm clock
- Comfort items

Please **DO NOT** bring the following items to camp. If you do so, you may be asked to leave.

- Knives or weapons of any kind
- Alcohol/drugs or drug paraphernalia

Camp Aurora is NOT responsible for lost or stolen articles. We advise participants to leave cell phones, MP3 players, and other electronic equipment at home.

Transportation / Bus Pick Up Info

All campers are expected to arrive by transportation arranged through the Camp Steering Committee. There is no space for cars or parking at Camp Brereton! Bus pick up will be at Polo Park Mall. Campers are required to be at Polo Park Mall before the designated pick up time. A volunteer will be on-site to assist campers waiting for the bus. Campers not at the pick-up time when the bus is departing may lose their spot at camp. Please ensure that arrangements for pick up on August 30th are made in advance.

Pick Up

Sunday, August 26th:

- Pick up: South parking lot at Polo Park Mall, facing Portage Ave. at 9:30 AM
 - **The bus leaves promptly at 10:00 AM.**

Drop Off

Wednesday, August 29th:

- Drop off: South parking lot at Polo Park Mall, facing Portage Ave. at approximately 5:30 PM

*** Please note: Parents/guardians assume liability of their child/children at the point of bus drop off.**

***For those requiring assistance with cost for travel into Winnipeg from a rural or northern community, please contact the Camp Aurora Steering Committee (campaurora@rainbowresourcecentre.org) to discuss available options.**

For Camp Aurora staff:
Received (time & date):

Database entry:

Payment processed:

Form 1 – Registration

Please print clearly

Camper Information:

Please call me: _____

Full legal name: _____

Gender identification: _____ Pronoun: _____

Date of Birth: _____ Age: _____
(MM/DD/YYYY)

Address: _____

Email address: _____

Registration confirmation will be sent to you and your parent/guardian by email!

Yes

Phone number: _____ Can we leave a message? No

What name should we call you on the phone? _____

Parent/Guardian Information:

Full name: _____

Address: _____

Email address: _____

Yes

Phone number: _____ Can we leave a message? No

Yes

Alt. phone number: _____ Can we leave a message? No

Email address: _____

Alternative Emergency Contact Information:

Full name: _____

Relationship to camper: _____ City: _____

Yes

Phone number: _____ Can we leave a message? No

Yes

Alt. phone number: _____ Can we leave a message? No

Camp Aurora will contact your parent/guardian first, and your emergency contact second.

Form 2 – Personal Health Information

It is important that this form is filled in completely and accurately. We cannot process your registration if there is any missing information.

Full name: _____
Date of Birth: _____ Age: _____
(MM/DD/YYYY)

Manitoba Health numbers:
Registration number (6 digits) _____ PHIN number (9 digits) _____

Please indicate if you are currently managing any of the following health concerns:

- | | | | |
|--------------------------------------------------|----------------------------------------|--------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Asthma | <input type="checkbox"/> Bipolar disorder |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Epilepsy/Seizures | <input type="checkbox"/> Migraines |
| <input type="checkbox"/> Mobility Issues | <input type="checkbox"/> Panic Attacks | <input type="checkbox"/> Schizophrenia | |
| <input type="checkbox"/> Other (please specify): | | | |

Do you have any allergies? Yes No Do you require medications for this? Yes No
If yes, what are these allergies, what are your reactions to them and how are they treated?

Do you carry an epi-pen or ana kit? Yes No
If yes, for which allergies?

Do you have any physical, developmental, psychological, behavioral or emotional conditions that may affect your ability to participate in camp activities? Yes No

If yes, please describe:

Do you require medication for this? Yes No

If you have any prescription or non-prescription medications or have indicated anything that would imply medication (such as an allergy, even if you don't take medication for it), please fill out the "Appendix – Medications" form on the following page.

Appendix – Medications

All medications brought to Camp Aurora must be in their original container with the prescription, the camper’s name, the name of the medication and the dosage on the container.

If possible, please bring medications in a blister package/original container.
Most pharmacies are able to accommodate this request.

