

**Applicant Information:**

Child's Name (FIRST) \_\_\_\_\_ (LAST) \_\_\_\_\_

Date of Birth (M/D/Y) \_\_\_\_\_ Gender Male / Female AGF Membership # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Res. Ph. \_\_\_\_\_ Bus. Ph. \_\_\_\_\_ Cell Ph. \_\_\_\_\_

Email \_\_\_\_\_

Parent / Guardian with whom the child resides \_\_\_\_\_

Family Address if different from applicant's: \_\_\_\_\_

\*\*\*In case of serious medical injury, please give name and phone number of person you would like notified.

Emergency Contact: Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

AHC# (Child's) \_\_\_\_\_ Physician's Name \_\_\_\_\_ Physician's Ph. \_\_\_\_\_

Group/CAMP Attending :

Group Session Date: \_\_\_\_\_ Payment type: ( ) cash \_\_\_\_\_ ( ) cheque # \_\_\_\_\_

( ) Gym Buddies-Peer Interactions Group ( ) Small Talk-Peer Communications Group ( ) Friendly Faces-Peer Integrations Group  
( ) "Are You Ready"-Peer Interactions Camp ( ) "Quirky Teens"- Peer Interactions Camp

Does the camper have any special needs we should be aware of?

Physical [ ] yes [ ] no Explain \_\_\_\_\_

Behavioral [ ] yes [ ] no Explain \_\_\_\_\_

Learning Disabilities [ ] yes [ ] no Explain \_\_\_\_\_

Emotional [ ] yes [ ] no Explain \_\_\_\_\_

Social [ ] yes [ ] no Explain \_\_\_\_\_

Asthma [ ] yes [ ] no Explain \_\_\_\_\_

Allergies [ ] yes [ ] no Explain \_\_\_\_\_

My child is fully able to participate in an active program without limitations [ ] yes [ ] no

If no, please explain \_\_\_\_\_

**MULTI-DISCIPLINARY APPROACH:**

Has your child been seen by any of the following:

Speech-Language Pathologist [ ] yes [ ] no Were there any concerns? \_\_\_\_\_

Occupational Therapist [ ] yes [ ] no Were there any concerns? \_\_\_\_\_

Educator [ ] yes [ ] no Were there any concerns? \_\_\_\_\_

Family Doctor/Psychologist [ ] yes [ ] no Were there any concerns? \_\_\_\_\_

## **ABOUT YOUR CHILD:**

### **General:**

What are your child's strengths? \_\_\_\_\_

What areas does your child need to work on? \_\_\_\_\_

Does your child require one-to-one attention? \_\_\_\_\_

### **Communication:**

What age did your child began to speak? \_\_\_\_\_

How does your child communicate his or her needs? \_\_\_\_\_

Is your child able to understand and follow directions? \_\_\_\_\_

Is your child easy to understand? \_\_\_\_\_

Does your child have difficulty understanding what you say? \_\_\_\_\_

Does your child have difficulty talking? \_\_\_\_\_

Does your child have difficulty taking turns to participate in a conversation? \_\_\_\_\_

### **Emotional:**

What strategies does your child use to regulate? \_\_\_\_\_

What calms your child when he/she is upset? \_\_\_\_\_

What upsets your child? \_\_\_\_\_

Does your child show the capacity for a range of emotions ( ) Anger/frustration ( ) happiness ( ) sadness ( ) Excitement ( )  
Affection ( ) Empathy

How does your child react to stressful situations? \_\_\_\_\_

Does your child have difficulty with transitions? \_\_\_\_\_

Does your child accept adult authority? \_\_\_\_\_

What motivates your child? \_\_\_\_\_

### **Social:**

Is your child potty trained? \_\_\_\_\_

Does your child prefer same age, younger or older peers to interact with? \_\_\_\_\_

Does your child have difficulty in social settings? \_\_\_\_\_

How does your child interact with other children? \_\_\_\_\_

Is there anything else you would like to share about your child? \_\_\_\_\_

\_\_\_\_\_

## Media Waiver:

Please Initial each statement to confirm that you have read and understand each statement.

