**Summer Camp Subsidy Application 2024**

 **For people with Cerebral Palsy to attend an accessible Summer Camp**

Please type. Handwritten applications will not be considered.

Camper’s Name:

Birth date: (YYYY-MM-DD)

Mailing Address with Postal Code:

Email: Phone:

Parent/Guardian/Foster Parent Name:

Mailing Address & Postal Code:

 *(if different from above)*

Email: Phone:

Do you have Cerebral Palsy? Yes [ ]  No [ ]

Are you a member of CP Association of BC? Yes [ ]  No [ ]

Name of camp you wish to attend:

Location of camp:

Date of camping session: (YYYY-MM-DD)

Have you been to the above or any other camp before?

How much funding are you requesting? $

Cost of camping session: $

Cost of transportation: $

Is the camp fully 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’scost be?$

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

If so, how much? $

What will the money cover?

**Please answer the following questions (Attach a typed letter if you wish)**

Tell us a bit about yourself.

Why do you want to go to camp?

What is your favorite part of this camp?

What kinds of experiences would you like to get while attending camp?

Have you been to any camp before?

**Submission Checklist**

* Documentation that applicant has Cerebral Palsy (Acceptable documentation included private physiotherapist, occupational therapist, or school file. Physician’s note is NOT required)
* Current member of the Cerebral Palsy Association of British Columbia
* Copy of Letter of Acceptance and Brochure from Camp of your choice
* Signed Waiver (Form Attached)
* Photo release form, if applicable
* Photo of yourself, preferably a high-resolution image
* Proof of Payment-Applicants are asked to provide proof that they have registered and paid for the camp that they are attending. Recipients that are chosen to receive the funding will be reimbursed.

**Eligibility & Reporting Guidelines**

* Campership subsidy fund may be used towards the camp fee, hiring a support attendant, and/or transportation cost
* You may attend the camp of your choice that is located in British Columbia such as Zajac Ranch ([www.zajacranch.com](http://www.zajacranch.com)) or an Easter Seal Camp [www.eastersealscamps.ca](http://www.eastersealscamps.ca) or any other Accessible camp
* Successful applicants are required to provide us with a short letter and optional photo/s (print or electronic version) describing your camping experience. These are used for our promotional materials and to thank donors for their support. Photo release form should be signed and submitted via mail if you provide us photo.
* If you require any assistance, please contact 604-408-9484 or info@bccerebralpalsy.com

**Deadline for application is: June 30th, 2024**

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

**Waiver:**

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.

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

Date (YYYY-MM-DD)

### **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 fundraising

Signature

Date (YYYY-MM-DD)

Witness

Date (YYYY-MM-DD)

This release form is to be signed by all people whose stories/images CPABC proposes to use on any printed materials/website for fundraising and advertising purposes.