This information will be kept strictly confidential. All medications are stored and administered by Camp Aurora’s Health Practitioner, and must be provided to them upon arrival to camp.

List all medications you will be bringing to camp, including over-the-counter medications (e.g. Advil, Tylenol, Gravol, vitamins etc.). Also, please indicate when medications are to be dispensed (listing specific days/times as needed), the dosage, and any special notes.

Camper’s full name: _

| Medication (e.g. Tylenol) | Dosage (e.g. one pill, 1mg) | Time (e.g. before bed) | Notes (e.g. with water) |
|------------------------------|--------------------------------|---------------------------|----------------------------|
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If you have indicated any medical needs, but you do not have medication for it (e.g. allergy to bees), how is this need managed?

If needed, please attach another sheet of paper

Form 3 – Other Information

Dietary Information

Do you have any dietary considerations that the staff at Camp Aurora need to be aware of when preparing meals (e.g. vegetarianism/veganism, food allergies, medical illness, religious requirements, etc.)? Yes No

Please provide full details here.

If your dietary needs change prior to camp, you must inform us as soon as possible. Food is ordered one week before camp. Any changes after this will be considered on a case-by-case basis.

Camp Aurora T-Shirt

All participants will be given a commemorative camp t-shirt. Indicate your desired size below. Please choose one size larger than you would normally wear, to ensure it will fit.

- | | | |
|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> X-Small | <input type="checkbox"/> Small | <input type="checkbox"/> Medium |
| <input type="checkbox"/> Large | <input type="checkbox"/> X-Large | <input type="checkbox"/> 2X-Large |
| <input type="checkbox"/> 3X-Large | <input type="checkbox"/> 4X-Large | <input type="checkbox"/> 5X-Large |

Additional Information:

Is there anything we need to know to assist with room assignment? (e.g., a regular bedtime, do you snore or talk in your sleep, etc.)

Form 4 – Media Consent for Rainbow Resource Centre

Camper's name: _____
Name of guardian: _____
Phone: _____ Email: _____

To Rainbow Resource Centre:

1. I hereby agree to your use of a photograph or photographs in a card, brochure, and/or promotional piece to be used by Rainbow Resource Centre. This may be in print and/or electronic format.
2. I also agree to any future videotaping for use in promotional material created for Rainbow Resource Centre. You shall have the right, among other things, to telecast this segment on any television station one or more times.
3. You shall have the right to use and license others to use my name, portrait, picture and biographical material to publicize and advertise the Rainbow Resource Centre as well as other Centre activities, in broadcast, print and electronically.
4. I understand that the purpose of the printed materials, electronic and/or television segments is for charitable purposes and that I am not entitled to any remuneration.
5. I release Rainbow Resource Centre and their licensees from all liability for any claim of infringement of publicity or privacy rights that I might otherwise have had in connection with the use of my likeness, or a representation of my likeness.
6. I agree to allow Rainbow Resource Centre to provide Variety, the Children's Charity of Manitoba (Camp Brereton Manager and Sponsor) with video, audio, and/or images for the purposes captured in points 1 through 5 above.

NB: the Variety, the Children's Charity of Manitoba Media Release Waiver Form is attached to the Camp Aurora Registration Package and is separate to the Rainbow Resource Centre Media Consent Form

Dated this _____ day of _____, 20____, in the City of Winnipeg, Manitoba.

Print name of child: _____
Signature of designate: _____
(Parent/guardian if under 18)

NB: Other campers may bring their own personal cameras or recording devices and may take photos of one another for personal use. Media consent takes effect when this application package is signed.

Form 5 – Participation Agreement

BY SIGNING THIS DOCUMENT, YOU WILL WAIVE LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

Please read carefully.