\_\_\_\_\_ I, the parent or guardian agree to permit the use of photos and / or videos of the applicant camper in promoting camp or camp activities and programs.     yes     no

\_\_\_\_\_ I, the parent or guardian agree to permit the use of photos and / or videos of the applicant to appear on Infinite Resources inc. "Face Book" page for the weekly update of activities within the camp.     yes     no

\*Please note IRinc. updates the activities of the group and interesting and fun things that happened on a weekly basis, we encourage you to join the page so you can participate in the information being provided.

\_\_\_\_\_ I, the parent or guardian agree to permit the use of photos and / or videos of the applicant camper in promoting specialized programs and the training of coaches through programs offered through AGF (Alberta Gymnastics Federation).     yes     no

Signatures of  
parent/Guardian(s) \_\_\_\_\_ Ph. \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_ Ph. \_\_\_\_\_ Date \_\_\_\_\_

## Camp Waiver:

I, the parent or guardian of the above named participant, give my voluntary consent to his/her participation in Peer Groups activities and agree to all conditions of enrollment of this camp. Furthermore I authorize Peer Groups Staff to approve and obtain any and all medical attention in case of a medical emergency, with the understanding that reasonable attempts have been made to consult with myself beforehand in case of minor illness and/or first aid where deemed appropriate.; with the understanding that I will take responsibility for any additional expenses that may result from such services. I have read and understand the policies and procedures set out by IRinc.

Furthermore, I release "Infinite Resources", its trustees, directors, corporation members, staff and agents from any loss, personal injury, accidental misfortune or damage to the above named or his / her property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the above named.. I understand that "Infinite Resources.", its staff or agents reserve the right to dismiss a participant who is in their opinion a hazard to the safety and well-being of others, who appears to have rejected the reasonable guidelines of the activity.

I, the parent or guardian declare that the applicant camper is normal in condition and habits and is amenable to necessary behavior interventions.

Failure to disclose problems at time of application could result in dismissal.

I have read all the information in this application including the waiver and accept the conditions of enrollment with the full knowledge that this form with my signature may be used as a legal document in any court of law.

Signatures of  
parent/Guardian(s) \_\_\_\_\_ Ph. \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_ Ph. \_\_\_\_\_ Date \_\_\_\_\_

## **Group Descriptions & Fees:**

AGF (Alberta Gymnastics Federation) Insurance Fee: .....	\$26/year
*applies to camps held at Dynamyx Gymnastics	
Gym Buddies-Peer Interactions Group: .....	\$280.00/8 week session
*developing self-regulation skills, social cues, self-esteem, and friendships	
Small Talk-Peer Communications Group: .....	\$280.00/8 week session
*developing social pragmatics, social cues and friendships	
Friendly Faces-Peer Integrations Group: .....	\$250.00/6 week session
Quirky Teens	
*developing understanding, empathy and friendships	
“Are You Ready”-Peer Interactions Camp: .....	\$375.00/5 (1/2)day session
“Quirky Teens” - Peer Interactions Camp: .....	\$375.00/5 (1/2)day session

## **Registration Information:**

Applications are accepted by cash or cheque, on a first come basis by mail, fax, scan and email, or personal delivery and must include full payment.

Registration cannot be guaranteed if cheques are post-dated. N.S.F. cheques are subject to a \$30.00 fee.

Gym Buddies requires that you obtain a AGF membership prior to the first day of groups.

All camps are subject to cancellation with low enrollment. If we cancel a camp, you will be refunded the entire camp fee.

**CANCELLATION POLICY:** If you provide three weeks notice prior to the group starting, the entire group fee less a \$40 administration cost will be refunded.

If you provide less than three weeks notice prior to group starting, the entire group fee less a \$40 + 1 day cost of the group.

If no notice is given before the start of the group, you will be charged \$40 + 2 days cost of the group.

If your child attends the group and you feel it is not the right fit for your child we will refund you the group fee less an administration cost of \$40 plus the cost of 2 classes or the classes you attended, whichever is more.

If your child attends the group and we feel that the child will not benefit from the group, we will find an alternate Infinite Resources group for your child to participate in. In the event a group cannot be found we will refund the entire amount of group costs.

The camps do not require an aide, however if you feel this would be beneficial to your child, please contact us to discuss the possibility.

Cheques can be made payable to Infinite Resources Inc.

9507-97th St. ~ Morinville, AB ~ T8R 1H4

Ph. 780.886.9303 or 780.893.5985

[contactus@infiniteresources.ca](mailto:contactus@infiniteresources.ca)