



# ***APPLICATION PACKAGE***

*PLEASE COMPLETE ALL FORMS AND RETURN THEM TO:*

*CANADVENTURE EDUCATION*  
460 Skogan Road  
Sayward, BC  
V0P 1R0

THIS PACKAGE INFORMS US OF YOUR CHILD'S INDIVIDUAL BACKGROUND AND HOW IT MAY IMPACT THEIR CAMP EXPERIENCE. ***FULL DISCLOSURE IS REQUIRED*** TO ENABLE US TO MANAGE RISKS AND DELIVER THE MOST BENEFICIAL CAMP EXPERIENCE POSSIBLE.

**PLEASE PRINT LEGIBLY.**

ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL.  
QUESTIONS CONCERNING THESE FORMS SHOULD BE DIRECTED TO CANADVENTURE EDUCATION ADMINISTRATION AT:

*PHONE: 1.250.412.7723*  
*TOLL FREE: 1.877.544.2267*  
*FAX: 1.250.412.7726*  
*EMAIL: [info@canadventure.ca](mailto:info@canadventure.ca)*

# CONTACT SHEET / FAMILY INFORMATION

PROGRAM NAME & START DATE: \_\_\_\_\_

## Applicant

NAME: \_\_\_\_\_  
Last First Middle

AGE: Years: \_\_\_\_ Months: \_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_ Male \_\_\_\_ Female  
day mo yr

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ SIN/SS#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROV/STATE: \_\_\_\_ POSTAL/ZIP: \_\_\_\_\_

**Custodial Parent(s) / Legal Guardian(s)** (indicate person who is principally responsible for the care of child first):

Bio Father  Bio Mother  Adoptive Father  Adoptive Mother  Legal Guardian AGE: \_\_\_\_

NAME: \_\_\_\_\_  
Last First Middle

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROV/STATE: \_\_\_\_ POSTAL/ZIP: \_\_\_\_\_

HOME PHONE: ( \_\_\_\_ ) \_\_\_\_\_ WORK: ( \_\_\_\_ ) \_\_\_\_\_ FAX: ( \_\_\_\_ ) \_\_\_\_\_

CELL/PAGER: ( \_\_\_\_ ) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

## Other Parent/Guardian at this address:

NAME: \_\_\_\_\_  
Last First Middle

Bio Father  Bio Mother  Adoptive Father  Adoptive Mother  Guardian AGE: \_\_\_\_

Stepfather  Stepmother  Step-adoptive Father  Step-adoptive Mother  Co-habitant

HOME PHONE: ( \_\_\_\_ ) \_\_\_\_\_ WORK: ( \_\_\_\_ ) \_\_\_\_\_ FAX: ( \_\_\_\_ ) \_\_\_\_\_

CELL/PAGER: ( \_\_\_\_ ) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Are there any court orders restricting access to or custody/guardianship of the applicant?  Yes  No  
If yes, please be prepared upon acceptance into the program to submit supporting documentation so that we may respect the order.

## How did you find out about the program?

Past Client  Educational Consultant  Probation Officer  Private Therapist  Doctor  
 School Counselor  Brochure  Media  Conference  Web  Other

Please Name Referring person or website (eg. Google, campsource.com, etc.): \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

# MEDICAL INFORMATION

Upon admission into a CanAdventure Education program, participants are required to provide a Medicare number or a copy of appropriate medical insurance, which must include coverage for:

- ✓ Travel to British Columbia, CANADA;
- ✓ Outdoor adventure pursuits;
- ✓ Emergency medical transportation (ambulance, helicopter, plane).

**Uninsured applicants will not be accepted into the program.**

## Medical Insurance information:

Canadian Medicare #: \_\_\_\_\_ (Canadian residents only)

Medical Insurance Company: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Policy, Group or Certificate Number: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ SIN/SS # of Insured: \_\_\_\_\_

Name of Insured's Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Phone Number \_\_\_\_\_

## In Case of Emergency, Contact:

Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone # (H): \_\_\_\_\_

Name: \_\_\_\_\_ Relationship To You: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone # (H): \_\_\_\_\_

## Medical History:

Does the applicant have any known allergies or has he/she ever had a severe allergic reaction? If yes, please describe what causes the reaction, what happens when the youth has a reaction, and any medications the youth normally takes or carries for the condition. Please include dosage, frequency, and expiry date of medication.

