

# CULINARY CAMP

FOR ADULTS WITH DISABILITIES



Applications are available at [hpac.org/culinarycamp](http://hpac.org/culinarycamp) or at the Cafe

2019 Camp Weeks:	July 15- 19
	July 22 - 26
	August 12 - 16
	August 19 - 23

Cost \$150/Week

\*Camp classes are limited to 10 adults per week.



# CULINARY CAMP

FOR ADULTS WITH DISABILITIES

## PARTICIPANT APPLICATION 2019

### A. Personal Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth (M/D/Y) \_\_\_\_\_

Gender      Male      Female

Living Arrangements of Applicant (Eg. Parent's home, group home, foster home, independent or semi-independent living.)

### Camp Weeks

Please indicate below which weeks the applicant is interested in attending.

- July 15 - 19
- July 22 - 26
- August 12 - 16
- August 19 - 23

**B. Emergency Contact Information**

1. Emergency Contact A:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

2. Emergency Contact B:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

3. Transportation:

Name of person providing transportation for applicant if different from above

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**C. Medical Needs & Conditions**

List Medications

Does Applicant self administer medications? Yes No

If YES, explain the type of medications and how it is administered by the Applicant

If NO, please explain the type of medication and specifics regarding what supervision the Applicant requires

Name of Primary Medical Doctor \_\_\_\_\_

Phone Number \_\_\_\_\_

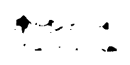
\*For the following section please provide as much information as possible for each question.

Does the Applicant require support staff?

Does the Applicant have intellectual limitations?

Personal Strengths: In which area(s) does the Applicant show his or her "best skills"?

Physical Challenges: Please provide any relevant details including the use of mobility devices.



**Communication Challenges:**

**Communication Strengths:**

**Behavioural Concerns (if any):**

A. I the undersigned hereby request permission to participate in Heritage Park Alliance Church (hereby referred to as HPAC) Culinary Camp. I acknowledge that I am taking part in this program at my own risk and hereby release, discharge and indemnify HPAC from all liability for injury to person or damage to property.

B. HPAC Culinary Camp is committed to protecting the privacy of our applicants. Please be advised the information on this application may be used for emergency purposes when the applicant is at Culinary Camp. The information will be used to communicated with the applicant and will be entered in the HPAC database only for the purpose of Culinary Camp. It will not be shared with any other organization. Photos or images will only be taken with expressed signed permission of the applicant or his/her parent/guardian.

C. If I am unable to be consulted in case of emergency, HPAC staff is authorized to take such measures as to arrange for medical care required by the participant.

Signature \_\_\_\_\_

Date \_\_\_\_\_