

Information & Application Form



New This Year

You can now register for camp online and pay for camp online.

Register Online: <http://chha-nl.ca/summer-camp-2018/>

Pay Online: <https://chhanl.salsalabs.org/summercamp2018>

Overview

This summer camp is a family camp for **hard of hearing children, ages 5 - 13** in Newfoundland & Labrador. Every year, summer camp is planned with many fun-filled activities, crafts, and games for campers, information sessions for parents, family activities, and as always, many new friendships!

This is a **family camp** requiring at least **one** parent or legal guardian (over the age of 18 years) to accompany their child for the duration of the summer camp. There will be separate activities for parents and children at certain points during the camp as well as family activities. While staff and volunteers will be coordinating the camp, parents/guardians are ultimately responsible for supervising their child at all times during camp at all times.

Summer camp will be held at **Brother Brennan Environmental Education Camp**, approximately an hour and half outside of St. John's, NL, from Friday, July 6th at 4:00pm until Sunday, July 8th at 2:00pm.

Application & Fees

CHHA-NL is offering the Summer Camp program **free of charge** for up to **20 families (defined as one child and one parent/guardian)** from Newfoundland & Labrador. Applications will be accepted on a first-come, first serve basis – all applicants will be notified on June 8th, 2018 by telephone or e-mail to confirm acceptance to this year's summer camp.

A \$50.00 camp deposit (paid online or by cheque payable to CHHA-NL) is required per family with this application. Deposits will be refunded to all families at the end of camp on Sunday, July 8th. **This deposit is non-refundable to families who register for camp, but do not attend.** Deposits will be refunded for cancellations up to Friday, June 29th, 2018.

The More the Merrier!!!

Additional family members are welcome to attend. While CHHA-NL covers the camp fees for **one parent/guardian and one child**, another parent or guardian and/or siblings may also attend for an additional cost of **\$100.00 per person** for the entire duration of summer camp (includes camp activities, accommodations, and meals).

Application Deadline

Applications must be received at CHHA-NL by Friday, June 1st, 2018.

1. Complete the application form online
(<http://chha-nl.ca/summer-camp-2018/>)

OR hand deliver or mail to:

Attention: Summer Camp Coordinator
Canadian Hard of Hearing Association – Newfoundland & Labrador (CHHA-NL)
1081 Topsail Road, Mount Pearl, NL A1N 5G1

2. Fax to 709-753-5640.



Applicant Information (Please Print Clearly)

Child's Name (First, Middle Initial, Last): _____

Date of Birth (Day/Month/Year): _____ Age: _____ Female Male

Mailing Address: _____

City/Town: _____

Postal Code: _____

Any medically-prescribed meal plan or dietary restrictions:

Known allergies:

Description of any accommodation(s) needed during Summer Camp (physical, visual, etc.):

Parent / Chaperone (Adult who will supervise child at camp):

Name (First, Last): _____

Relationship to Camper: Mother Father Legal Guardian

Chaperone E-Mail Address: _____

Chaperone Phone Number: _____

Preferred Form of Contact: E-Mail Phone

Please list any allergies, dietary requirements or accommodation needs:

Will you and your child be requiring overnight accommodations? Yes No

Emergency Contact Information (someone NOT attending Summer Camp):

First Name: _____ Last Name: _____

Relationship to Family: _____

Phone: _____

Information for additional family members attending Summer Camp:

Cost for additional family members is \$100.00 per person. A cheque or money order payable to CHHA-NL (or online payment: <https://chhanl.salsalabs.org/summercamp2018>) in this amount **MUST** be included in your application if additional family members wish to attend.

Please include the name of other family members who will attend:

First Name: _____ Last Name: _____

Relationship to Camper: _____

Date of Birth (Day/Month/Year) _____

First Name: _____ Last Name: _____

Relationship to Camper: _____

Date of Birth (Day/Month/Year) _____

Please list any allergies, dietary requirements or accommodation needs for additional family members:

Will additional family members be requiring overnight accommodations? Yes No

Application Checklist:

- Completed Application Form
- Camp Deposit Fee (\$50.00)
- Registration Fees for Additional Family Members (if applicable)
- Travel Subsidy Form
- Photo Release Form



Travel Subsidy Form

In an effort to make Summer is “Hear” Family Camp more accessible and affordable to campers and their families, we may offer a travel subsidy to those who reside outside 200 km of the Brother Brennan Centre (located in Deer Park, off Salmonier Line).

I am applying to be considered for a travel subsidy:

First Name: _____ Last Name: _____

Camper’s Name _____

Location: _____

Distance from camp (approximate KM): _____

Phone Number: _____ E-Mail Address: _____

Amount of subsidy will be assessed based on distance from camp, total number of applicants and funds available. You will be notified by June 29th, 2018 if you qualify for the subsidy and if so, the amount that will be provided to you upon arrival at the camp.



Summer Camp 2018 Photo Release Form

I, hereby give *The Canadian Hard of Hearing Association - Newfoundland and Labrador* and their legal representatives and assigns, the right and permission to publish, without charge, photograph(s), video(s), work(s) of art, and/or written composition(s) taken during *Summer is "Hear" Family Camp, July 6th – July 8th, 2018.*

These photograph(s), video(s), work(s) of art, and/or written composition(s) may be used by *The Canadian Hard of Hearing Association - Newfoundland and Labrador* in publications, including electronic publications, audiovisual presentations, promotional literature, advertising, or in other similar ways.

PLEASE CIRCLE ONE: The name of my child **MAY / MAY NOT** be given in association with the media described above.

Proper Name of Minor: _____

I hereby warrant that I am over eighteen (18) years of age, and am competent to contract in my own name.

Signature: _____

Name of Above (Please Print): _____

Relationship to Child: _____

Month/Date/Year: _____

Address: _____

City, Province: _____ Postal Code _____

Telephone: _____

E-mail (optional): _____

DISCLAIMER: The above information is held in confidence and is never released or sold. This agreement will remain in effect unless it is rescinded in writing. If the form is not returned, they not will be published.



Canadian
Hard of Hearing
Association
NEWFOUNDLAND & LABRADOR