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Please list any medical conditions (cardiac conditions, high blood pressure, diabetes, chronic headaches, nosebleeds, respiratory problems, emphysema, or other), any psychological and physical conditions (anxiety, seizure disorders, depression, previous dislocations, breaks, recent surgery) that may affect the youth's ability to participate in the program. Please describe all past and present problems, how they affect the youth, the signs and symptoms of onset, and what triggers them.

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Has the youth been on prescription or non-prescription medication in the last 12 months? Yes \_\_\_ No \_\_\_  
If yes, please specify name, dosage, contraindicated medications, and tell us why he/she is taking them.

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Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

# MEDICAL INFORMATION (cont.)

Date of last Tetanus Shot (They are valid for 10 years): \_\_\_\_\_

Any dietary restrictions? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please specify.

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Please list all counsellors/therapists that the applicant is currently seeing or has worked with in the past.

Name: \_\_\_\_\_ Nature of Service: \_\_\_\_\_

Address: \_\_\_\_\_ Age Seen: \_\_\_\_\_

Name: \_\_\_\_\_ Nature of Service: \_\_\_\_\_

Address: \_\_\_\_\_ Age Seen: \_\_\_\_\_

**Please list any additional names on a separate sheet of paper.**

If the youth has ever been placed outside of the birth parents' home, please list placement. Include boarding school, foster homes, hospitals, etc.

**Placement**

**Dates**

**Reason for Change**

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Upon review of this application form, CanAdventure Education MAY deem it necessary to consult with the applicant's physician or other medical professionals to qualify specific information. Do you give CanAdventure Education staff permission to consult with the applicant's physician regarding information present on this form?

\_\_\_ Yes \_\_\_ No

Physician's name: \_\_\_\_\_

Physician's phone #: \_\_\_\_\_

**Statement of Disclosure:**

I have completed this medical form accurately and truthfully, disclosing all information that may affect the applicant's participation in the program. I understand that any and all costs, injury, or illness that is aggravated by, or a result of the applicant's participation in this program and any evacuation costs arising thereof, is solely my responsibility and I therefore release CanAdventure Education, its directors, managers, employees, sponsors, and associates from any future claim that I might make against them. I understand that it is my responsibility to inform CanAdventure Education of any medical conditions that may have arisen after filling out this form.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_.

Participant Signature: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

# APPLICANT PROFILE

Name of Person completing this form: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

**Please answer the questions below to help us develop a greater sense of who your child is.**

Please use extra pages and attach them, referencing responses to the corresponding question (eg. Q1).

## General Behaviour:

Q1. Provide an overview of the applicant's behaviour (withdrawn, extroverted, defiant, compliant, etc)?

Q2. What are the applicant's main issues/problems? How and when did they start?

Q3. Describe the applicant's strengths and accomplishments.

Q4. How does the applicant generally view him/her self?

Q5. Does the applicant show pride in achievements or possessions?

Q6. Has/does the applicant run away? If so, under what circumstances? How often?

Q7. Has your child experienced traumatic events or other crises such as: violence, death, abuse, divorce. If yes please indicate if he/she has sought professional help for these issues, what kind, and when?

Q8. If applicable, would your child be willing to speak with a clinical counsellor regarding these issues?

Q9. Please list the issues you would like your child to address while at CanAdventure.

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

# APPLICANT PROFILE (cont.)

## Relationship with Peers:

- Q10. What role does the applicant play in the general group (scapegoat, leader, second-in-command, follower, clown, etc.)?
- Q11. How does the applicant react to group pressure? What changes arise in his/her behaviour?
- Q12. Does the applicant make friends easily?
- Q13. Has the applicant had romantic relationships? If so, have they been positive?
- Q14. Does the applicant ridicule others' shortcomings, or are they supportive or indifferent?
- Q15. Is the applicant able to carry on conversation with other youth?
- Q16. Is the applicant able to negotiate and work out differences with other youth? On their own? With adult support?