For participant / camper:

I, _____ (name), agree to participate in Camp Aurora to the best of my abilities and agree to adhere to all rules and behavioural guidelines. I understand that failure to follow these standards will result in my being asked to leave the camp. I have read and completed the registration package in full and will notify the camp directors of any changes to my needs (health, dietary, etc.) between completing this form and attending Camp Aurora. I agree to allow the camp directors to secure medical treatment for me (or ward) when appropriate, but not limited to medication, x-ray, hospitalization, anesthesia, or surgery. If for any reason my child (or ward) receives such medical attention or special medication beyond that furnished by the camp, I agree to be responsible for all expenses incurred.

For parent / guardian:

I, _____ (name), authorize my child to attend Camp Aurora. I have read and completed the registration package in full and will notify the camp directors of any changes to my child's needs (health, dietary, etc.) between completing this form and attending camp. I agree to allow the camp directors to secure medical treatment for my child (or ward) when appropriate, but not limited to medication, x-ray, hospitalization, anesthesia, or surgery. If for any reason my child (or ward) receives such medical attention or special medication beyond that furnished by the camp, I agree to be responsible for all expenses incurred.

I, _____ (name), assume liability of my child at the point of bus drop off in Winnipeg, Manitoba, on August 30th, at approximately 5:30 PM.

Signature of participant/camper

Date:

Signature of parent/guardian

Date:

Form 6 – Payment and Registration Checklist

Payment will be held until the camper has been notified of their acceptance to Camp Aurora, and will be processed or deposited at that time.

Camp Aurora works hard to make sure camp is accessible to as many youth as possible. Any financial support that can be provided to cover costs is greatly appreciated and helps to ensure Camp Aurora's sustainability.

The cost for one camper is approximately **\$300.00** per camper, and **\$25.00** of this amount is a registration fee. Please indicate below if you are able to pay all or part of the \$300 camper cost, the \$25.00 registration fee, or if you would like the entire amount to be waived.

- I am able to pay the full camper cost of \$300.00 and will be paying by:
- Cash Cheque Credit Card
(Visa or MasterCard only)
- I am able to pay part of the camper cost, amounting to: \$ _____, and will be paying by:
- Cash Cheque Credit Card
(Visa or MasterCard only)
- I am able to pay the \$25.00 registration fee:
- Cash Cheque Credit Card
(Visa or MasterCard only)
- I am requesting the full amount be waived.

For Camp Aurora Staff only:

- Paid in full Waived Payment Processed Receipt #:

Please send your completed Camp Aurora registration forms and cheque to:

**Camp Aurora
c/o Rainbow Resource Centre
170 Scott Street
Winnipeg, MB R3L 0L3**

If you have any questions or concerns,

please email CampAurora@RainbowResourceCentre.org

or call the front desk at 204-474-0212, ext. 201

MEDIA RELEASE WAIVER FORM

Variety, the Children’s Charity of Manitoba
Unit 2 – 1313 Border Street
Winnipeg, MB R3H 0X4
(204) 982-1050



(Hereinafter referred to as Variety)

TO VARIETY:

1. I hereby agree to your use of a photograph or photographs in a card, brochure, and/or promotional piece to be utilized by Variety, the Children’s Charity of Manitoba. This may be in print and/or electronic format.
2. I also agree to any future videotaping for use in promotional material created for Variety, the Children’s Charity of Manitoba. You shall have the right, among other things, to telecast this segment on any television station on or more times.
3. You shall have the right to utilize and license others to use my name, portrait, picture and biographical material to publicize and advertise Variety, the Children’s Charity of Manitoba, as well as other Variety activities, such as, but not limited to: broadcast, print and electronically.
4. I understand that the purpose of the printed materials, electronic and/or television segments is for charitable purposes, and that I am not entitled to any remuneration.
5. I release Variety, the Children’s Charity of Manitoba, and their licensees from all liability for any claim of infringement of publicity or privacy rights that I might otherwise have had in connection with the use of my likeness, or a representation of my likeness.

I have read and fully understand the intent and purpose of this document, and am signing it without reservation.

Dated this _____ day of _____, 20_____, in the City of Winnipeg, Manitoba.

Print name of designate(s):

Signature of designate(s):

Parent/guardian if under 18.

Revised Jan. 2018