



**SDHHS**

**Youth Camp-2010**

**September 10 - 12**

**Arlington Beach SK.**

Sponsored by Saskatchewan Deaf and Hard of Hearing Services Inc. (SDHHS). SDHHS is a bi-lingual, bi-cultural, non-profit organization which supports the independence of Deaf, Deafened, and Hard of Hearing persons by providing services which enhance their quality of life.

SDHHS takes great pride in the young people in our province who live with a hearing loss. The purpose of the Youth Camp is to provide youth of Saskatchewan, aged 13 - 29 who have a hearing loss, with the opportunity to develop leadership skills, self-advocacy skills and strategies. It is also an opportunity for social interaction, fun and healthy activities, and to belong.

Email: [saskatoon@sdhhs.com](mailto:saskatoon@sdhhs.com)

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Or visit our website for more information: [www.sdhhs.com](http://www.sdhhs.com)

**\*DEADLINE FOR REGISTRATION IS TUESDAY, AUG 31<sup>ST</sup>, 2010\***

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**SDHHS 2010 Youth Camp**  
**REGISTRATION FORM**

Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Phone: \_\_\_\_\_ Voice TTY Text

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

Province: \_\_\_\_\_ P.C. \_\_\_\_\_

Male  Female Email: \_\_\_\_\_

SK Health Card Number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Relationship (parent, friend, aunt, etc): \_\_\_\_\_

Parental consent (if youth is under 18yrs old) \_\_\_\_\_  
(parent/guardian signature)

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

Please indicate if you want to share a room with someone who is attending this camp.

Name: \_\_\_\_\_

Please check one of the following:

- Deaf  Hard of Hearing  Oral  Deafened

Support Services preferred:

- ASL  Signed English  FM System  Computer Note-taking (CNS)

Do you have any allergies or medical conditions we should know about?

Allergies: \_\_\_\_\_

Medical condition(s): \_\_\_\_\_

Do you require special care or a special diet?

**\*If you need help with any medications, please contact the office before TUESDAY, AUG 31<sup>ST</sup>, 2010\***



**Statement of Expectations:**

The Deaf and Hard of Hearing Youth Camp planning committee wants each participant to have a safe, positive, fun weekend. In order to do this we expect that all participants will remain on the premises during the camp. We also ask everyone, including staff, volunteers, support service personnel and campers, to agree to the following:

- **I will not use alcohol or drugs during the camp.**
- **I will respect others, their property, and belongings.**
- **I will respect other’s privacy.**
- **I will respect other people’s ideas and opinions and will not criticize others.**
- **I will respect camp speakers and presenters by arriving on time, paying attention, and participating in the activities.**

**I will respect participants, volunteers, support service personnel, and group leaders, by having a positive, cooperative, and patient attitude.**

**I will not be verbally or physically abusive to anyone.**

**I have read and agree to the above expectations.**

Signature of Camper: \_\_\_\_\_

Name of Parent or Guardian (please print): \_\_\_\_\_  
(parent or guardian if youth is under 18 yrs old)

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Photography and/or Video  
Release Form**

I authorize Saskatchewan Deaf & Hard of Hearing Services Inc. to use reproduce, publish, and caption photographs, or video sequences taken of myself and/or my children for instructional or promotional activities of Saskatchewan Deaf & Hard of Hearing Services Inc.

Name (please print): \_\_\_\_\_

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

Signature of Parent/Guardian: \_\_\_\_\_  
(parent/guardian if youth is under 18yrs old)

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

**The Fee:** \$50.00 / Youth. Additional donations are appreciated.

A tax receipt is given for any amount over the \$50 fee.

**Method of Payment:**  Visa  MasterCard  Money Order  Cheque  Cash

(Make Cheques or Money Orders Payable to SDHHS)

Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_ / \_\_\_\_

Signature of cardholder: \_\_\_\_\_



## 2010 SDHHS Provincial Youth Camp Friday September 10<sup>th</sup> – Sunday September 12<sup>th</sup>, 2010

- Transportation from **Regina** leaves the Regina SDHHS office at **4:00pm** on Friday, September 10<sup>th</sup>, 2010
- Transportation from **Saskatoon** leaves the Saskatoon SDHHS office at **4:00pm** on Friday, September 10<sup>th</sup>, 2010
- We will arrive at Arlington Camp at around 6:30pm on Friday, September 10<sup>th</sup>, 2010
- Everyone will settle into their cabins and we will have supper at 6:30pm.
- SDHHS is not responsible for any electronic devices you have. Please do not bring laptops, video games, ipods, etc. If you need to bring a cell phone that is your decision, however, we will ask that you do not use them during activities and presentations.

### **Please bring:**

- Changes of clothing including underwear, socks, appropriate footwear, pants, shirts, pajamas, shorts, jackets, bathing suit & towel etc.
- Bedroll sleeping bag and/or blankets and a pillow
- Towels & facecloth
- Personal supplies, toothbrushes, toothpaste, combs, brushes, hair accessories and product, feminine hygiene products, soap, shampoo and conditioner, etc.
- A positive attitude!

### **Optional:**

- Free time activities such as playing cards, drawing pads, travel games, hackie sacs, etc.
- Flashlights
- A book / magazine
- Other appropriate items
- Camera
- A stuffed animal

### **Please do not bring:**

- Electronic devices such as video games, mp3 players, Ipods etc.
- Return to Saskatoon office at 5:00pm on Sunday, September 12<sup>th</sup>, 2010
- Return to Regina office at 4:30pm on Sunday, September 12<sup>th</sup>, 2010

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