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

# APPLICANT PROFILE (cont.)

## Relationship with Adults:

- Q17. How does the applicant generally view adults (controllers, givers, takers, to be manipulated, etc.)
- Q18. Is the applicant eager to please?
- Q19. Does the applicant seem to prefer males or females in the roles of authority figures, mentors?
- Q20. What positive methods does the applicant use to seek out adult attention? Negative methods?
- Q21. How does the applicant respond to positive feedback and praise?
- Q22. How does the applicant respond to negative feedback or criticism?
- Q23. How well does the applicant respond to adult leadership and direction?
- Q24. Has there ever been a need to physically restrain the applicant? How frequently? Under what circumstances?
- Q25. What positive support systems does the applicant have (teachers, counsellors, instructors, relatives)

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

# APPLICANT PROFILE (cont.)

## Activities & Interests:

- Q26. What types of leisure activities is the applicant interested in (outdoor activities, sports, active games, risk activities, crafts, reading, etc.)
- Q27. Does the applicant have any special skills in these areas?
- Q28. Is the applicant willing to improve these skills or learn new ones?
- Q29. Is the applicant able to occupy him/her self with little direction or structure?
- Q30. How well does the applicant participate as a member of a team?
- Q31. Is the applicant able to initiate or organize activities? What kinds?
- Q32. How would you rate the applicant's attention span?

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

# APPLICANT PROFILE (cont.)

## Response to General Rules & Routines:

Q33. Does the applicant follow general rules in the house? In school? In other activities/programs?

Q34. Does the applicant try to manipulate their way around the rules?

Q35. How does the applicant respond to structure? Does he/she need it?

Q36. Does the applicant require prodding to complete daily routines, maintain standards, etc.?

Q37. Bed time habits – does the applicant settle well or poorly?

Q38. Does the applicant experience times of bed-wetting? If yes, how often? What triggers it?

Q39. Is it hard to get the applicant up in the morning? What is their usual mood when awoken?

Q40. Are the applicant's manners age-appropriate?

Q41. Please include any other pertinent information that might help us to better understand how to provide a positive experience for the applicant.

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

## APPLICANT PROFILE (cont.)

### Academics:

Q42. Is the applicant currently in school? If no, what was the last grade he/she completed?. When?

Q43. What do you consider to be the applicant's academic needs?

Q44. Does the applicant struggle in school? If so, with what? What grade did the applicant begin to struggle?

Q45. What strategies work best for the applicant in an educational environment?

Q46. Has the applicant ever been expelled or withdrawn from school? If so, what were the circumstances?

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

# APPLICANT PROFILE (cont.)

## Health:

Has the applicant ever experienced or exhibited any of the following? If yes, please describe.

Q47. Eating disorder \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Q48. Fire setting \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Q49. Drug/alcohol/tobacco use (for drugs and alcohol, please list the types and the frequency of use)\_  
\_\_\_\_\_  
\_\_\_\_\_

Q50. Please list the mental or physical characteristics that seemed apparent from the use of the substances listed in the previous question. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Q51. Suicide discussion or attempt \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Q52. Self-abusive behaviour \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Q53. Sexual acting out, promiscuity, or inappropriate acting out \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Q54. Violence or physical aggression toward another person \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Q55. Police intervention \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the applicant is on probation, please provide Probation Officer's name, address, phone number.

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

Reason for probation/dates: \_\_\_\_\_  
\_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

## APPLICANT PROFILE (cont.)

**Other:**

Q56. Is the applicant a capable swimmer? Please describe swimming ability.

Q57. Are there any other issues that may affect the youth's participation in program activities?

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

# PARTICIPANT QUESTIONNAIRE

Please help us get to know you a little bit in advance by answering the following questions. We look forward to meeting you and sharing with you the enjoyment and adventure of the outdoors. Please use additional sheets of paper if required. Thank you.

What are your greatest qualities and strengths? \_\_\_\_\_

\_\_\_\_\_

What concerns do you have for yourself? \_\_\_\_\_

\_\_\_\_\_

Do you have any weaknesses you would like to turn into strengths? \_\_\_\_\_

\_\_\_\_\_

Are there any other changes you would like to make in yourself? \_\_\_\_\_

\_\_\_\_\_

Are there any changes you would like others in your life to make (parents, siblings, teachers, etc.)? \_\_\_\_\_

\_\_\_\_\_

What things in your life result in you being happy or excited? \_\_\_\_\_

\_\_\_\_\_

What things in your life cause you to become frustrated, disappointed or angry? \_\_\_\_\_

\_\_\_\_\_

What are your future plans for school and/or work? \_\_\_\_\_

\_\_\_\_\_

How do you feel about taking part in this wilderness adventure program? \_\_\_\_\_

\_\_\_\_\_

What are you most looking forward to? What are you most anxious about? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any questions you would like to ask us about the program? \_\_\_\_\_

\_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

# SCHEDULE OF FEES

## STRUGGLING TEEN HERO'S QUEST:

STANDARD 3-MONTH TERM\* - \$23,850 + 12% HST, payable in two instalments at start and mid-point of term.

TWO STANDARD 3-MONTH TERMS (approximately 6 months) \$39,510 + 12% HST

FULL SCHOOL YEAR: September 15, 2009 - July 10, 2010 \$49,950 + 12% HST

\*Standard 3-month term price is based on the following per day rates:

27-day Raven Phase	\$350/day
18-day Wolf Phase	\$275/day
26-day Elk Phase	\$225/day
16-day Salmon Phase	\$225/day
3-day mid-term home visit	no charge

Any variation from this schedule, caused by behavioural issues or delayed progression, may result in additional charges. Tuition fees are not pro-rated for late arrivals. Tuition rates and fees subject to change anytime without notice.

### Program fees include:

- ✓ Application Processing Fee: \$100 (non-refundable)
- ✓ Pick-up/Drop-off services to and from airport and/or train/bus station<sup>1</sup>
- ✓ All camping/activity equipment required during the program<sup>2</sup>
- ✓ All meals and accommodation
- ✓ Transportation to and from out-trip destinations,
- ✓ Final written report, detailing participant experiences and post-program recommendations
- ✓ Standard aftercare

### Tuition:

To secure enrolment, a 20% tuition deposit is required to hold a position for the participant. The balance of fees is to be paid in full no later than ten days prior to the beginning of the program. Tuition deposits are refundable, less the Application Processing Fee, up until thirty (30) days prior to the beginning of program. Cancellations with less than thirty (30) days notice will result in the tuition deposit being forfeited.

### Personal Clothing/Footwear & Equipment:

All clothing, footwear, and personal gear<sup>3</sup> must be purchased prior to the first day of the program. Any missing or inappropriate items will be supplied by CanAdventure Education and charged to participant families.

### Enrolment Termination:

CANADVENTURE EDUCATION reserves the right to terminate enrolment at anytime due to illegal, uncontrollable, or dangerous actions by the participant, unreported or previously unknown medical conditions, prior injuries or for any other reason as deemed necessary by CANADVENTURE EDUCATION. In the event of such termination by CANADVENTURE EDUCATION, the financial sponsor(s) shall not be entitled to a refund of tuition or fees.

### Withdrawal by Sponsor:

In the event the applicant's sponsor(s) withdraws the participant prior to the end date of the program, the sponsor shall not be entitled to a refund of tuition or fees for the remainder of the program.

**I have read and understand my financial obligations as outlined above & agree to these conditions.**

Signature of Financial Sponsor \_\_\_\_\_ Date \_\_\_\_\_

<sup>1</sup> CanAdventure Education provides pick-up from and drop-off to area airports, train, and bus stations. For pick-up or drop-off requirements beyond the normal scope of this service, CanAdventure Education will do everything within their staff and schedule capabilities to assist, for which a predetermined fee will apply.

<sup>2</sup> CanAdventure Education's equipment provision does not include individual clothing/footwear. A detailed list outlining clothing/footwear requirements will be provided upon admission.

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

## CREDIT CARD AUTHORIZATION FORM

I, \_\_\_\_\_, hereby authorize CanAdventure Education Ltd. to make charges to my credit card for camp registration fees and associated charges and deposits as described in CanAdventure Education Ltd. application and enrolment packages, which I have reviewed in full.

Credit Card Type: Visa \_\_\_ MasterCard \_\_\_ American Express \_\_\_ Discover \_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Billing Name (as it appears on credit card): \_\_\_\_\_

Cardholder signature: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_